

# *Sioux County Mental Health and Developmental Disabilities Management Plan*



*“Sioux County has adopted the principals of choice, consumer empowerment, and community integration for persons with mental illness and developmental disabilities. Further, the county embraces the philosophy that disabled individuals have the right to participate in the planning, provision and evaluation of the community supports and services which impact their lives. This is best accomplished through the use of community-based services, which are cost effective and uniquely coordinated. It is this county’s vision that when individuals participate in this model, a management system will be advanced that provides cost-effective services and supports, thereby enabling consumers to be as independent and productive as possible within the financial limitations of federal, state, county and community resources.”*

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**POLICIES AND PROCEDURES MANUAL**

## Section 1: Consumer Handbook

**1. WHERE DO I GO TO GET MENTAL HEALTH SERVICES?****SERVICE SYSTEM OVERVIEW**

Sioux County's Mental Health Services office, which operates under the auspices of the Sioux County Board of Directors, is also referred to as the Central Point of Coordination (CPC). The Mental Health Services Administrator, acting as department head, serves as the gatekeeper to a countywide system of services and supports by taking applications, making eligibility decisions, evaluating the needs of individuals, and working to create and implement a service-funding plan. An integral part of the county's central point of coordination process, the Mental Health Services office provides access to MH/MR/DD services for individuals living in Sioux County, Iowa, which has a current population of 31,090.

Consumer empowerment is the focus of our MH/DD Management Plan efforts. It is essential that individuals have freedom of choice, and take an active role in deciding what services and supports they need and how those services are to be delivered. This plan is written as a guide for consumers, their families, friends, and advocates. It also serves as a guide for service providers, administrators, and others interested in these important matters.

The planning and funding of services is an ongoing process that has to adapt to the changing needs of consumers. Whether you are applying for the first time, or are seeking renewal of services and/or funding, the Mental Health Services Administrator will continue to work closely with you. Sioux County strives to ensure that services are cost effective and meet your particular strengths, abilities, priorities, and needs. Regrettably, resources may, and often do, become limited. Due to this potentiality, not every request for services or supports will be funded.

The Mental Health Services Administrator cooperates and enters into agreements with other agencies, organizations, and service providers, on behalf of the County Board. Providers are public and private companies, professionals, and facilities that deliver a wide range of services. Most providers that coordinate services for individuals funded by the county can assist you in filling out applications and forward them to this office.

If you require additional information, assistance, or wish to make a referral, please contact the Mental Health Services office, which is located in the lower level of the Department of Human Services Building, across the street from the Sioux County Courthouse. Hours: M-F, 8:00 to 4:30.

**Sioux County Mental Health Services Administrator**

**Box 233, Orange City, Iowa 51041**

**Phone/Fax: (712)737-2943, 737-3564**

*If you are experiencing an emergency or crisis situation, you may access a twenty-*

***four hour crisis response service coordinated by Plains Area Mental Health Center (PAMHC), by calling 1(800) 242-5101.***

Services are directed to the assessment and rapid stabilization of acute symptoms of mental illness or emotional distress. *The definition of emergency for purposes of this plan is: the sudden appearance of a severe mental and/or nervous condition in which the absence of medical or clinical treatment, the person's mental or physical well-being could reasonably be threatened, or the physical well-being of another is endangered.*

During their normal office hours, emergency services shall be available from clinical mental health professionals and para-professionals. At all other times, emergency services shall be arranged via telephone linkage, or face-to-face intervention when needed with an on-call mental health (para)professional. Plains Area Mental Health maintains a recorded message outside of regular business hours, which provides instructions and phone numbers of on-call staff. Plains Area Mental Health is responsible to protect the confidentiality of all crisis calls/interventions.

Crisis intervention services may include (but are not limited to): the provision of emotional support in collaboration with others to offer a continuity of care. It can also involve referrals and assistance with community and social services, notification of family members, determination of need for hospitalization, and facilitating the communication of information as necessary to protect you or another from harm.

- If emergency hospitalization is deemed necessary, the Plains Area Mental Health clinician will make referral to Cherokee Mental Health Institute (CMHI), or if the consumer is Medicaid (Title XIX) eligible, he/she shall be referred first to an approved Title XIX provider, a private or public hospital. If there are no beds available then the consumer shall be referred to CMHI. If the crisis resolution plan calls for services which will subsequently be funded by Sioux County, PAMHC staff will notify the Sioux County Mental Health Services Administrator by the end of the next business day at which time, the MHS Administrator will initiate enrollment and further service authorization procedures.
- ***All persons seeking voluntary admission for psychiatric hospitalization must be pre-screened by PAMHC or funding will not be provided by Sioux County.*** A pre-admission/pre-screening form will be filled out and the original will accompany the consumer to the hospital or it will be mailed to CMHI. The Mental Health Services Administrator will be notified by Plains Area Mental Health, and or Cherokee Mental Health Institute, in the event of county funded pre-screens and subsequent admissions, within one business day.

## 2. HOW DO I KNOW IF I AM ELIGIBLE FOR MENTAL HEALTH SERVICES?

### A. REFERRAL SERVICES

All Sioux County residents are eligible for free mental health information and referral services through the Mental Health Services office regardless of clinical or financial need, at (712)737-2943 or (800)337-2943.

### B. OUTPATIENT MENTAL HEALTH SERVICES

Sioux County residents seeking County funding for outpatient mental health services through Plains Area Mental Health Center, which maintains offices in Le Mars, IA, with satellite offices in Rock Valley, Cherokee, and Ida Grove, IA, must first complete a Central Point of Coordination (CPC) Application. This application will be forwarded to the Mental Health Services office in Orange City for eligibility determination. Service fees will be subsidized by Sioux County if your average monthly income is at or below 200% of the Federal Poverty Guidelines, and resources do not exceed \$2,000 (eligibility criteria must be satisfied as described in section 2. E.). Regardless of income, your service fee will be based upon a sliding fee schedule and your ability to pay. *Sioux County will not supplement Medicaid or Medicare payments.*

### C. INPATIENT MENTAL HEALTH SERVICES

All Sioux County residents are eligible for voluntary psychiatric inpatient services (if plan eligibility criteria is satisfied) from the Mental Health Institute in Cherokee, if you do not have the means to access service from a private or non-profit psychiatric hospital. In situations where the consumer is Medicaid (Title XIX) eligible, he/she shall be referred first to an approved Title XIX provider, a private or public hospital. If there are no beds available then the consumer shall be referred to the MHI in Cherokee.

To be admitted you must first make contact through one of the locations identified under section #1, and you must be pre-screened prior to admission by a Plains Area Mental Health Center clinician. Services may be arranged with prior approval from the Mental Health Services Administrator. *A determination of eligibility to pay and recovery of county expenses will be conducted according to the Cost Recovery Program outlined elsewhere in this plan.*

### D. COURT ORDERED SERVICES

All “Court Ordered” or “Involuntary Hospitalizations” are automatically authorized and are described more fully in section #1. The Sioux County Mental Health Services Administrator will be notified of the hospitalization within one business day by the applicant, the hospital, or a person acting on the behalf of the applicant (including law enforcement, clerk of court, or any other concerned party).

Additional services provided in association with any court ordered services may include, but are not limited to: Mental Health Advocates, Legal Counsel for Civil Commitment Hearings, Psychiatric Evaluations for Civil Commitments, Sheriff Transportation, and Inpatient and/or Residential Psychiatric Care, and Community Support Services.

Services must be court ordered under Iowa Code, Chapter 229 or 222. Sioux County has selected the Mental Health Institute at Cherokee as the designated facility for court ordered inpatient psychiatric care, when costs will be paid by the county. In situations where the consumer is Medicaid (Title XIX) eligible, he/she shall be referred first to an approved Title XIX provider, a private or public hospital. The Mental Health Services Administrator will work with the courts to provide alternative community based services when appropriate. *A determination of ability to pay and recovery of county expenses will be conducted in accordance to the Cost Recovery Program as outlined elsewhere in this plan.*

### **E. ALL OTHER COUNTY FUNDED SERVICES**

To determine eligibility for other county funded services, you must complete a CPC application at one of the primary access points, the Sioux County Mental Health Services office, the local Department of Human Services office in Orange City, and Plains Area Mental Health. We can also mail an application directly to you. You may also complete an application at one of the secondary access points, which are identified in the provider manual portion of this plan. Completed applications will be forwarded to the Mental Health Services office for eligibility determination.

It is Sioux County's policy to not fund services for persons with legal settlement in Sioux County outside of the county if comparable services are available in the county and the provider has openings. If a consumer desires services that are located out of the county or are not covered in this plan, he/she may submit an appeal according to the guidelines in this plan. It will be Sioux County's policy not to fund out of state placements. Services will not be delayed or denied based upon legal settlement issues.

#### **The process utilized for making determinations about your eligibility is outlined below:**

- ***YOU MUST APPLY***

To start the process, a written application must be completed. If you like, you may bring along a friend, family member, or other person familiar with your personal matters. Staff members can help you fill out the application also. You will be asked to provide information about disability, health, education, work history, income, benefits, insurance, and other matters. The application also requires us to gather information about others who live in your household or who are responsible for your support. We will also want to know where you have lived in the past, so we can determine if Sioux County has the responsibility to pay for the services and supports for which you qualify. A copy of the CPC Application can be found in the Appendix of this plan.

We want to assure you that your privacy will be respected and protected both in and out of our office. No personal information will be shared with others unless you give us written permission or we are required (under certain medical emergencies) to do so. You will be asked to sign release forms that authorize us to talk with other persons and organizations and to freely exchange information and records about you. More information about our confidentiality and privacy policies and safeguards, and copies of our release can be found elsewhere in this plan.

- ***YOU MUST BE IN FINANCIAL NEED***

Your average monthly income must be at or below 200% of the current Federal Poverty Guidelines. In addition, resources must not exceed the following: \$2,000 cash, a home which is your primary residence, one motor vehicle, the value of which shall not exceed \$7,000, and a pre-paid burial contract not exceeding \$7,000. In certain situations, if you are over these guidelines you may be allowed to “spend down” your resources and/or contribute towards service costs, in order to access services. Transferring ownership to gain eligibility, at any time during the previous five years, is not allowed and may disqualify you from eligibility for Sioux County funding. *See the appendix for a definition of what constitutes income, and a list of income sources that are excluded when determining eligibility.*

- ***YOU MUST HAVE A COVERED DIAGNOSIS***

You must have an established diagnosis of mental retardation, developmental disability, mental illness, or chronic mental illness. Sioux County does not fund services to individuals with a diagnosis of Brain Injury. Definitions are supplied in sections 4 through 9.

- ***YOUR COUNTY OF LEGAL SETTLEMENT MUST BE DETERMINED***

Your eligibility does not depend on county of legal settlement but may affect the services available and the way your service is administered. See appendix for an explanation of legal settlement.

- ***YOU WILL RECEIVE A NOTICE OF DECISION AS TO ELIGIBILITY***

Within thirty business days of receipt of a completed and signed Central Point of Coordination application, a notice will be mailed to you and/or your authorized representative indicating that your application was approved, denied or pending. Sioux County reserves the right to request an evaluation by a “qualified professional” to assist with determining an applicant’s eligibility, which could delay the issuing of the notice of decision. The notice will outline your right to appeal and the appeal procedure.

### 3. HOW ARE MY SERVICES DECIDED?

If you are determined eligible for county funded mental health services, a caseworker will be assigned to you (although the Mental Health Services Administrator may serve in this capacity in certain situations). Your caseworker will guide you through the following process to determine how much and what kind of services you may receive.

#### A. FIRST TIME

- ***ASSESSMENT***

The caseworker, or in some instances the Mental Health Services Administrator, will conduct an assessment. An assessment is information collected by interviewing you, and other interested individuals or providers of your choosing, to determine your needs. Much of this information will come from the information provided by you in your initial application and the interview conducted by the primary access point. Other professional assessments may be used in addition to your initial assessment.

- ***CARE REVIEW***

After the initial assessment is completed, your caseworker, together with the Sioux County Mental Health Services Administrator, will work with you and others chosen by you to be members of your care review team, to create a service plan tailored to your specific strengths, abilities, and needs. Your care review team may be comprised of family members, doctors, therapists, service providers, or other people involved in your day-to-day affairs.

- ***FUNDING REQUEST***

After your plan is fully developed it will either be approved, adjusted, or denied. If your plan says that you need and would benefit from county funded services; then your plan, signed releases of information, and a funding request (which includes services & # of service units being requested, and estimated cost to the county) will be submitted to the Mental Health Services Administrator, who will, in conjunction with your care review team, verify that the funding request represents the least restrictive and most cost effective services appropriate for your needs and that alternative funding and supports were considered first. Many of the services are provided without cost to you, however, in some circumstances, depending on your income/resources, you will have to pay some of the cost of those services.

Any person applying for county funded services must first access all other funding sources, including, but not limited to: the responsible school district and/or AEA, SSA, SSI, SSDI, DHS, DVRS, etc. Sioux County is funding source of last resort. The CPC decision will not supersede approval of services mandated by federal or state statute, code, or rule.

***Sioux County will only fund those services/supports that are authorized in consonance with the process described in the county management plan, including those that are required by law. Should the need and justification for additional services arise, this plan will be amended.***

- ***FUNDING DECISION***

A notice of decision will be mailed to you and the appropriate providers within 30 business days of receiving the funding request. If approved, services will be funded until the end of the current fiscal year, which ends June 30<sup>th</sup>, unless otherwise stated in the Notice of Decision. Funding beyond the current fiscal year is explained in the next section (B. Ongoing). ***Only services with prior approval from the Mental Health Services Administrator will be reimbursed.***

It is possible that we will not have the funds to pay for all of the services that you need. If this happens, your name may be placed on a waiting list. While you are on the waiting list, we will refer you to other resources or agencies that might be able to help you or provide the services and funding we cannot. You can and have the right to appeal this or any other decision as explained in the Appendix section of this management plan.

**B. ONGOING**

- ***FUNDING REVIEW***

Even after you begin to receive services we will keep working with you to make sure that your services and supports continue to meet your changing needs. At the end of each fiscal year, all fee based services will be reviewed for continued funding according to the criteria outlined in part three, “Funding Request”.

During the annual case review, the Mental Health Services Administrator will update each applicant’s financial and service needs. If approved for continued funding, only the service provider will receive notice of this decision to fund services for another fiscal year. ***Only services with prior approval from the Mental Health Services Administrator will be reimbursed.***

*The applicant and/or the applicant’s caseworker will be expected to notify the Mental Health Administrator when changes occur in financial, mental or living arrangements prior to the annual review. Completion of an updated CPC application may be necessary.*

If funding is reduced or stopped, you, your care review team, your authorized representative and service provider will receive notice 30 days prior to the effective date. You have the right to appeal and see that a plan is in place if the decision is not reversed.

## **4. WHAT SERVICES ARE AVAILABLE FOR MENTAL RETARDATION?**

**A. DIAGNOSIS**

Significantly sub-average intellectual functioning existing concurrently with related limitations in two or more applicable adaptive skill areas, and onset before age 18.

- 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.
- Significantly sub-average functioning is defined as a full-scale IQ score of 70 to 75 or below (approximately 2 standard deviations below the mean). Defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.
- Applicable adaptive skill areas are defined as communication, self-care, home living, social skills, use of community resources, self-direction, functional academics, leisure, work, health and safety.

### B. SERVICES

The following are service areas funded in whole or part by Sioux County available to eligible individuals with an established diagnosis of mental retardation:

- *Planning Services*
- *Targeted Case Management* – Must be Medicaid eligible.
- *Residential and Community Supervised Living Arrangements*
- *Home and Community Based Services MR Waiver*
- *ICF/MR Services*
- *Supported Employment/Sheltered Work/Work Activity Services*
- *Respite*

## 5. WHAT SERVICES ARE AVAILABLE FOR DEVELOPMENTAL DISABILITY?

### A. DIAGNOSIS

Is attributable to mental or physical impairment or a combination of mental and physical impairments, and is manifested before the person attains the age of 22.

- Is likely to continue indefinitely.
- Results in substantial functional limitation in three or more of the following areas of life activity; self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
- Reflects the persons need for a combination and sequence of services which are of lifelong or extended duration and are individually planned and coordinated; unless this term is applied to infants and young children from birth to the age of five 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.

## **B. SERVICES**

The following are service areas funded in whole or part by Sioux County available to eligible individuals with an established diagnosis of developmental disability:

- *Planning Services*
- *Targeted Case Management* - Must be Medicaid eligible.
- *Intermediate Care Facility for persons with Mental Retardation* - Consumers must be approved by Iowa Foundation for Medical Care and Case Management.
- *Residential and Community Supervised Living Arrangements*
- *Supported Employment/Sheltered Work/Work Activity Services*

# **6. WHAT SERVICES ARE AVAILABLE FOR MENTAL ILLNESS?**

## **A. DIAGNOSIS**

People who have a current diagnosis of mental illness as defined in the *Diagnostic and Statistical Manual, Fourth Edition (DSM IV)*. Diagnoses that fall into this category include, but are not limited to the following: schizophrenia, major depression, manic-depressive (bi-polar) disorder, adjustment disorder, and personality disorder. Also included are organic disorders such as dementia, substance-induced disorders, and “other” organic disorders, including physical disorders such as brain tumors. Excluded are V Code diagnoses, psychoactive substance use disorders, and developmental disorders.

## **B. SERVICES**

The following are service areas funded in whole or part by Sioux County available to eligible individuals with an established diagnosis of mental illness:

- *Respite*
- *24-hour Crisis*
- *Mental Health Advocate/Legal Counsel/Psychiatric Evaluation/Sheriff Transportation for Civil Commitment*
- *Inpatient Psychiatric care at Cherokee Mental Health Institute*
- *Outpatient psychiatric care/Medication Management/Partial Hospitalizations*
- *Planning Services*
- *Ongoing Education*

## 7. WHAT SERVICES ARE AVAILABLE FOR CHRONIC MENTAL ILLNESS?

### A. DIAGNOSIS

Individuals with persistent mental or emotional disorders that seriously impair their functioning respective to such primary aspects of daily living as personal relations, living arrangements, or employment. Individuals 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*** - Will meet at least one of the following criteria: (1) have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (i.e. emergency services, alternative home care, partial hospitalization or inpatient hospitalization); or (2) have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.
- ***Functioning History Criteria*** - Will meet at least two of the following criteria on a continuous or intermittent basis for at least two years: (1) unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history, (2) require financial assistance or out of hospital maintenance and may be able to procure such assistance without help, (3) show severe inability to establish or maintain a personal support system, (4) require help in basic living skills, (5) exhibit inappropriate social behavior which results in demand for intervention by the mental health and/or judicial system.

In a typical instance, an individual who varies from the above criteria may still be considered a person with chronic mental illness.

### B. SERVICES

The following are service areas funded in whole or part by Sioux County available to eligible individuals with an established diagnosis of chronic mental illness:

- ***Targeted Case Management*** - Must be Medicaid eligible.
- ***Respite***
- ***24-hour Crisis***
- ***Mental Health Advocate/Legal Counsel/Psychiatric Evaluation/Sheriff Transportation for Civil Commitment***
- ***Inpatient Psychiatric care at Mental Health Institute, Cherokee***
- ***Outpatient psychiatric and Medication Management Services***
- ***Partial Hospitalization Services (Title XIX)***
- ***Day Treatment Services (Title XIX)***
- ***Planning Services***
- ***Ongoing Education***
- ***Residential and Community Supervised Living Arrangements***
- ***Supported Employment/Sheltered Work/Work Activity Services***

## 8. WHAT SERVICES ARE AVAILABLE FOR BRAIN INJURY?

### A. DIAGNOSIS

“Brain Injury” means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person’s physical, cognitive, or behavioral functions (IAC 441-83.81[249A]), and is manifested *after the person attains the age of 21*.

### B. SERVICES

Sioux County does not fund services to individuals with an established diagnosis of Brain Injury.

## 9. WHAT SERVICES ARE AVAILABLE TO ALL COVERED DIAGNOSES?

### A. CONDITIONS

It is the philosophy of this Office that all service providers should work together to meet the needs of consumers in their respective communities. Services that are routinely accessed by Sioux County consumers that are not directly controlled by the Mental Health Services Administrator or funded through the County’s mental health fund, but may or may not be county funded, include the following:

### B. SERVICES

- *Income assistance, such as: SSI, SSDI, FIP, Food Stamps, Social Security, etc.*
- *General Assistance*
- *Veteran’s Affairs*
- *Housing assistance, such as: rental subsidies, access to federal public housing, etc.*
- *Employment assistance, such as: vocational rehabilitation, and job training*
- *Primary medical care*
- *Transportation*
- *Education, including special education and adult education*
- *Court services (court services for guardianship, criminal defense & advocacy)*
- *Substance abuse services - except where court ordered*
- *Financial planning assistance*
- *Public Health Nurse, Home-Health Aide services*

## 10. WILL I HAVE TO PAY FOR MY SERVICE?

### A. CONDITIONS

Depending on the service(s) that you receive, your income, resources and the guidelines contained in the “Cost Recovery” and “Consumer Co-payment Programs” (see Appendix), you may be required to repay or make a co-payment to receive county funding. You must also apply for, accept, and maintain eligibility for any other benefits or funds that you are eligible to receive before the county will reimburse for services rendered on your behalf. The county is funding agent of last resort.

### B. CO-PAYMENT

- **Outpatient Services** – Plains Area Mental Health Center administers a sliding fee schedule that prorates your fees according to your ability to pay. When you meet income and resource eligibility guidelines the county reimburses the mental health center the difference between what you pay for services and the total cost of those services.
- **Court Ordered Services** - Costs for services that are court ordered, as well as a voluntary hospitalization at the Mental Health Institute in Cherokee, will require reimbursement as outlined in the “Cost Recovery Program”.
- **Other Services** – All other services are subject to a consumer co-payment amount based upon criteria outlined in the “Consumer Co-payment” and “Cost Recovery Programs” located in the Appendix of this plan.

## 11. WHAT IF I'M APPROVED FOR SERVICES BUT THERE ISN'T ENOUGH MONEY?

The notice you receive, declaring your eligibility for funded services, will indicate that you have been placed on a waiting list in the Sioux County Mental Health Services office.

### WAITING LIST

You are placed on a waiting list if at the time of your application the Mental Health Services Fund is projected to be fully encumbered for the fiscal year (July 1 to June 30) and the funding requested is not mandated. If you currently are receiving services, and are seeking additional or alternative services, you will be placed on a waiting list for those services if funds are not available. Your waiting list status will be reviewed monthly, and you will be notified when/if funding becomes available, at which point an interview will be scheduled to determine if services are still desired and needed. *You will be informed of alternative funding sources.*

Service priorities are discussed and decided upon during community planning sessions.

***Current priority services are as follows:***

- ❑ Emergency service
- ❑ Residential services (ICF/MR, HCBS/MR, RCF/MR, RCF, CSALA, etc.)
- ❑ Psychiatric in-patient hospitalization

***Services that will be provided only as funds allow, are as follows:***

- ❑ Work activity & supported employment
- ❑ Day treatment for non-mandated clients
- ❑ Psychiatric outpatient and related services (including Intensive Psychiatric Rehab.)

As funds become available, individuals on the waiting list shall be approved for service funding based upon the following criteria:

- Individuals, whom, if they do not receive the service for which they are applying, would likely access a mandated service, shall be given priority consideration.
- Individuals with the most severe need for service shall be considered next. Examples of “severe need” include: will be homeless without requested services, children in foster care who are becoming adults and ineligible for state funding, dependent adults in abusive or neglectful situations, situations where the caretaker is subject to violence or aggressiveness by the consumer, and individuals who need service in order to avoid a return to a more restrictive setting.
- Individuals applying for services which have been designated by Sioux County as high priority services shall be considered next: *emergency services, residential programs, psychiatric in-patient hospitalization, non-Title XIX case management, supported employment, sheltered work, work activity, and out-patient counseling.*
- If all other criteria are equal, the applicant with the earliest date of application, provided the service(s) is available, shall be considered next.

## **12. WHAT IF I HAVE A COMPLAINT, OR I DISAGREE WITH A DECISION ABOUT MY ELIGIBILITY/SERVICE?**

Contact the Sioux County Mental Health Services Administrator (712-737-2943). If you are still not satisfied you may request an appeal as outlined in the following:

### **APPEAL**

If you are dissatisfied with any action or failure to act with regard to your application for service, with regard to the services you are now receiving, or because such assistance has been denied, reduced or terminated, you have the right to appeal. Your appeal rights and procedures for hearing are explained below:

***How to appeal. You must appeal in writing.***

- To initiate a review, you must send or deliver a written request for review within 30 calendar days of the date of the Notice of Decision to the Mental Health Services Administrator (MHSA) at Box 233, Orange City, IA. You may use the county appeal form or you may simply send a letter asking to appeal. There is no fee or charge for an appeal. Your caseworker or the MHS Administrator will assist you to file the appeal if you request assistance.

### ***Time limits. Late appeals.***

- Your appeal must be filed within 30 calendar days of the date of the Notice of Decision to be assured of a hearing. When the appeal is filed late, that is more than 30 days but less than 90 calendar days after the date of the notice, the county Board of Supervisors must approve, based on a good cause for late filing, whether a hearing shall be granted. No hearing shall be granted if the appeal is filed more than 90 calendar days from the date of this notice. You may attempt to resolve the dispute by scheduling a meeting with the MHS Administrator. Any discussion between you and the MHSA, or any other county staff does not extend these time periods.

### ***Continuation of benefits.***

- If you appeal within fifteen days, or before the effective date of the notice of decision, this action will not affect your assistance at least until the appeal decision or at the end of your pre-established period of eligibility, whichever comes first, unless you request otherwise. Any discussion between you and the County does not extend this time period. Assistance paid or services provided, before your appeal is decided may have to be repaid, if the county office's action is found to have been correct.

### ***Granting a Hearing.***

- The County Board of Supervisors will determine whether or not an appeal may be granted a hearing within 30 calendar days of the receipt of your appeal. If a hearing is granted, you will be notified of the time and place. Responsibility for the final administrative decision on an appeal shall rest with the County Board of Supervisors. The hearing shall be scheduled for the next regularly scheduled Board Meeting and will be held in closed session. The Board will make a decision within 30 calendar days of the appeal hearing and will notify you in writing within this same timeframe.

A hearing need not be granted if the appeal is not eligible to be heard. Services funded by the County are subject to changes or terminations as stated in the County Management Plan prepared each fiscal year for the period July 1 to June 30. Such changes are specifically not subject to hearing. If a hearing is not granted, you will be notified in writing with an explanation as to why the Board declined to grant a hearing.

### ***Presenting your case.***

If a hearing is granted to your appeal, you may appear in person and present any evidence or documents in support of your position, or you may have a representative present your case on your behalf. If you wish, an attorney may represent you, but the County Board is under no obligation to pay for this. If you need legal assistance, free legal assistance is available for those that qualify from **Legal Aid at 1-800-352-0017, or the Legal Services Corp. Office at 1-800-532-1275.**

### **13. WHAT SHOULD I EXPECT FROM MY SERVICES?**

- That they are available when you need them.
- That they respond to your individual needs.
- That you are involved in the planning of the services.
- That you have a choice of where and with whom you live.
- That you have a choice of jobs and where you work.
- That you and your family are satisfied with the quality of your life and services.
- That your services lead to greater independence.

We will strive to meet your expectations by involving you, your family and all interested parties in the program planning, operations and evaluation of the mental health system. We will measure our progress by keeping a record of important information that will tell you if we are doing better or worse over time (See System Management and Administrative Plan for details).

### **14. WHAT ARE MY RIGHTS AND RESPONSIBILITIES?**

#### **A. RIGHTS**

In addition to your constitutional rights you have the following specific rights:

- The right to privacy, including the right to private conversation, and to confidentiality.
- The right to be treated with respect and to be addressed in a manner which is appropriate to your chronological age.
- The right to appeal any staff or provider action.
- The right to enter into contracts, provided you are of legal age and status.
- The right to due process.

Persons with mental illness, mental retardation, and other developmental disabilities, have the same fundamental rights as all persons. Rights can be limited only with the informed consent of the consumer, the consumer's legal guardian or legal authorities within the following guidelines. The limit is based on individual need; skill training is in place to meet the identified need; periodic evaluation of the limits is conducted to determine the continuing need for limitation.

In the event you feel any of your rights have been infringed upon, you may request advocacy assistance from your case worker, social worker, the Central Point of Coordination Administrator, or other advocates. At any point you may refuse all or part of services which are being offered.

**B. RESPONSIBILITIES**

While you enjoy the aforementioned rights, you also have a responsibility to get the most from the your services by doing the following:

- Treat those giving you service with the same respect and kindness you expect to receive.
- Ask questions about your service so you understand what is expected of you.
- Seek help before you are in a crisis situation.
- Keep your appointments and be on time. Call ahead if you must cancel an appointment or will be late.
- Follow the procedures for complaints and appeals if you are unhappy with your service.
- Work towards the goals identified in your service plan.

*If you are not responsible with your services they may be reduced or terminated, so it is important that you do your part.*

**15. WHAT IF PERSON MAKING DECISIONS ABOUT MY SERVICE MAY BENEFIT?**

Funding decisions are ultimately the responsibility of the Mental Health Services Administrator (MHSA), after consultation with other primary access points. It is the policy of Sioux County, that funding decisions will not be rendered by individuals or organizations which have a financial interest in the services or supports provided. In the event that such a situation occurs, that interest will be fully disclosed to the consumer, family and legal guardian, counties, and other stakeholders, in writing.

**16. HOW CAN I BE SURE MY PRIVACY WILL BE RESPECTED?**

Sioux County will adhere to all confidentiality laws as set forth by the state of Iowa as defined in the Iowa Code chapter 228 “Disclosure of Mental Health & Psychological Information” and in the Iowa Administrative Code chapter 441. The County will also strictly adhere to Federal guidelines as set forth in the Americans with Disabilities Act, Freedom of Information Act and all other statutes in section 42 of the Code of Federal Regulations, part 2.

- The MHSA’s obligation to maintain confidentiality extends to all aspects of administration, to applications of inquiries throughout the MHS/consumer relationship, and remains in effect after services to the consumer have ceased. This obligation binds the county MHS office as a cooperate entity and includes all individual subcontractors. All persons involved in any capacity referred to above, are expected to hold confidential, all information acquired in the course of their work with the Mental Health Services office.

- A person's right to confidentiality is not absolute, however. It may be superseded when the rights of others, particularly the rights of children, are in need of protection and when maintaining confidentiality might cause serious harm to the consumer or to a third party. In questionable instances, the Sioux County Attorney's Office will be consulted to obtain further legal advice on the matter.
- The County acknowledges that it is the primary responsibility of any agency providing mental health services to protect and preserve their client's privacy. Therefore, without a signed "Release of Information" indicating otherwise, the county understands that it may only be afforded such information that verifies the fact of service and/or the information regarding the applicant's eligibility for county funding. Only the Mental Health Services Administrator evaluates applications, information will be shared with other providers dependent on a signed "Release of Information" signed by the consumer or authorized representative.
- Consumer records are considered confidential and will be kept in file cabinets designated for this purpose, capable of being locked, unless being used by an authorized individual. In addition, records are maintained in the Mental Health Services Administrator's office, which remains locked in the absence of the MHS Administrator, and access to computerized records is secured by the use of passwords known only to the Mental Health Services Administrator.
- Consumer records shall be maintained for a minimum of three years following termination of service to the consumer. All personal information pertaining to consumers shall be shredded before placement in common disposal receptacles. Consumer confidentiality shall be maintained in consumer record destruction.

**POLICIES AND PROCEDURES MANUAL**

## Section 2: System Management &amp; Plan Administration

**SYSTEM MANAGEMENT & PLAN ADMINISTRATION**

Providers offering services to consumers in Iowa are encouraged to apply to serve Sioux County consumers. Generally, Sioux County recognizes current providers as network members in good standing.

**A. APPLICATION AND CREDENTIALING****Traditional Providers:**

Providers must meet one or more of the following criteria and have a current contract with Sioux County or the Department of Human Services under the Purchase of Services System (POS) to be included in the Sioux County Service Network:

- Currently licensed or certified as a service provider by the State of Iowa.
- Currently enrolled as a Medicaid provider, and/or certified contracted member of the Merit Behavioral Care of Iowa (MBCI) provide network.
- Currently accredited by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO), the Council on Rehabilitation Facilities (CARF), or other recognized national accrediting body.

Additionally, providers must provide proof of adequate liability insurance and documentation of service and staff expertise as requested by the Mental Health Services Administrator.

**Non-traditional Providers:**

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

- Applicants must provide: a personal or organizational history; a description of previous experience working with priority consumers; a description of special skills, education, and/or experience that qualifies them to provide the given service(s) and reference. Applicants will also be required to provide evidence of applicable insurance, and will have to assert that there are no health or legal issues that could influence their performance or credibility.
- The Mental Health Services Administrator will screen interested providers and then interview those meeting threshold criteria.
- Successful applicants will receive appropriate orientation and training.
- Following a six-month probationary period, the Mental Health Services Administrator will review performance and effectiveness. If acceptable, the Administrator will grant one-year approval as a provider in the Sioux County provider network.

**B. CONTRACTING**

Provider contracts not covered under a Department of Human Services Purchase of Service (POS) agreement (Plains Area Mental Health Center, Village Northwest Unlimited, etc. & all non-traditional providers) will be negotiated by the Mental Health Administrator and shall be approved by the Sioux County Board of Supervisors. Only services negotiated in the contract will be purchased and rate increases will not be recognized without a signed contract or addendum.

With the exception of the above, contracts with service providers will be negotiated by the Department of Human Services. The Purchase of Service (POS) agreements, negotiated between the provider and the Department of Human Services, are formally recognized by Sioux County in the 28E Agreements that are filed with the County Clerk's Office. Only services negotiated in the POS contract *and identified in the MH/DD Management Plan* will be purchased and rate increases will not be recognized without a signed contract or addendum. Sioux County supports consumer choice and will place no restriction on service providers other than that they must provide service in Iowa.

**C. TERMINATION**

Providers wishing to terminate services will provide a 30-day written notice of intent to terminate to the Mental Health Administrator and will cooperate with discharge planning efforts to insure the consumer's health and safety. Providers wishing to be removed from the provider network will do so as outlined in the POS agreement or contract.

**D. ACCESS AND REFERRALS**

As a component of the enrollment process, the county has designated access points and their function. That function includes, but is not limited to, ensuring that applications received by an access point are forwarded by the end of the working day to the office of the Mental Health Administrator in the consumer's county of residence and, when known, county of legal settlement, or the county departmental office for those with state case status. The county provides on-going training to designated access points on the intake process and use of the application form.

Providers receiving requests for service from Sioux County applicants may refer them directly to the MHS office or assist the applicant in completing a CPC Application and mailing it to this office by the end of the working day. Applications will be available to all network providers.

When an applicant has been determined eligible for services, and if deemed appropriate, the Mental Health Administrator will contact the Iowa Department of Human Services to request the services of an adult caseworker. Together with the caseworker, the Sioux County Mental Health Services Administrator will work with the consumer and other interested parties, including family members and provider staff, to create a service plan tailored to his/her specific strengths, abilities, and needs. This is referred to as the Individual Program Plan (IPP) process. Each service provided shall be included in the IPP. The format for the plan may vary dependent upon the service, the consumer and the provider of the service. In any case, all plans shall include at a minimum, the following:

- The IPP shall be developed using the principals of *Choice, Empowerment, and Community* and the applicant shall be included in the development of the IPP.
- The IPP shall facilitate access to services for the applicant.
- The IPP shall focus on flexibility, cost-effective community based services and supports delivered in the least restrictive environment possible.
- The IPP shall include goals and have action steps with timelines to achieve them.
- The IPP shall be reviewed at least annually and more frequently if necessary to ensure that the applicant is accessing appropriate services and that their needs and desires are being addressed.
- The review criteria shall include but not be limited to the following:
  - (1) Applicants satisfaction;
  - (2) Quality of life;
  - (3) Patterns of service utilization;
  - (4) Responsiveness to applicant's needs and desires;
  - (5) Achievement of goals and/or action steps, and
  - (6) Cost effectiveness.

*The County reserves the right to request a review of clinical necessity of services.*

### **E. Provider Reimbursement Protocol**

Sioux County is responsible for funding only those services and supports that are authorized in accordance with the process described in this county management plan.

- **Claims**  
Providers must provide Sioux County with sufficient information to maintain the "Minimum Data Set" required by Iowa Code 441-25.41(331).

#### ***Minimally, provider invoices must contain:***

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

Upon receipt of the invoice, charges will be reviewed against service authorizations issued by the Mental Health Services Administrator. Services delivered without service authorizations will be checked against county service authorization protocols to assure delivery was permitted (i.e. emergency service, court ordered, etc.). Any service units delivered and charged to the county not meeting these criteria will be deducted from the bill, and not included in the utilization report. Payment to providers will be initiated as soon as the review process is completed.

- ***Billing Procedure***

Bills should be submitted to:

*Sioux County Mental Health Services Administrator*

*P.O. Box 233, Orange City, Iowa 51041, or*

*Sioux County Courthouse*

*210 Central Ave SW*

*Orange City, IA 51041*

- Providers must submit bills within 90 days of the service unless the provider is waiting for third party payment.
- If a bill is received after 90 days and there are no third party payments, the Board of Supervisors will decide if the bill will be paid.
- No bill will be paid that is issued more than one year from the date of service rendered, with the exception of those received from Medicaid providers and state institutions.

- ***Legal Settlement***

If another county or the state determines legal settlement in error, the state or the county currently assuming responsibility can not require Sioux County to assume retroactive payment. Sioux County will pay for services as of the date of notification provided the Sioux County Mental Health Administrator, in conjunction with the Sioux County Attorney's Office if necessary, determines that legal settlement is indeed Sioux County (see Appendix).

## **F. Provider Network Selection**

Service providers are selected based on the quality of service, responsiveness to client needs and desires, responsiveness to County needs, rates for service, and accessibility to service for applicants. In order to assure a continuity of services and choices for persons currently receiving services outside of the counties, the providers of those services are also included in this plan. Other providers may from time to time be added to this plan as is deemed necessary by the Mental Health Services Administrator to ensure a full range of services.

## **G. Plan Administration / Staffing**

The Sioux County MH/DD Management Plan is administered by the Sioux County Board of Supervisors, for the geographical area of Sioux County, Iowa. This plan represents the Sioux County Board of Supervisor's intent to fulfill statutory obligations imposed by Iowa Code Section 331.440 and 1995 Iowa Acts, Senate File 69, section 15, and Iowa Administrative Code, Chapter 25, Disability Services Management Division II. Endnotes contained in the appendix document the respective compliance.

An appropriately qualified individual has been employed as Mental Health Services Administrator, or “CPC Administrator”, to directly administer the MH/DD Management Plan on behalf of the Board of Supervisors. A “CPC Administrator”, means a person who possesses a baccalaureate degree from an accredited school and has demonstrated competency in human services program administration and planning and has two years of experience working with people with disabilities.

The county employs an adequate number of staff persons to administer the plan; at least one of which meets the requirements as outlined in the preceding paragraph.

**H. Plan Development Processes**

Sioux County involves consumers, their families, and agencies in all aspects of program planning, operations, and evaluations, through input during the annual care review process.

The MH/MR/DD Regional Planning Council, which includes the counties of Cherokee, Plymouth, Lyon and Sioux, has collaborated to produce individual plans for each of the four counties. The Regional Planning Council has been active in plan development for the counties since 1993.

Population of this cluster:	Cherokee County	13,418
	Lyon County	11,960
	Plymouth County	24,649
	<u>Sioux County</u>	<u>31,090</u>
	<b>Total Population:</b>	<b>81,117</b>

Members of the Regional Planning Council include:

- Board of Supervisors representative from each county in the cluster
- Service provider representative from each cluster county
- Advocate/family member representative
- Consumer representative
- Representative from the state liaison team (CSC - formerly SCAT)
- Representative from the Department of Human Services
- Case Management representative
- CPC Administrator from each county in the cluster

The following meetings contributed to the development of this plan (minutes for the Cluster Board meetings are available in the Sioux County Mental Health Services office):

- January 19, 2000                      Regional CPC Meeting
- February 9, 2000                     CQI Meeting
- February 22, 2000                    CQI Meeting
- March 8, 2000                         CPC Plan Work Session
- March 15, 2000                        Cluster Board Meeting
- March 17, 2000                        CPC Plan Work Session
- March 20, 2000                        CPC Plan Work Session
- March 28, 2000                        Public Hearing

**I. Financial Accountability**

- ***Rate Setting:***  
Service rates established between Sioux County and each provider in the provider network are negotiated on behalf of the county by DHS under the Purchase of Service System and are formalized in the subsequent 28E agreement signed by both parties, or are negotiated directly by the Mental Health Services Administrator. Sioux County reserves the right to establish rates for services other than those set by the state and/or federal rules, or under the current 28E agreement.
- ***POS System/Contracting Process:***  
As it appears likely that the Iowa Department of Human Services will discontinue to purchase adult services on behalf of counties, viable alternatives to the POS System are being explored. Among those options being considered is the formation of a consortium of regional counties and providers, the purpose of which is to develop a uniform and fair-minded contracting mechanism for use by counties and providers alike. In the interim, and in the interest of continuity, the county will reimburse providers at established POS rates.
- ***Reimbursement:***  
Sioux County reserves the right to enforce its Cost Recovery Program and will universally administer it to all applicable parties. Consumers will be expected to reimburse the county as defined in this program.
- ***Waiting List:***  
In instances where an applicant applies for a service where there is no money allocated or all money has been spent or encumbered, the applicant will be placed on a waiting list until funding becomes available. The Mental Health Administrator will notify the applicant that he/she has been placed on the waiting list, the status of which is reviewed monthly, and that he/she will be notified when/if funding becomes available, at which point an interview will be scheduled to determine if services are still desired and needed. If both criteria are met, services will be approved and a Notice of Decision form sent to the applicant.
- ***Cooperation:***  
In an effort to facilitate an understanding of the system and to further encourage cooperation, the Mental Health Services Administrator will meet with the Regional Planning Council, and others as deemed necessary.

**J. Service and Cost Tracking**

Sioux County will cooperate with the Iowa Department of Human Services regarding the reporting of data by utilizing a Management Information System, or CoMIS. The Mental Health Services Administrator will maintain a central consumer enrollment file, and all intake and enrollment data will be forwarded to that office for data entry.

A monthly utilization/cost report will be completed and will be the primary administrative tool used for management of the MH/DD budget. The report will contain the following information:

- ❑ Total service utilization and costs by individual consumer (where possible) including service types and providers.
- ❑ Total units delivered and billed by each provider and service component.
- ❑ Analysis of total county funds expended to date, and amount remaining in the fiscal period to pay for services.
- ❑ Analysis of the variance between service authorizations and services actually billed to and paid by the county (at the discretion of the Mental Health Services Administrator).
- ❑ Analysis of the variation between the total cost of services and the actual county share of the cost of services (at the discretion of the Mental Health Services Administrator).

### K. Delegated Functions

Any and all functions for the Central Point of Coordination that may be delegated by the county will comply with Iowa Code 441, Chapter 25. Those functions may include, but are not limited to:

- Determination of eligibility
- Referral
- Service coordination
- Clinical assessment
- Consumer enrollment into authorized service and supports
- Service and cost tracking
- Collection and reported data
- Authorized funding as defined in this plan
- Public education
- Collaboration with funders, providers, consumers and family members or authorized representative, and advocates

For persons using only contracted mental health services, which are contracted through Plains Area Mental Health Center, referral, service coordination, clinical assessment, and public education functions have been designated to that agency. ***In all circumstances, however, funding authorization remains a function of the Mental Health Services Administrator only.***

### L. Quality Assurance

Sioux County is committed to fulfilling its responsibility regarding funding for necessary services to persons with mental illness, chronic mental illness, mental retardation and developmental disabilities as per the guiding principals and goals of this plan. The entire system shall be reviewed on an annual basis to assure quality in compliance with rule 441, 25.22.

Each year the CPC Administrators from Sioux, Cherokee, Lyon, and Plymouth Counties collaborate to form a CQI team to measure effectiveness, efficiency, and satisfaction with the MH/DD Management Plan of each county. The results of the CQI process are incorporated into the Management Plan Annual Review of each county, and will be presented to the full Cluster Board annually.

***Tasks of the cluster-wide CQI/QA team will be to:***

- Each CQI team member will actively participate in and monitor the efficacy of the Northwest Iowa Contracting Consortium (NICC). As part of its duties, the NICC will review applicable licenses, and/or accreditation, independent financial audits, internal CQI processes, annual provider reports, and measure provider compliance with the standards outlined in this plan. These activities will be done to not only assist with the contracting process, but to also help facilitate the re-determination of provider network membership.
- Visit providers and supports in progress to determine the appropriateness of services and consumer satisfaction through the annual care review process.
- Review the appeals and accompanying decisions from the previous year.
- Identify, distribute, and analyze a biannual survey for consumers, families, and providers, and in alternate years, utilize internal CQI information from regional providers.
- Re-evaluate the CQI process on an annual basis - using suggestions as appropriate from the state CQI task force.
- Produce an annual CQI report, as a component of the Management Plan Annual Review, which will be submitted on December 1<sup>st</sup>, following the close of the fiscal year as required by Administrative Rule. The data from this annual report will be considered during the development of subsequent county management plans.
- Network on a monthly basis with regional CPC Administrators.
- Review general eligibility criteria at least once annually.

Sioux County will utilize Plains Area Mental Health's Annual Outcome Study to evaluate the effectiveness of services provided by that agency.

**M. Collaboration and Cooperation**

Sioux County recognizes that the consumers served through this plan may be eligible to receive funding and services from a variety of agencies and sources. The Mental Health Services Administrator and/or his/her designates shall actively interface with other community services, providers, payers in order to maximize the benefit to the consumer of services and supports provided by or through the county and those provided or funded by others.

In order to assure continuity of care, the Sioux County Mental Health Administrator will actively coordinate with the court system. This coordination will involve the Sheriff's Office, the local Police Departments, the judicial referee, mental health advocates, and the district judges. Input from these agencies was taken into consideration during plan development. The Mental Health Services Administrator will ensure that the courts are aware of the services and supports available through this plan as alternatives to commitment. However, the Mental Health Services Administrator shall continue to work with the court system to coordinate services to persons who are under court ordered commitment as defined in Iowa Code Chapter 229 and Chapter 222.

**N. On Going Education**

Sioux County has contracted with Plains Area Mental Health to conduct public education regarding mental illness, it's prevention, treatment, and services available. This task is accomplished in part through news releases and articles, public speaking engagements, and training for professionals & other care givers.

In addition, Sioux County will publish a brochure and/or create an internet website that will contain at a minimum the following information:

- ❑ Definition of who is eligible to receive services
- ❑ Definition of services made available in Sioux County's Management Plan
- ❑ Addresses and phone number's of the CPC and other designated access points
- ❑ Information on alternative resources not directly provided through the county
- ❑ Information on how to obtain services in an emergency

*A copy of this management plan is posted on the DHS Website for informational purposes.*

**Management Plan Annual Review**

Each year the Mental Health Services Administrator (CPC) conducts a review of the MH/DD Management Plan for the county stakeholders, the Department of Human Services and the State County Management Committee, which is submitted for informational purposes to the department by December 1<sup>st</sup>. This annual review incorporates an analysis of the data associated with services managed during the preceding fiscal year by the county. The annual review shall include, but not be limited to the following information:

- Progress toward goals & 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.

## STRATEGIC PLAN

The strategic plan encapsulates the county's vision for its mental health, mental retardation, and developmental disabilities system for the ensuing three fiscal years. The strategic plan development process follows the process outlined in the policies and procedures portion of this manual. The action plan includes a need assessment and the resultant goal section, a comprehensive inventory of services and supports offered, the current provider network and a listing of access points. The strategic plan is presented to stakeholders for input during a series of public hearings prior to April of each fiscal year, and is approved by the Sioux County Board of Supervisors prior to implementation. The strategic plan is submitted, for informational purposes, to the Department of Human Services by April 1 of every third year.

### NEEDS ASSESSMENT

Information from the quality assurance process as defined in this plan, along with summaries from previous plan annual reports, have been evaluated and have resulted in the following determinations. This evaluation has reinforced the County's strategy for supporting **choice, empowerment, and community**.

- ❖ At the close of the fiscal year ending 6/30/99, Sioux County was serving an unduplicated total of 280 consumers, 25 of which were children under the age of 18. Of those 280 consumers, 105 had a mental illness diagnosis, 59 were diagnosed with chronic and persistent mental illnesses, 111 with mental retardation, and 5 with Other Developmental Disabilities.
- ❖ Sioux County has had a net growth of 25 consumers over the last two years. The process used to make decisions regarding changing service needs is an ongoing one. The county is in frequent contact with consumers and individual providers to ascertain that the needs of the County's consumers are being met to their satisfaction. The county utilizes input from consumers as direction for development of strategies to meet consumer need. Recently, for example, this input resulted in the formation of a collaborative of area counties and a local provider working together to develop a sheltered work activity center in the Sibley area, which met a need to provide that service in state, versus transporting consumers out of state to the nearest work center.
- ❖ Since the writing of the first Sioux County Management Plan, the Mental Health Administrator has annually reviewed goals and objectives for their possible incorporation into subsequent Management Plans. The primary goal of that assessment is to determine the need for revision, or elimination of current plan goals/objectives. As a result of this process, a significant number of goals from years past have been revised and updated to meet on-going consumer needs.

### Goal One

**Sioux County will improve public access to services and programs.**

#### *Measurable Objective A:*

By the end of FY 2001, the Sioux County Mental Health Services Administrator, in conjunction with local providers, will provide ongoing public/consumer education regarding the Managed Mental Health Care Plan, the CPC process, and services offered through the plan.

#### *Measurable Objective B:*

By the end of FY 2002, the Sioux County Mental Health Services Administrator will participate in the processes that use a collaborative approach to transition from school to adult services.

#### *Measurable Objective C:*

By the end of FY 2003, the Sioux County Mental Health Services Administrator will participate with local providers in publication of a countywide directory of services to be issued through local community schools, providers, and agencies.

***Action Steps:***

- Mental Health Services Administrator (MHSA) will continue to participate in the Area Education Agency Transition Board and identify (with AEA educators) the role the county plays in the transition processes, and attend at least 6 transition care reviews or conferences.
- Refine/update the Sioux County Mental Health Services brochure and/or website regularly.
- MHSA will work together with Plains Area Community Mental Health Center to encourage and develop educational forums to reduce stigma associated with persons with disabilities.
- Public input into mental health plan development process will be formally sought.
- Mental Health Services Administrator will work with community organizations, as a program resource regarding the “single point of entry process”, and will present this information to at least three (3) community organizations.

** Goal Two**

**Sioux County will utilize community-based supports and services to their fullest extent.**

***Measurable Objective A:***

By the end of Fiscal Year 2001, the Mental Health Services Administrator will work with local providers to more effectively utilize the available MR Waiver slots available to the county.

***Measurable Objective B:***

By the end of FY 2002, the Mental Health Services Administrator will evaluate the effectiveness of respite services available to consumers with chronic mental illness, focusing on respite’s impact on subsequent in-patient hospitalizations.

***Measurable Objective C:***

By the end of FY 2003, the Sioux County Mental Health Services Administrator, in conjunction with local agencies that provide vocational services to the elderly, will develop a comprehensive plan for offering alternatives to work, for elderly consumers.

***Action Steps:***

- Sioux County, which currently has 35 MR Waiver slots, will collaborate with area providers to determine a more cost efficient/effective use of these slots, by 6/30/01.
- The Mental Health Services Administrator will track utilization of respite services by county consumers and subsequent in-patient hospitalizations.
- The MHS Administrator will cooperate with Hope Haven and the Foster Grandparent program to develop alternative activities to current vocational services for elderly consumers.
- The MHS Administrator will cooperate with Plains Area MHC to promote their support program for persons with chronic mental illness, at-risk of in-patient hospitalization.

**SCOPE OF SERVICES MATRIX**

SERVICE	MI	CMI	MR	DD	BI
4x03 <u>Information and Referral</u>	X	X	X	X	
4x04 <u>Consultation</u>	X	X	X	X	
4x05 <u>Public Education Services</u>	X	X	X	X	
4x06 <u>Academic Services</u>					
4x11 <u>Direct Administrative</u>	X	X	X	X	
4x12 <u>Purchased Administrative</u>					
4x21- <u>374 Case Management- Medicaid Match</u>		X	X	X	
4x21- <u>375 Case Management -100% County Funded</u>		X	X	X	
4x21- <u>399 Other</u>					
4x22 <u>Services Management</u>					
4x31 <u>Transportation (Non-Sheriff)</u>					
4x32- <u>320 Homemaker/Home Health Aides</u>					
4x32- <u>321 Chore Services</u>					
4x32- <u>322 Home Management Services</u>					
4x32- <u>325 Respite</u>	X	X	X	X	
4x32- <u>326 Guardian/Conservator</u>	X	X	X	X	
4x32- <u>327 Representative Payee</u>	X	X	X	X	
4x32- <u>328 Home/Vehicle Modification</u>			X		
4x32- <u>329 Supported Community Living</u>		X	X	X	
4x32- <u>399 Other</u>					
4x33- <u>345 Ongoing Rent Subsidy</u>					
4x33- <u>399 Other</u>					
4x41- <u>305 Outpatient</u>	X	X			
4x41- <u>306 Prescription Medication</u>					
4x41- <u>307 In-Home Nursing</u>					
4x41- <u>399 Other</u>					
4x42- <u>305 Outpatient</u>	X	X			
4x42- <u>309 Partial Hospitalization</u>		X			
4x42- <u>399 Other</u>					
4x43- <u>Evaluation</u>	X	X			
4x44- <u>363 Day Treatment Services</u>		X			
4x44- <u>396 Community Support Programs</u>		X			
4x44- <u>397 Psychiatric Rehabilitation</u>		X			
4x44- <u>399 Other</u>					
4x50- <u>360 Sheltered Workshop Services</u>		X	X	X	
4x50- <u>362 Work Activity Services</u>		X	X	X	
4x50- <u>364 Job Placement Services</u>		X	X	X	
4x50- <u>367 Adult Day Care</u>					
4x50- <u>368 Supported Employment Services</u>		X	X	X	
4x50- <u>369 Enclave</u>		X	X	X	
4x50- <u>399 Other</u>					
4x63- <u>310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds</u>		X	X	X	
4x63- <u>314 Residential Care Facility (RCF License) 1-5 Beds</u>		X	X	X	
4x63- <u>315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 1-5 Beds</u>			X		
4x63- <u>316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds</u>		X			
4x63- <u>317 Nursing Facility (ICF, SNF or ICF/PMI License) 1-5 Beds</u>					
4x63- <u>318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 1-5 Beds</u>			X		
4x63- <u>329 Supported Community Living</u>		X	X	X	
4x63- <u>399 Other 1-5 Beds</u>					
4x64- <u>310 Community Supervised Apartment Living Arrangement (CSALA) 6-15 Beds</u>		X	X	X	
4x64- <u>314 Residential Care Facility (RCF License) 6-15 Beds</u>		X	X	X	
4x64- <u>315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6-15 Beds</u>			X		
4x64- <u>316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6-15 Beds</u>		X			
4x64- <u>317 Nursing Facility (ICF, SNF or ICF/PMI License) 6-15 Beds</u>					
4x64- <u>318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6-15 Beds</u>			X		

## Sioux County MH/DD Management Plan

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

### NETWORK OF PROVIDERS

In order to provide the full scope of services and supports as identified in the plan, the following providers will be utilized:

Area Education Agency 4  
1382 4th Ave. NE  
Sioux Center, IA 51250  
712-722-4378

Consumer Transitioning

Cherokee Mental Health Institute  
1200 West Cedar Loop  
Cherokee, IA 51012  
712-226-2594

Inpatient Involuntary Hospitalization  
Inpatient Voluntary Hospitalization  
Outpatient Psychiatric Services

Client Community Services, Inc.  
P. O. Box 23  
Worthington, MN 56187  
507-376-3171

MR Waiver Services

Department of Human Services  
Case Management Services  
712-255-2726/Pat Braesch

Case Management Technical Support

Sioux County Department of Human Services  
P.O. Box 375  
Orange City, IA 51041  
712-737-2943

Case Management Services

Community Health Partners of Sioux County 217 Central Ave SW Orange City, IA 51041 712-737-4081	Public Education
Hope Haven, Inc. 1800 19th Street Rock Valley, IA 51247 712-476-2737	Work Activity, Sheltered Work, Community Support Apartment Living, Supported Employment, Day Treatment, ICR/MR, RCF/MR, Support Services, Waiver Services
IHS at Park Place 114 E. Green Glenwood, IA 51534	ICF/MR
Iowa Department of Revenue and Finance Glenwood State Institute Clarinda State Institute Woodward State Institute	ICF/MR ICF
Life Skills P. O. Box 1506 Le Mars, IA 51031 712-546-9554	Work Activity Service
Mid-Step Services, Inc. 4303 Stone Avenue Sioux City, IA 51106	RCF, CSALA, HCBS Services
North Central Sheltered Workshop Iowa Central Industries 127 Avenue M Fort Dodge, IA 50501	CSALA, Sheltered Workshop
Parkview Homes 2815 Lincoln Way Sioux City, IA 51106	ICF/MR
Plymouth Life, Inc. 1240 Lincoln Street NE LeMars, IA 50131	RCF
Plains Area Community Mental Health 21 1 <sup>st</sup> Avenue NE Le Mars, IA 51031 712-546-4624	Consultation, Day Treatment, Public Education, Prevention Programs, Community Support Program, Evaluation for services/commitment

Spencer Mental Health Unit Spencer Municipal Hospital 1200 1st Ave. East Spencer, IA 51301 712-264-6218	Inpatient Hospitalization
Sunshine Workers, Inc. 520 10th Ave. East P. O. Box 7213 Spencer, IA 51301	Work Activity Service, CSALA
Mahaska Diamond Shelter, Inc. P. O. Box 1092 Oskaloosa, IA 52577	Work Activity Services, RCF/MR
E.L.M. Care Center P.O. Box 42276 Urbandale, Iowa 50322	RCF
Horizons Unlimited of Palo Alto County P.O. Box 567 Emmetsburg, IA 50536	RCF/MR, Work Activity Services
Ida Services, Inc. P.O. Box 16 Battle Creek, IA 51006	Work Activity Services
Mercy Medical Center 801 5 <sup>th</sup> Street Sioux City, Iowa 51106	In-patient Hospitalization
St. Luke's Medical Center 2720 Stone Park Boulevard Sioux City, Iowa 51106	In-patient Hospitalization
Village Northwest Unlimited 330 Village Circle Sheldon, Iowa 51201	RCF, RCF/MR, HCBS Waiver, ICF/MR, Work Activity/Supported Employment Services, Supported Apt. Living, Etc.

The service providers listed were chosen based on the quality of service, responsiveness to client needs and desires, responsiveness to County needs, rates for service, and accessibility to service for applicants. In order to assure a continuity of services and choices for persons currently receiving services outside of the counties, the providers of those services are also included in this plan. Other providers may from time to time be added to this plan as is deemed necessary by the Mental Health Services Administrator to ensure a full range of services.

**ACCESS POINTS**

Primary points of access are those agencies and/or organizations, which are authorized by the Mental Health Services Administrator to initiate the screening and eligibility process as defined by the agreement between the Mental Health Services Administrator and the agency/organization.

***Primary points of access shall include:***

- Sioux County's Office of the Iowa Department of Human Services
- Plains Area Community Mental Health Center (MI, CMI)

Secondary points of access are those agencies or organizations that can make referrals to the Mental Health Services/CPC office and/or the primary access points. The following list is not all-inclusive as it excludes a variety of persons from the community who may also make referrals.

*Access point training will be provided as needed.*

***Secondary points of access shall include:***

- DHS Targeted Case Management
- Sioux County Public Health Nursing
- Sioux County School Districts
- Churches
- Law Enforcement
- Mid-Sioux Opportunity
- Hospitals/clinics
- Cherokee Mental Health Institute
- All providers included in the provider network
- Area Education Agencies
- and others

## APPENDIX

### APPENDIX (A). LEGAL SETTLEMENT

The applications process for financial assistance from Sioux County involves determination of “Legal Settlement” in the county. Simply stated, an applicant acquires legal settlement in a county by residing in the county continuously for a time period of one year, without “receiving treatment or support services from any community-based provider of treatment or services for mental retardation, developmental disabilities, mental health...” (IA Code 252.16[8]).

An applicant whose county of legal settlement is other than Sioux County will be referred to the CPC of that county. The application received by the Sioux County Mental Health Services Administrator (CPC) will be mailed to the county of legal settlement as soon as a determination is made. The CPC of that county will be contacted by phone to determine which CPC will be responsible for processing the application. If the consumer has a county of legal settlement that elects to perform the CPC functions for out of county consumers, then the CPC Administrator will coordinate ICP/IPP planning with the county of legal settlement. However, it will be the policy of Sioux County that those individuals requesting services from the county of residence (Sioux County), will receive the same degree of services contained in the county management plan as people who have legal settlement in Sioux County.

An applicant who has not attained legal settlement in any Iowa county will be submitted to the local Dept. of Human Services Office for determination of “State Case Status”.

### APPENDIX (B). STATE CASES

If an applicant who has not attained legal settlement in Sioux County or another county, and is believed to be a “state case”, a referral will be made to the DHS Office in the applicant’s county of residence.

The specific worker to which the referral is made will depend on service needs of the applicant: services funded by Title XIX originate with the IM Worker; local purchase services to be funded through the State Payment Program originate with the Service Worker.

The State Payment Program does not fund state cases for medical or maintenance costs, Title XIX case management only, ICF/MR, HCBS/MR Waiver, hospitalization, or commitment claims. Questions regarding these other services should be directed to the appropriate individuals at the Department of Human Services in Des Moines.

Administrative rules for the State Payment Program are found in the Iowa Administrative Code, 441-153(234), Division IV (153.51 through 153.59).

## APPENDIX (C). COST RECOVERY PROGRAM

Chapter 230 of the Code of Iowa, "Support of the Mentally Ill" has established polices and limitations under which recoveries shall be made by the county from Applicants receiving Mental Health Treatment in the State Mental Health Institutions, or placements that may be needed other than the institutional care and treatment when payment for such treatment has been made by the county of Legal Settlement.

Chapter 230.15 establishes the limits for which an applicant or responsible persons shall be held liable for payments. Chapter 230.25 states "a financial investigation shall be made by the Board of Supervisors" to determine whether the Applicant or responsible persons are able to pay the cost of care. In accordance with, and in compliance with the law, Sioux County has determined to begin a recovery program, and has designated the Sioux County Mental Health Services Administrator to be responsible for implementation and administration of such program.

### GENERAL PROVISIONS OF RECOVERY PROGRAM

#### **A. Notice of Admission:**

When information is received showing an admission to the Mental Health Institute, public or private hospital, or any other service ordered by the Commitment Referee, this information shall be given to the Sioux County Mental Health Services Administrator. A letter of information shall be sent to the Applicant or responsible person informing them of the possible liability and that insurance, Title XIX and Medicare information must be provided to the service provider and submitted for payment. Along with this letter, a CPC application will be mailed to the Applicant or responsible party, for the Mental Health Services Administrator to review to determine liability. If the applicant or responsible party does not respond to the letter and CPC application, they will automatically be considered able to pay the account.

#### **B. Cure for Default:**

If payment is not received, or an agreement reached within 20(twenty) days, a cure for default shall be issued giving twenty (20) days for payment.

#### **C. Failure to pay:**

Failure to pay in this period shall result in legal action by the County Attorney's office, first by letter, and if necessary, filing in District Court for all accounts.

### LIMITATION ON COLLECTIONS.

#### ***Mental Health Institutes, Public Hospitals and Private Hospitals:***

Personal liability shall be computed according to current law. This includes the cost of care and treatment for the first 120 days of hospitalization for Mentally Ill and Chronically Mentally Ill and then \$365 per month for services at a Mental Health Institute. Collection efforts shall be initiated as soon as possible, but not later than five (5) years after the date of the last charge paid by the county. Reimbursements shall not be requested from applicants (under the age of 21 and over 65) found eligible for Title XIX payments for care in the institution, or for care in a public or private hospital, except for non-covered costs when those can be identified. At all times, recovery procedures shall comply with current law.

In the case of long-term placement ordered by the Commitment Referee, the County Mental Health Services Administrator shall monitor placements of county residents and assess client participation according to the limits of current law for all individuals with income. Applicants receiving service who have income in excess of county guidelines shall have a co-payment computed as per method established by the county.

## **APPLICANT'S ABILITY TO PAY**

### ***A. Unable to Pay:***

When an applicant or responsible person is found unable to pay by the MHSA, their account shall remain on the Books until their death or settlement of the account. No further bill will be sent but the account is open. If at anytime there is a probate in which the person is named as an heir, claims will be filed accordingly.

### ***B. Able to Pay:***

When an Applicant or responsible person is found able to pay by the Mental Health Administrator, an attempt shall be made to collect the account as detailed in the “*General Provisions of Recovery Program*” section above.

Compromise offers shall be given to the Board of Supervisors. If the compromise offer is accepted, payment of the agreed upon amount shall be made after which the account shall be considered paid in full.

The County Mental Health Services Administrator shall make every effort to cooperate with the applicant or responsible person in setting reasonable payment plans, and to avoid legal action.

Decisions of ability to pay may be appealed to the Sioux County Board of Supervisors using the appeals process outlined in this management plan.

## **PROCEDURE FOR COLLECTIONS**

### ***Current Admissions:***

1. When the report of an admission is received from a State Mental Health Institute, Public or Private Hospital, Clerk of Court or other Service provider a copy shall be given to the Sioux County Mental Health Services Administrator.
2. A record of the admission shall be made. If there is already an account for the Applicant, this admission shall be added to the record.
3. A letter shall be sent to the Applicant as explained in the “*General Provisions*” section.
4. Personal liability shall be determined by the Mental Health Services Administrator, forwarded to the Board of Supervisors, and recorded. If the determination is found that the applicant is able to pay, then a payment plan shall be set up.

5. If there is no effort to pay or negotiate the account by the 40th day, claim shall be turned over to the County Attorney for further efforts to collect the payments, The final process is filing in District Court by the County Attorney.
6. Once the judgment has been obtained, ten years shall be allowed for the county to collect on the account. Bank accounts may be attached and wages may be garnished.
7. For Applicants who exceed the 120 day limit and have third party coverage, third party payments for periods for which the Applicant can be assessed only \$365 per month shall be credited against the total paid by the county, but not against the person's personal liability. This shall be considered a voluntary payment toward the total cost to the county.

**Sioux County Mental Health Services  
P.O. Box 233  
Orange City, IA 51041  
(712) 737-2999**

Date

Dear

The Sioux County Mental Health Services Administrator has received notice that you, or a person for whom you are legally responsible, has been institutionalized for treatment.

This letter is to inform you of the financial obligation involved when a person becomes a patient at one of the State or County Institutions for treatment of mental illness, mental retardation, developmental disability or substance abuse.

The laws of the State of Iowa make the patient at an institution (or their spouse, or their parents if they are a minor) personally liable to the county of Legal Settlement for the cost of care received at the facility. The institution will bill Sioux County directly for all costs of care and support. Sioux County may then bill the individual or responsible person in order to recover said costs or forward on those billings.

Please complete the enclosed CPC Application form as carefully as possible and submit it to this office in order for the Board of Supervisors to determine your ability to pay the account. If you fail to do this, by default, you will be deemed financially able to pay the account.

If you have insurance or Medicare coverage, please be sure the hospital files a claim on this account. If the patient is a minor, you must file an application for Title XIX benefits, and if you are found eligible, notify Sioux County. Please submit proof of insurance or Medicaid coverage with your completed CPC Application. Any remaining balance after third party coverage can then be paid through this office, if the Board of Supervisors finds you financially able to pay.

If you have any questions, please feel free to contact this office. Thank you for your full cooperation.

Sincerely,

Shane Walter, Administrator  
Sioux County Mental Health Services

**Sioux County Mental Health Services  
P.O. Box 233  
Orange City, IA 51041  
(712) 737-2999**

Date

Dear

Upon investigation of your income and resources, and in consideration of that information, it is the decision of the Sioux County Board of Supervisors that you are able to pay on your institutional account, growing out of the cost of Mental Health Services.

This letter is to advise you of that decision and to request that you contact the Sioux County Mental Health Services Administrator relative to the payment of this account. Please contact this office no later than twenty (20) days from the date above to make arrangements for payment.

In the event that we do not hear from you within twenty (20) days, formal legal action will be started.

Thank you for your cooperation.

Sincerely,

Shane Walter, Administrator  
Sioux County Mental Health Services

**Sioux County Mental Health Services  
P.O. Box 233  
Orange City, IA 51041  
712-737-2999**

Date

CURE FOR DEFAULT NOTICE

CREDITOR: Sioux County Courthouse  
Orange City, Iowa 51041

Type of Account: Institutional

Balance:

Description of indebtedness: Charges paid by Sioux County for \_\_\_\_\_ units of service at  
in \_\_\_\_\_, 19 \_\_\_\_.

You are now in default on this account. You have a right to correct this account within twenty (20) days after the date above. If you do so you may continue payments on the account as though you did not default. Your default consists of \$ \_\_\_\_\_. To correct the default you must pay Sioux County in full or make satisfactory payment arrangements with Sioux County before twenty (20) days after the above date.

If you do not correct your default by that date, Sioux County may exercise rights against you under the law. If you default again in the next year, Sioux County may exercise its rights without sending out another notice like this one. If you have any questions write or telephone the office listed at the top of this letter.

Sincerely,

Shane Walter, Administrator  
Sioux County Mental Health Services

**Sioux County Mental Health Services  
P.O. Box 233  
Orange City, IA 51041  
(712) 737-2999**

Date

Dear

The Sioux County Board of Supervisors has been informed you have recently been hospitalized at

. It is necessary for us to determine your Legal Settlement and/or your ability (or the ability of any responsible person) to pay all or part of the costs incurred.

An appointment has been set in this office on \_\_\_\_\_ at \_\_\_\_\_.

If this time will not work, please call the above number to reschedule before the appointment.

Thank you for your cooperation.

Sincerely,

Shane Walter, Administrator  
Sioux County Mental Health Services

## APPENDIX (D). DEFINITIONS

**Access Point** means a part of the service system or the community that shall refer a person with a disability to the central point coordination. Access points may include, but need not be limited to, providers, public or private institutions, advocacy organization, legal representatives, and education institutions. Primary and Secondary Access Points will exist as described in this plan's "Consumer Access" section.

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

**Authorized Representative** means a person designated by Iowa Law or a consumer to act on the person's behalf in specified affairs.

**Board** means the county board of supervisors.

**Case Management - 100% County Funded** are activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that allow them to live a full life in a community when the county is funding 100% of the cost of case management.

**Case Management- Medicaid Match** are activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that allows them to live a full life in the community when the county is paying 50% of the non-federal share of Medicaid funded case management.

**Central Point of Coordination (CPC)** means the administrative entity designated by a board, or the board of a consortium of counties, to act as the single entry point to the service system as required in 1995 Iowa Acts, Chapter 206, section 15.

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

**Community Supervised Apartment Living Arrangements** are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements.

**Community Support Programs** is for comprehensive programs to meet individual treatment and support needs of consumers which enable consumers with a chronic mental illness, mental retardation, or a developmental disability to live and work in a community setting.

**Consultation** means advisory activities directed to a service provider to assist the provider in delivering services to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization.

**Consumer** means a person who is eligible to receive services and supports from the service system.

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

**County** means a single county or a consortium of counties or an MR/MH/DD regional planning council, as defined in Iowa Code Section 225C.18, designated by the county to develop or implement the county management plan.

**County Management Plan** means the county plan, developed pursuant to 1995 Iowa Acts, Chapter 206, section 15, for organizing, financing, and delivering mental health, mental retardation, and developmental disabilities services and supports in a manner that deliberately seeks to control costs while delivering high-quality mental health, mental retardation, and developmental disabilities' services and supports.

**CPC Administrator/Mental Health Services Administrator** means a person who possesses a baccalaureate degree from an accredited school and has demonstrated competency in program administration and planning in human services or a related field working with people with disabilities.

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

**Department** means the Iowa Department of Human Services.

**Diagnostic Evaluation Related to Commitment** is used when an evaluation is performed related to a commitment under the Iowa Code.

**Direct Administrative** includes expenses necessary to manage the service system if county employees perform the administrative duties.

**Director** means the Director of the Iowa Department of Human Services.

**Emergency service** means a service needed immediately to protect the life or safety of a consumer or others.

**Evaluation** means evaluation of services as described in 441, paragraph 24.3(8).

**Income** for purposes of this plan is defined as follows (as per U.S. Census Bureau): A. Money, wages, or salary; B. Net income from non-farm self-employment; C. Net income from farm self-employment; D. Social Security; E. Dividends, interest on savings or bonds, income from estates or trusts, net rental income or royalties; F. Public assistance or welfare payments; G. Pensions and annuities; H. Unemployment compensation; I. Workers Compensation; J. Social Security Survivors Benefits; K. Social Security Permanent Disability Insurance payments; L. Moneys received under the PASS or IRWE programs; **Nonrecurring Lump-Sum Income** is a time payment of money **Excluded from income:** 1. Money borrowed; 2. Tax refunds; 3. The value of food stamp coupons; 4. Donated foods, and supplemental food assistance; 5. Earnings of a child under 14 years of age; 6. Loans and grants for educational purposes; 7. Home produce for household consumption; 8. Stipends received in the Foster Grandparent Program; 9. Low income energy assistance moneys; 10. Agent Orange Settlement payments; and 11. Alimony.

**Individualized services** mean services and supports that are tailored to meet the individual needs of the consumer

**Inpatient/State Hospital Schools** is for per diem charges at State Hospital Schools; Glenwood and Woodward.

**Inpatient/State Mental Health Institutes** is for per diem charges at Mental Health Institutes; Cherokee Clarinda, Independence, and Mount Pleasant.

**Intermediate Care Facility for the Mentally Retarded** are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an ICF/MR license.

**Legal Settlement** is as defined in Iowa Code sections 252.16 and 252.17.

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

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

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

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

**MR/MI/DD Utilization Review Board** is a board of representative of providers, consumers, or their advocates, case managers, social worker, appointed by the Mental Health Services Administrator. Their duties include review and recommendations of request for payment received by the Administrator, as well as individual consumer case review. The Board is to review case files/requests according to the rules set forth in this plan. They shall apply cost effectiveness, appropriateness, least restrictive setting, and potential to benefit standards to their recommendations.

**Physiological Outpatient** is used for activities designed to prevent, halt, control, relieve or reverse symptoms or conditions, which interfere with the normal physiological functioning of the Human Body.

**Psychiatric Rehabilitation** is for individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or residential setting, and to promote the consumer's recovery of the ability to perform a valued role in society.

**Psychotherapeutic Evaluation** is for the screening, diagnosis and assessment of individual and family functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.

**Psychotherapeutic Outpatient** is for planning processes in which the therapist used professional skills, knowledge and training to enable consumers to realize and mobilize their strengths and abilities; take charge of their lives; and resolve their issues and problems. Include crisis intervention programs.

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

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

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

**Qualified Professional** means a person who is recognized by peers within the professional community and who has education, training, license, certification, or experience to make the particular decision at issues as required by federal or state law.

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

**Residential Care Facility for the Mentally Ill** are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed/certified living arrangements with an RCF/PMI license.

**Residential Care Facility for the Mentally Retarded** are programs licensed, certified, or approved by the Department of Inspections and Appeals or the Department of Human Services as licensed /certified living arrangements with an RCF/MR license.

**Respite** is for temporary care to a consumer to provide relief to the usual informal caregiver and provide all of the care the usual caregiver would provide.

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

**Service coordinator** means a person as defined in rule 441--22.1(225C). For the purposes of these rules that may include department social workers providing social case work as defined in rule 441--130.6(234), county caseworkers, county social workers, or qualified case managers as defined in rule 441—24.1(225C).

**Service fund** means the county mental health, mental retardation, and developmental disability services fund created in 1995 Iowa Acts, Chapter 206, Section 10, Subsection 2, including, but not limited to, the fixed county budget.

**Service system** refers to the services and supports administered and paid from the county mental health, mental retardation, and developmental disability services fund (1995 Iowa Acts, Chapter 206, Section 10.)

**Sheltered Workshop Services** are those services provided by a facility carrying out a recognized program of rehabilitation, habitation, or education for persons with disabilities, designed to lead to competitive employment, or provision of long-term remunerative employment.

**Sheriff Transportation** is provided related to a commitment under Iowa Code.

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

**System principles** mean:

- "Choice" which means the abilities of consumers, their families, and authorized representative to exercise informed choices about the amounts and types of services and supports received.
- "Community" which means that the system supports the rights and abilities of all consumers to live, learn, work, and recreate in natural communities of their choice.
- "Empowerment" that means that the service system reinforces the right, dignity, and ability of consumers and their families to exercise choices, takes risks, provides valuable input, and accepts responsibility.

**Supported Community Living** is for services and supports determined necessary to enable consumers to live with family alone or with other consumers in a house or apartment. Services are directed to enhancing the consumer's ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

**Supported Employment Services** are on the job services provided to persons with disabilities who have an inability to gain and maintain traditional employment. Support provided to an individual in a competitive job is on a one-to-one basis. Supported employment occurs in a variety of normal, integrated business environments. Includes paid minimum wage or better, support provided to obtain and maintain jobs; and promotion of career development and workplace diversity.

**Unique identifier** means the social security number or the personal identifier for a consumer determined using a methodology adopted by the state-county management committee.

**Work Activity Services** are services for those individuals whose impairment severely reduces their productive capacity and which are designed to enable them to move to their appropriate training programs or employment.

**APPENDIX (E). NON-DISCRIMINATION POLICY**

This action was taken without regard to race, creed, color, sex, age, physical or mental disability, religion, national origin or political belief. If you think you may have been discriminated against for any of the reasons stated above, you may file a complaint with the County by completing a Discrimination complaint form. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were treated differently because of your race, creed, color, national origin, sex, religion or disability) or the United States Department of Health and Human Services, Office for Civil Rights.

Sioux County Mental Health Services  
Mental Health Services Administrator  
P.O. Box 233  
Orange City, IA 51041

Iowa Civil Rights Commission  
Grimes State Office Building  
211 East Maple Street, Second Floor  
Des Moines, IA 50319-0201

U.S. Department of Health and Human Services  
Office of Civil Rights Region VII  
601 East 12th Street Room 248  
Kansas City, MO 64106

**APPENDIX (F). CPC APPLICATION**

**CENTRAL POINT OF COORDINATION (CPC) APPLICATION FORM**

Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address City State Zip Code

How long have you lived at this address? From \_\_\_\_\_ To \_\_\_\_\_

Were you receiving assistance/services at that time?  
 1. No 2. Yes. If yes, what? \_\_\_\_\_

Previous Address (please list residences for the 5 years prior to current address):

Street Address City State Zip Code  
 How long have you lived at this address? From \_\_\_\_\_ To \_\_\_\_\_ Were you receiving assistance/services at that time?  
 1. No 2. Yes. If yes, what? \_\_\_\_\_

Previous Address:

Street Address City State Zip Code  
 How long have you lived at this address? From \_\_\_\_\_ To \_\_\_\_\_ Were you receiving assistance/services at that time?  
 1. No 2. Yes. If yes, what? \_\_\_\_\_

Previous Address:

Street Address City State Zip Code  
 How long have you lived at this address? From \_\_\_\_\_ To \_\_\_\_\_ Were you receiving assistance/services at that time?  
 1. No 2. Yes. If yes, what? \_\_\_\_\_

Applicant's living arrangement:

- 1. Lives alone
- 2. Lives with relatives
- 3. Lives with persons unrelated to applicant.

Ethnicity: Circle One

- 1. White, not Hispanic
- 2. African American
- 3. American Indian or Alaskan native
- 4. Asian or Pacific Islander
- 5. Hispanic
- 6. Other (Bi-racial, Indochinese, etc.)

Sex: Male Female

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Soc. Sec.# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Ph. # (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Area Code Phone Number

Citizenship: \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Other \_\_\_\_\_

Marital Status: Circle One

- 1. Single, never married
- 2. Married
- 3. Divorced
- 4. Separated
- 5. Widowed

Are you a Veteran of the U.S. Armed Forces? Circle one Yes No



Would you like additional information on any other services? Check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Assessment/Evaluation           | <input type="checkbox"/> Transportation                                 |
| <input type="checkbox"/> Recreation                      | <input type="checkbox"/> Health Care                                    |
| <input type="checkbox"/> Mental Health services          | <input type="checkbox"/> Education                                      |
| <input type="checkbox"/> Housing                         | <input type="checkbox"/> Employment                                     |
| <input type="checkbox"/> Financial support               | <input type="checkbox"/> In-home services                               |
| <input type="checkbox"/> Personal assistance services    | <input type="checkbox"/> Assistive technology                           |
| <input type="checkbox"/> Skill development               | <input type="checkbox"/> Getting information about your rights          |
| <input type="checkbox"/> Getting information or training | <input type="checkbox"/> Comprehensive family support and transitioning |
| <input type="checkbox"/> Other (please describe) _____   |   |

**EDUCATION AND EMPLOYMENT**

**Education:** Write in the actual number of years completed \_\_\_\_\_  
 For example: Gradeschool=8 Highschool=12 Trade/Tech. School=14 College=16

**Are you a student now?** NO YES → If Yes, write in school name and address

School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Employment History:** Write from most recent job backwards

From To

Employer	City	Job Duties	Mo.	Yr.	Mo.	Yr.

**FINANCIAL INFORMATION**

**Health Insurance:** Circle all that apply

1. Self-insured 2. Insured by employer 3. Medicare 4. Medicaid 5. No insurance

6. Other: \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Will your insurance policy pay for these services?** Yes No

If yes, How much? \_\_\_\_\_

Medicare # \_\_\_\_\_ Title XIX # \_\_\_\_\_

**Current Monthly Income:** Please write in your household monthly income in whole dollars:

- 1. Employment wages ..... \$ \_\_\_\_\_, \_\_\_\_\_
- 2. Public assistance payments ..... \$ \_\_\_\_\_, \_\_\_\_\_
- 3. Social Security ..... \$ \_\_\_\_\_, \_\_\_\_\_
- 4. Social Security/Disability ..... \$ \_\_\_\_\_, \_\_\_\_\_
- 5. Supplemental Security Income ..... \$ \_\_\_\_\_, \_\_\_\_\_
- 6. Veterans Administration Benefits ..... \$ \_\_\_\_\_, \_\_\_\_\_
- 7. Child Support ..... \$ \_\_\_\_\_, \_\_\_\_\_
- 8. Any Other Income ..... \$ \_\_\_\_\_, \_\_\_\_\_

**Total monthly household income in whole dollars** \$ \_\_\_\_\_, \_\_\_\_\_

**Resources** (include amounts in whole dollars and locations)

Resource	Yes	No	Amount	Location
Cash on hand			\$	
Checking			\$	
Savings			\$	
Stocks/Bonds			\$	
Time certificate(s)			\$	
Trust Fund(s)			\$	
Other:			\$	

**Medical Information:**

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

**Do you have a caseworker?** NO YES → If Yes, write his/her name/address

\_\_\_\_\_

Case Worker Name	Address	City	State	Zip	County
------------------	---------	------	-------	-----	--------

**Name of person helping complete this form:**

\_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_

---

**PLEASE READ BEFORE SIGNING**

**Your signature below signifies the information included in this application is true and correct. The answers provided will determine eligibility for county funding for the services which you are requesting.**

**I do further authorize the county Central Point of Coordination Administrator to investigate and verify this information, if needed.**

\_\_\_\_\_  
Signature of applicant or legal guardian Date

The county will consider this application without regards to race, sex, age, handicap, religion, national origin, or political belief.

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

**Disability group, primary diagnosis**

40. Mental Illness

41. Chronic Mental Illness

41. Mental Retardation

43. Other developmental disability

**County of legal settlement\*** \_\_\_\_\_

**County of legal settlement contacted** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Funding secured from county of legal settlement?** YES NO

**Application outcome decision** APPLICATION ACCEPTED APPLICATION DENIED

**Date of application outcome decision** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Denial Reason, if applicant denied**

1. Over income guidelines
2. Does not meet County Plan criteria
3. Does not meet Diagnostic Group Criteria
4. Does not meet Service Plan criteria
5. Applicant desires to discontinue process
6. Other \_\_\_\_\_

**Initial notice of decision sent to case management/service agency**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Written notice of decision sent to consumer and representatives**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Comments/Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of CPC making determination**

\_\_\_\_\_  
(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Area Code Phone Number

\*If county of legal settlement is undetermined, use the legal settlement worksheet to make determination



**RELEASE OF INFORMATION**

Consumer Name: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

I, the undersigned, hereby authorize \_\_\_\_\_ County CPC to release and/or obtain the information indicated below, regarding the above named consumer , with:

\_\_\_\_\_  
Name of Person or Agency

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip County

(\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

**The information being released will be used for the following purposes:**

- \_\_\_\_\_ Coordination of services
- \_\_\_\_\_ Referral for new services
- \_\_\_\_\_ Monitoring of services
- \_\_\_\_\_ Other \_\_\_\_\_

**Information to be released from CPC or Information to be obtained from the agency indicated above:**

- |   |                         |
|---|-------------------------|
| _____ Social History                    | _____ Medical History   |
| _____ Psychiatric Assessments/reports   | _____ Treatment Plan    |
| _____ Psychological evaluations/reports | _____ Progress Summary  |
| _____ Educational/vocational plans      | _____ Discharge Summary |
| _____ Other _____                       |                         |

**This Authorization shall expire on:** \_\_\_\_/\_\_\_\_/\_\_\_\_

At that time, no express revocation shall be needed to terminate my consent, but I understand that I may revoke this consent at any time by sending a written notice to the recipient named and to the County CPC. I understand that any information released prior to the revocation may be used for the purposes listed above, and does not constitute a breach of my rights to confidentiality. I understand that I may review the disclosed information by contacting the recipient named, or the CPC.

\_\_\_\_\_  
Signature of Consumer or Guardian Date Signature of Witness Date

Copy given to consumer? YES NO REFUSED Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW**

I specifically authorize the release of data and information relating to:

\_\_\_\_\_ Substance Abuse \_\_\_\_\_ Mental Health \_\_\_\_\_ HIV

\_\_\_\_\_  
Consumer signature Date

In order for this information to be released, you must sign here and above: \_\_\_\_\_ only the  
consumer can release substance abuse or HIV/AIDS information

APPENDIX (G). NOTICE OF DECISION FORM

SIoux COUNTY MENTAL HEALTH SERVICES

NOTICE OF DECISION: SERVICES

Date Application Received \_\_\_\_\_ Effective Date of Decision \_\_\_\_\_

Applicant Name

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip

\_\_\_\_\_

ACTION TAKEN:

( ) Approval ( ) Denial ( ) Pending ( ) Change in Service ( ) Reduction ( ) Waiting List

EXPLANATION OF ACTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MH/MR/DD Plan or Rule Reference:

\_\_\_\_\_

FEES:

You will be responsible for paying a portion of \_\_\_\_\_ service(s).  
The fee will be \$ \_\_\_\_\_ per \_\_\_\_\_. You should make arrangements to pay this amount directly  
to \_\_\_\_\_.

CONFERENCE

If you do not agree with the decision you may discuss the decision and your situation with agency staff, obtain an explanation of the action and present information to show that the action is incorrect. This conference does not in any way diminish your right to a hearing, as described in the attached "Right of Appeal" form. You may speak for yourself or be represented by legal counsel, a friend, or other person. If you have trouble understanding this notice, you may phone Sioux County at (712) 737-2999, for assistance.

REAPPLICATION

If your application has been rejected or your assistance has been canceled, you have the right to reapply at any time.

\_\_\_\_\_  
Sioux County Mental Health Administrator

Date

Sioux County Mental Health Services  
P.O. Box 233  
Orange City, IA 51041  
(712) 737-2999 Fax: (712) 737-3564

## APPENDIX (H). RIGHT OF APPEAL

If you are dissatisfied with any action or failure to act with regard to your application for service, with regard to the services you are now receiving, or because such assistance has been denied, reduced, or terminated, you have the right to appeal. Your appeal rights and procedures for hearing are explained below:

**How to Appeal.** You must appeal in writing. The appeal should be sent or delivered to the Mental Health Services/Central Point of Coordination Office in your County. Your appeal should take the form of a letter, asking for an appeal hearing. There is no fee or charge for an appeal. The Mental Health Services/CPC Administrator will assist you in filing an appeal if you request assistance.

**Time Limits.** You must file your appeal within 30 calendar days of the date of your notice to be assured of a hearing. When the appeal is filed late (that is more than 30 calendar days, but less than 90 calendar days after the date of this notice), the County Board of Supervisors must approve, based on a good cause for late filing, whether a hearing shall be granted. No hearing shall be granted if the appeal is filed more than 90 calendar days from the date of this notice.

You may attempt to resolve the dispute by scheduling a meeting with and talking to the County Mental Health Services Administrator. Any discussion between you and the MHS Administrator does not extend these time periods.

**Continuation of benefits.** If you appeal within ten days or before the effective date of this notice, this action will not affect your assistance at least until the appeal decision or the end of your pre-established period of eligibility, whichever comes first, unless you request otherwise. Any discussion between you and the county does not extend this time period. Assistance paid or services provided, before your appeal is decided may have to be reimbursed to the county, if the Mental Health Services Administrator's action is found to have been correct.

**Granting a Hearing.** The County Board of Supervisors will determine whether or not an appeal may be granted a hearing. If a hearing is granted, you will be notified of the time and place. Responsibility for the final administrative decision on appeal shall rest with the County Board of Supervisors.

A hearing may not be granted if the appeal is not eligible to be heard. Services funded by the County are subject to changes or terminations as stated in the County MH/DD Management Plan prepared each fiscal year for the period July 1 to June 30. Such changes are specifically not subject to hearing. There are additional limitations to the granting of hearings, which are explained in the IAC 441, Chapter 7. If no hearing is granted, you will be notified of the reason.

**Presenting your case.** If a hearing is granted to your appeal, you may explain your disagreement or have someone else, like a relative or friend, explain your disagreement for you. If you wish, an attorney may represent you, but the county is not obligated to pay for the attorney. Your county office has information about legal services based on ability to pay that may be available to you. You may also phone *Legal Services Corporation of Iowa* at 1(800) 532-1275.

**MANAGEMENT PLAN ANNUAL REVIEW FY 2000: 7/1/99 – 6/30/00**

It is the intent of this report to summarize and measure progress in the Sioux County Management plan for the time period of July 1, 1999 through June 30, 2000. This time frame is specific in correlation to the Fiscal Year as set forth in Iowa Administrative Rule 441 – 25.17. For quality assurance and stakeholder input purposes, the Mental Health Services/CPC Administrators from Sioux, Plymouth, Lyon, and Cherokee Counties work together to collect data that is relevant to measuring the efficacy of respective county plans. This year the CQI Team compiled data from provider surveys that were representative of the consumer population in each county. Having been analyzed, the data from those surveys was carefully considered during the development of the FY 2001 County Management Plan. A summary of the survey results is included elsewhere in this report. Furthermore, the Sioux County Mental Health Services Administrator has compiled data on MH/DD management plan goals & objectives, documentation of stakeholder involvement, actual provider network, actual expenditures, actual scope of services, the number, type and resolution of appeals, and waiting list information.

**1. PROGRESS TOWARD GOALS AND OBJECTIVES**

 **Goal One**

**Sioux County will improve consumer access to services and programs.**

**Measurable Objective A:**

By the end of Fiscal Year 2000, the Sioux County MHS Administrator, in conjunction with local providers, will provide ongoing education regarding the Managed Mental Health Care Plan, the CPC process, and services offered through the plan.

**Measurable Objective B:**

By the end of Fiscal Year 2000, the Sioux County Mental Health Services Office will participate in a process that uses a collaborative approach to transition from school to adult services.

**Action Steps:**

- ◆ CPC will contact the Area Education Agency about participation in Transition Board.

***This action step is ongoing. The County CPC is currently seeking membership to this board and has been attending meetings since May 1999.***

- ◆ CPC will develop a Sioux County Mental Health Services brochure.

***This action step is ongoing. The County CPC is currently gathering materials for a brochure.***

- ◆ Plains Area Mental Health Center will be encouraged to conduct educational forums to reduce stigma associated with persons with disabilities.

***This action step is ongoing. The County CPC maintains dialog with PAMHC regarding educational offerings.***

- ◆ Public input into mental health plan development process will be encouraged.

***This action step is ongoing. Prior to plan development meetings, consumers are invited to participate.***

## **Goal Two**

**Continue the development of supports for persons with mental illness, chronic mental illness, mental retardation and developmental disabilities.**

### **Measurable Objective A:**

By the end of Fiscal Year 2000, the Mental Health Services Administrator will evaluate the effectiveness of available respite services to consumers with mental illness and chronic mental illness, particularly with respect to their impact on subsequent in-patient hospitalizations.

### **Measurable Objective B:**

By the end of fiscal year 2000, the Sioux County CPC Administrator, in conjunction with local agencies that provide services to the elderly, will develop a comprehensive plan for offering alternatives to current services, particularly vocational, for elderly consumers.

### **Action Steps:**

- Track utilization of respite services by Sioux County consumers and subsequent in-patient hospitalizations.

***Respite care and community supported living services sites have been identified. Effectiveness of service will be tracked.***

- ◆ Identify unique mental health needs of the elderly and current service options.

***Hope Haven has agreed to partner with Sioux County in this endeavor. Further elderly care providers will be identified.***

- ◆ Cooperate with Hope Haven and the Foster Grandparent Program to develop alternative activities to current vocational services to elderly consumers.

***Several Sioux County consumers are participating in this program. It's effectiveness continues to be evaluated.***

- ◆ Cooperate with Plains Area Mental Health to promote their support program for persons with chronic mental illness at risk of in-patient hospitalization.

***County consumers are participating in this program. It's effectiveness continues to be evaluated.***

- ◆ Identify alternative funding for program implementation/expansion.

***This process is ongoing. Further funding sources are being evaluated.***

 **Goal Three**

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**Expand the opportunities for individuals with profound mental, physical and behavioral challenges, to advocate for their own needs.**

**Measurable Objective:**

By the end of Fiscal Year 2000, an advocacy training program, which will impact consumers in Sioux County with profound mental, physical and behavioral challenges, will be developed and implemented at select sites.

**Action Steps:**

- ◆ Cooperate with Cherokee County to develop self-advocacy training curriculum and materials.

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***Self-advocacy materials were developed in conjunction with MH/DD plan development.***

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- ◆ Identify appropriate consumer candidates for participation in training program.

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***Appropriate consumer candidates were identified through the IPP Plan process with Hope Haven and Social Workers.***

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- ◆ Identify potential training sites in Sioux County. Consider "Advocacy Fair" format.

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***Community sites in proximity to Hope Haven's employment services sites were identified in Rock Valley & Sioux Center. Site development in other cities is ongoing.***

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- ◆ Develop a consumer survey, which will measure consumer ability to self-advocate.

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***Consumers & providers were surveyed regarding ability to self-advocate. This process is ongoing.***

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 **Goal Four**

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**Determine appropriateness of current services to Sioux County consumers and the effectiveness of the MH/DD service delivery system.**

**Measurable Objective:**

By the end of Fiscal Year 2000, a Mental Health Utilization Review Board will be established that will meet monthly to evaluate the appropriateness of services to Sioux County consumers and the effectiveness of the service delivery system.

**Action Steps:**

- ◆ Formulate a list of candidates for Utilization Review Board membership with assistance from the Mental Health Advisory Board.

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***An informal list of candidates was assembled at the Advisory Board meeting on 3/10/99.***

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- ◆ Contact prospective members and form group.

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***Several members have already committed to join this group. Further contacts are forthcoming.***

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- ◆ Meet with group members monthly to review current services to consumer, determine appropriateness of those services and identify unmet needs.

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***This will occur on a monthly basis beginning in the new fiscal year.***

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- ◆ Evaluate the effectiveness of service delivery system within Mental Health Plan.

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***This will be accomplished as feasible at monthly meetings.***

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- ◆ Identify options for meeting unmet needs as determined in review process.

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***This will be accomplished as feasible at monthly meetings.***

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- ◆ Report to Advisory Board with findings and recommendations.

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***The Advisory Board will be informed of group's progress on a quarterly basis.***

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**2. DOCUMENTATION OF STAKEHOLDER INVOLVEMENT/PLAN DEVELOPMENT**

Sioux County involves consumers, family and agencies in all aspects of program planning, operations and evaluations. The Sioux County Mental Health Advisory Board encourages consumer and provider participation in the following areas: development of the annual County Managed Mental Health Care Plan, the annual review of eligibility and service access criteria, development of consumer outcome and satisfaction surveys, review of provider performance, on-site reviews of program components, review of complaints, grievances and appeals, provider satisfaction, and patterns of service utilization.

*For details of the current plan, see the 99/00 MH/DD Plan document.*

***Sioux County Mental Health Advisory Board membership:***

Dennis Sassman	DHS, Sioux Co. Community Services
Loren Bouma	Sioux County Board of Supervisors
David VanNingen	Hope Haven, Inc.
Jim De Muth	Plains Area Mental Health Center
Stanley De Haan	Sioux County Board of Supervisors
Jane Boote	Consumer advocate
Gary Hayden	Area Education Agency 4
Dayton Vogel	Plains Area Mental Health - Rock Valley
Shane Walter	Mental Health Services Administrator
Pat Braesch	Case Management Services
Robyn Wilson	Community Systems Consultant

The following stakeholder meetings contributed to the development of the FY 2000 plan (minutes for the meetings are available in the Central Point of Coordination Office):

- December 16, 1998                      Regional CPC/CQI Meeting
- February 17, 1999                     Regional CPC Meeting/CQI Meeting
- February 18, 1999                     Plan Meeting – Plains Area MHC
- March 3, 1999                          Cluster Board Meeting
- March 10, 1999                        Sioux Co. MH/DD Advisory Board
- March 12, 1999                        CQI Meeting
- March 16, 1999                        Consumer Focus Group - Hope Haven
- March 23, 1999                        Public Hearing

**Plan for involving consumers & families in ongoing continuous quality improvement:**

Sioux County uses, among other tools, its MH/DD Advisory Board to evaluate and recommend changes in the Managed Mental Health Care Plan. This group is made up of consumers, consumer advocates, providers, and other interested individuals. This group is involved in annually re-evaluating eligibility criteria, satisfaction measures, the appeals process, and provider & system performance standards.

**3. ACTUAL PROVIDER NETWORK**

Access, Incorporated  
5<sup>th</sup> St. NW, PO Box 268

Work Activity Services

20

Hampton, IA 50441-0268  
(515) 456-2532

Cherokee Mental Health Institute  
1200 West Cedar Street  
Cherokee, Iowa 51012  
(712) 226-2594

Inpatient Involuntary Hospitalization  
Inpatient voluntary Hospitalization  
Outpatient Psychiatric Services

Dept. of Human Services  
Case Management Services  
Pat Braesch (712) 255-2726

Case Management Technical Support

Sioux Co. Dept. of Human Services  
215 Central Ave SE  
Orange City, Iowa 51041  
(712) 737-2943

Case Management Services

East Lane Manor (E.L.M., Inc.)  
500 East Lane  
Jewell, Iowa 50130

RCF/PMI

Hope Haven, Inc.  
1800 19th Street  
Rock Valley, IA 51247  
(712) 476-2737

Work Activity, Sheltered Workshop  
CSALA, Supported Employment  
Day Treatment, ICF/MR, RCF/MR  
Support Services, Waiver Services

Horizons Unlimited of Palo Alto Co.  
567  
50536

Work Activity, RCF/MR  
Box  
Emmetsburg, Iowa

Ida Services, Inc.  
16  
51006

Work Activity, Sheltered Workshop  
P.O. Box  
Battle Creek, Iowa

Iowa Dept. of Revenue & Finance  
Glenwood/Woodward State Institutes

ICF/MR, ICF

Services CCSI  
518 9th Avenue  
Sibley, IA 51249

CSALA, Work Activity

Iowa

Life Skills, Inc.  
Box 1506

Work Activity Services

PO  
Le

Mars, IA 51031 546-9554				(712)
Mid-Step Services, Inc. 4303 Stone Avenue Sioux City, IA 51106		RCF, CSALA, HCBS Services		
North Central Sheltered Workshop Iowa Central Industries 127 Avenue M Fort Dodge, IA 50501		Comm. Supported Apt. Living (CSALA)		
Plains Area Mental Health Center 21 1st Ave NE Le Mars, IA 51031 (712) 546-4624		Community Support Program Evaluation for Services/Commitment Consultation/Public Education Day Treatment, Outpatient Services		
Plymouth Life, Inc. 1240 Lincoln Street NE Le Mars, IA 51031		RCF		
Siouxland Residential Services, Inc. 1600 County Home Road Sioux City, IA 51106 (712) 943-6101		RCF/MI		
Treasurer, State of Iowa Dept. of Revenue & Finance PO Box 9109 Des Moines, IA 50306		Cherokee MHI-Inpatient and Outpatient		
Village Northwest Unlimited Village Circle Sheldon, IA 51201 (712) 324-4873		ICF/MR, RCF/MR, Work Activity Supported Employment, CSALA		330

**4. ACTUAL EXPENDITURES**

**PURCHASED SERVICES                      MI                      CMI                      MR                      DD**

Consultation	1392			
Public Education				
Support				
Case management			7380	
Case Mgmt – Medicaid match		716	12,764	359
Services Management				
Physiological Treatment	3641	535		
Psychotherapeutic Treatment	15,603	75,277		
Administration			52,200	
Rehabilitative Treatment		53,878		
Vocational & Day		47,761	495,821	12,210
Community based settings (1-5 beds)		47,210	362,256	18,620
Community based settings (6-15 beds)		14,816	304,359	
Community based settings (16 & over beds)		178,818	380,103	
State Mental Health Institutes	1360	27,418		
State Hospital Schools			154,304	
Commitments	3913			
<b>TOTAL:</b>	<b>25,909</b>	<b>446,430</b>	<b>1,769,187</b>	<b>31,189</b>

GRAND TOTAL:      *MH/DD Fund and Administrative:*                      **\$2,272,715.00**

**5. ACTUAL SCOPE OF SERVICES**

SERVICE	MI	CMI	MR	DD
4x03 <u>Information and Referral</u>	X	X	X	X
4x04 <u>Consultation</u>	X	X	X	X
4x05 <u>Public Education Services</u>	X	X	X	X
4x06 <u>Academic Services</u>				
4x11 <u>Direct Administrative</u>	X	X	X	X
4x12 <u>Purchased Administrative</u>				
4x21- 374 <u>Case Management- Medicaid Match</u>		X	X	X
4x21- 375 <u>Case Management -100% County Funded</u>	X	X	X	X

## Sioux County MH/DD Management Plan

4x21- 399 Other.				
4x22 Services Management.				
4x31 <u>Transportation (Non-Sheriff).</u>				
4x32- <u>320 Homemaker/Home Health Aides.</u>				
4x32- <u>321 Chore Services</u>				
4x32- <u>322 Home Management Services</u>				
4x32- <u>325 Respite.</u>	X	X	X	X
4x32- <u>326 Guardian/Conservator.</u>				
4x32- <u>327 Representative Pavee</u>				
4x32- <u>328 Home/Vehicle Modification</u>			X	
4x32- <u>329 Supported Community Living</u>	X	X	X	X
4x32- <u>399 Other.</u>				
4x33- <u>345 Ongoing Rent Subsidy.</u>				
4x33- <u>399 Other</u>				
4x41- <u>305 Outpatient</u>	X	X		
4x41- <u>306 Prescription Medication.</u>				
4x41- <u>307 In-Home Nursing</u>				
4x41- <u>399 Other</u>				
4x42- <u>305 Outpatient</u>	X	X		
4x42- <u>309 Partial Hospitalization.</u>				
4x42- <u>399 Other.</u>				
4x43- <u>Evaluation.</u>	X	X		
4x44- <u>363 Day Treatment Services</u>	X	X		
4x44- <u>396 Community Support Programs</u>	X	X		
4x44- <u>397 Psychiatric Rehabilitation</u>	X	X		
4x44- <u>399 Other</u>				
4x50- <u>360 Sheltered Workshop Services.</u>		X	X	X
4x50- <u>362 Work Activity Services</u>		X	X	X
4x50- <u>364 Job Placement Services.</u>		X	X	X
4x50- <u>367 Adult Day Care.</u>				
4x50- <u>368 Supported Employment Services</u>		X	X	X
4x50- <u>369 Enclave</u>				
4x50- <u>399 Other.</u>				
4x63- <u>310 Community Supervised Apartment Living Arrangement (CSALA) 1-5 Beds</u>		X	X	X
4x63- <u>314 Residential Care Facility (RCF License) 1-5 Beds</u>		X	X	X
4x63- <u>315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 1-5 Beds</u>			X	
4x63- <u>316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds</u>				
4x63- <u>317 Nursing Facility (ICF, SNF or ICF/PMI License) 1-5 Beds</u>				
4x63- <u>318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 1-5 Beds</u>			X	
4x63- <u>329 Supported Community Living</u>		X	X	X
4x63- <u>399 Other 1-5 Beds.</u>				
4x64- <u>310 Community Supervised Apartment Living Arrangement (CSALA) 6-15 Beds</u>		X	X	X
4x64- <u>314 Residential Care Facility (RCF License) 6-15 Beds</u>		X	X	X
4x64- <u>315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 6-15 Beds</u>			X	
4x64- <u>316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6-15 Beds</u>				
4x64- <u>317 Nursing Facility (ICF, SNF or ICF/PMI License) 6-15 Beds</u>				
4x64- <u>318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License) 6-15 Beds</u>			X	
4x64- <u>399 Other 6-15 Beds..</u>				
<b>SERVICE</b>	<b>MI</b>	<b>CMI</b>	<b>MR</b>	<b>DD</b>
4x65- <u>310 Community Supervised Apartment Living Arrangement (CSALA) 16 and over Beds</u>		X	X	X
4x65- <u>314 Residential Care Facility (RCF License) 16 and over Beds</u>		X	X	X
4x65- <u>315 Residential Care Facility For The Mentally Retarded (RCF/MR License) 16 and over Beds</u>			X	
4x65- <u>316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 16 and over Beds</u>				
4x65- <u>317 Nursing Facility (ICF, SNF or ICF/PMI License) 16 and over Beds</u>				
4x65- <u>318 Intermediate Care Facility For The Mentally Retarded (ICF/MR License)</u>			X	
4x65- <u>399 Other 16 and over Beds..</u>				
4x71- <u>319 Inpatient/State Mental Health Institutes</u>	X	X	X	X
4x71- <u>399 Other</u>				

## Sioux County MH/DD Management Plan

4x72- 319 Inpatient/State Hospital Schools			X	X
4x72- 399 Other				
4x73- 319 Inpatient/Community Hospital	X	X		
4x73- 399 Other				
4x74- 300 Diagnostic Evaluations Related To Commitment.	X	X	X	X
4x74- 353 Sheriff Transportation	X	X		
4x74- 393 Legal Representation for Commitment	X	X		
4x74- 395 Mental Health Advocates				
4x74- 399 Other				

### 6. NUMBER, TYPE, AND RESOLUTION OF APPEALS

*There were no appeals filed in Sioux County during Fiscal Year 2000.*

### 7. QUALITY ASSURANCE IMPLEMENTATION, FINDINGS AND IMPACT ON PLAN

Sioux County is committed to fulfilling its responsibility regarding funding for necessary services to persons with mental illness, chronic mental illness, mental retardation and developmental disabilities as per the guiding principals and goals of this plan. The entire system shall be reviewed on an annual basis to assure quality in compliance with rule 441, 25.22. Criteria noted in the Goals section of this plan will be used as part of the Quality Assurance review. Information from the Quality Assurance Survey, conducted as a component of the regional CQI process, will be incorporated into the Annual Report. The County Mental Health Services Administrator will be responsible for keeping records by which quality assurance can be measured as per the following:

<u>DIMENSION TO BE MEASURED</u>	<u>UNIT OF MEASUREMENT</u>
Consumer Outcomes	<ol style="list-style-type: none"> <li>1. Level of functioning</li> <li>2. Least restrictive environment</li> <li>3. Employment or education</li> <li>4. Income</li> </ol>
Consumer and Family Satisfaction	<ol style="list-style-type: none"> <li>1. Consumer and family report of satisfaction through focus group</li> <li>2. Consumer/family annual survey</li> </ol>
Consumer Choice	<ol style="list-style-type: none"> <li>1. Choice in living arrangements</li> <li>2. Choice in job and employment</li> <li>3. Choice in service and providers</li> </ol>
Consumer Empowerment	<ol style="list-style-type: none"> <li>1. Increase in consumer choice</li> <li>2. Increase in consumer satisfaction</li> </ol>
Provider Satisfaction	<ol style="list-style-type: none"> <li>1. Annual survey of providers of provider</li> <li>2. Measurement compliance with this plan</li> </ol>
Service Access	<ol style="list-style-type: none"> <li>1. Ratio: referrals/enrollment</li> <li>2. # of consumers on waiting list</li> <li>3. Avg. length of time on waiting list</li> </ol>
Appeals and Grievances	<ol style="list-style-type: none"> <li>1. # of appeals by consumer/provider</li> </ol>
Services Utilization	<ol style="list-style-type: none"> <li>1. Annual tracking of cost of services</li> </ol>

- 2. Annual tracking of cost per episode of each enrolled consumer

**Plan for evaluating the quality and effectiveness of provider services and supports:**

Each year the CPC Administrators from Sioux, Cherokee, Lyon, and Plymouth Counties will collaborate to form a CQI team in order to measure effectiveness, efficiency, and satisfaction with the managed care plans in the four county area. The results of the CQI process will be incorporated into the Annual Report of each county, and will be presented to the full Cluster Board annually. Tasks of this cluster-wide CQI/QA team will be to:

- Re-determine network membership criteria, which includes applicable license and/or credentials, accreditation, completion of independent financial audits, internal CQI processes, and an information reporting system to supply the needed information
- Measure provider compliance with the standards outlined in this plan
- Review annual reports from providers
- Visit providers and supports in progress to determine the appropriateness of services and consumer satisfaction
- Review the appeals and accompanying decisions from the previous year
- Identify, distribute, and analyze an annual survey for consumers, families & providers
- Provide input as to ways the CQI process can be improved upon
- Produce CQI report which will subsequently affect development of future plans

In an effort to measure the effectiveness of the FY 2000 MH/DD Plan, internal quality assurance information was requested from regional service providers. Of the eleven requests sent to providers, eight responses were received. Overall consumer satisfaction was reported as follows:

- |                                    |      |
|------------------------------------|------|
| • Cherokee Work Services, Inc.     | 81%  |
| • Cherokee Mental Health Institute | 75%  |
| • Client Community Services Inc.   | 100% |
| • Department of Human Services     | 88%  |
| • Hope Haven, Inc.                 | 90%  |
| • Plains Area Mental Health Center | 95%  |
| • Plymouth Life, Inc.              | 91%  |
| • Village Northwest Unlimited      | 89%  |

***This equates to an overall satisfaction rating of 89%, when averaged***

*across all providers.*

In addition to a review of the regional provider consumer satisfaction surveys, CPC Administrators participated in a number of annual client review processes in order to gauge the appropriateness of services. The results of these processes were utilized in the preparation and evaluation of the goals presented in the County's Management Plan.

***The following information, derived from a careful review of the previous years outcomes, was considered during development of the FY 2001 MH/DD Plan:***

- Overview of the previous year's activities
- Assessment of progress on each of the previous year's goals and objectives
- Annual statistical report: unduplicated consumers served, by category and consumer, service units and cost per consumer, service dollars allocated per consumer and per service type service dollars allocated per provider
- Attainment of consumer outcomes (quality assurance) and consumer & family satisfaction
- Report of the continuous quality improvement process
- Provider survey results (if available)
- Recommendations for revisions to plan, goals and objectives, new CQI activities
- Unmet service needs

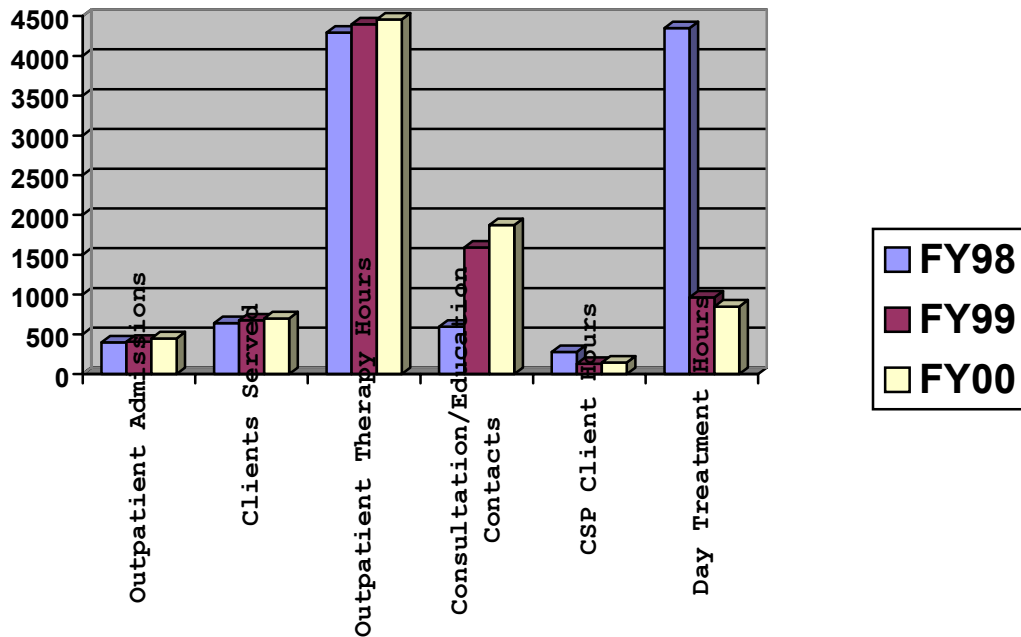
**REVIEW OF PROVIDER ANNUAL REPORTS**

Annual reports were reviewed for Hope Haven, Plains Area Mental Health Center, and the DHS Targeted Case Management Unit for FY2000.

**Hope Haven, Inc:**

- ◆ Average Attendance = 100 (an increase of 16 consumers)
- ◆ Revenue from Sioux County = \$1,567,553.
- ◆ New community-based employment positions secured = 07
- ◆ Consumers involved in community employment activities = 61%

<b><i>Plains Area Mental Health Center:</i></b>	<b><i>FY 97/98</i></b>	<b><i>FY 98/99</i></b>	<b><i>FY 99/00</i></b>
◆ Outpatient Admissions	398	405	448
◆ Total Served from Sioux County	641	675	701
◆ Outpatient Therapy hours	4,292	4,395	4,456
◆ Consultation/Education contacts	594	1,591	1,871
◆ Supported Community Living hours	278	128	143
◆ Day Treatment Hours	4,349	964	849



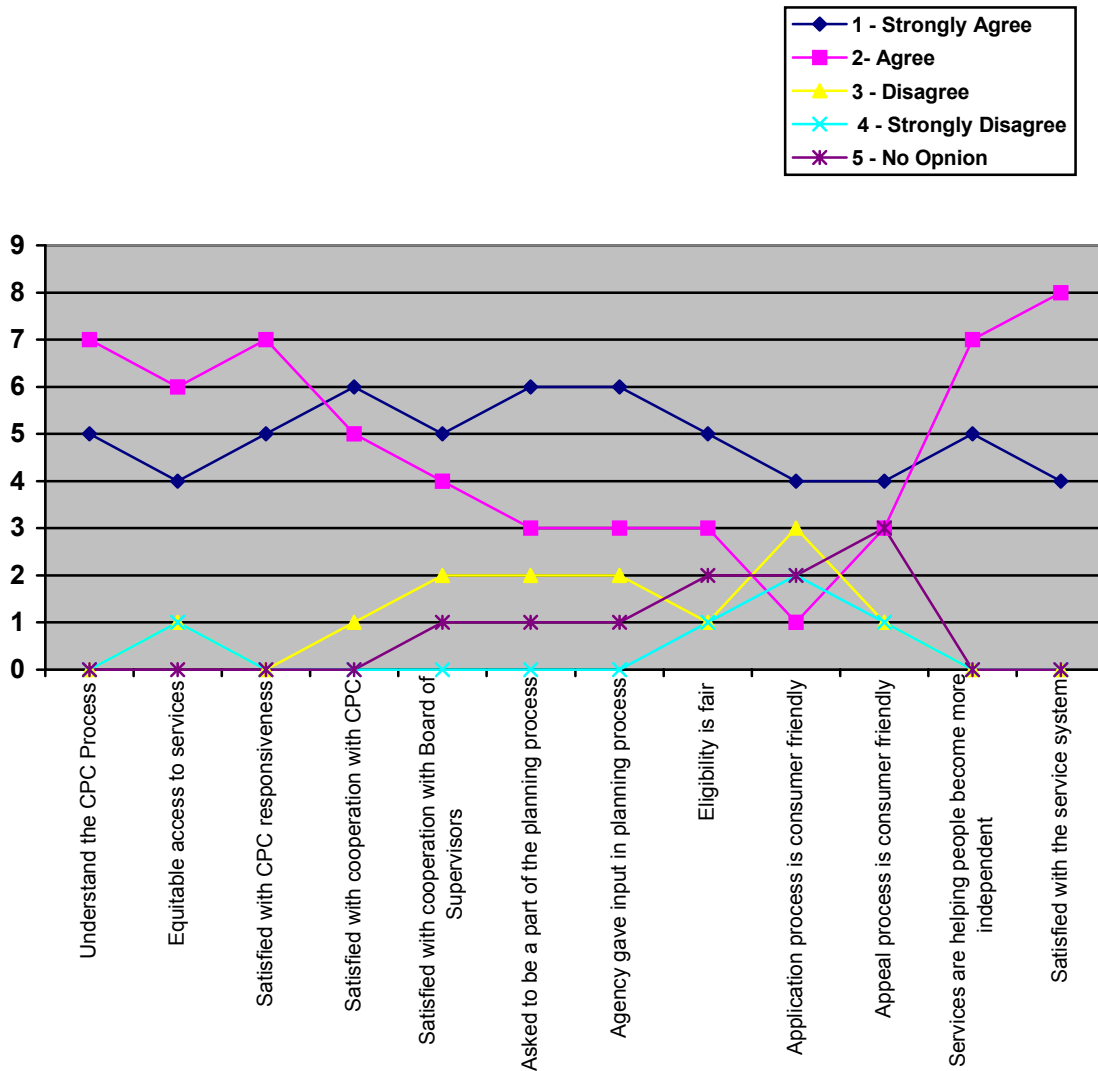
**CONSUMER SATISFACTION**

During the course of the previous fiscal year, the CPC Administrator visited with consumers at Plains Area Mental Health Center, Hope Haven, Hope Haven RTC, and Village Northwest Unlimited to measure their satisfaction with services. Input from these meetings has been incorporated into the Plan

development and strategic planning sections of the Management Plan. Consumer satisfaction was further assessed through the information obtained from the consumer surveys conducted by approved service providers, the results of which have been discussed previously.

**PROVIDER SURVEYS**

The following graph illustrates the results from the Provider Survey. One area of concern for providers seems to be the application and appeal process. CPC Administrators are reviewing these processes in order to make them more accessible:



## 8. WAITING LIST INFORMATION

### **Priority services (services which will receive funding priority):**

- Emergency services
- Living arrangement services (ICF/MR, RCF, CSALA, HCBS Waiver, Group homes, etc.) provided they are appropriate and are delivered in the least restrictive setting

- Psychiatric In-patient Hospitalization
- Evaluation and assessment
- Case management

**Non-priority services (services which will be provided only as funds allow):**

- Work Activity and Supported Employment
- Day Treatment for non-mandated clients only
- Psychiatric outpatient counseling and related services

All funding decisions are subject to change and modification based upon the prudent judgment of the Mental Health Services Administrator. Final approval for funded services resides with the County Board of Supervisors. In accordance with Iowa Law, Sioux County does not fund services that are not listed in the MH/DD Management plan. In instances where the need and justification for additional services arises, the plan is amended. Sioux County provides ongoing quality assurance, which ensures plan solvency and fund integrity.

**Waiting List Specifics:**

In instances where an applicant applies for a service where there is no money allocated or all money has been spent or encumbered, that individual will be placed on a waiting list until funding becomes available. The Mental Health Services Administrator will notify the individual that they have been placed on the waiting list, that this list is reviewed monthly, and that they will be notified when/if funding becomes available, at which point an interview will be scheduled to determine if services are still desired and needed. If both criteria are met, services will be approved and a Notice of Decision form sent to the applicant.

***As of December 01, 2000, there were 8 consumers on the waiting list. The Sioux County MH/DD Fund is fully encumbered through the end FY 2001.***

***INCENTIVE FUND PERFORMANCE INDICATORS: Fiscal Year 2000 Outcomes***

**1. Incentive Measure (2)a: Service Setting Percentage**

Rule: **25.51(2)** Community-based supports. Each county shall measure the extent to which community-based supports are available and used. Each county shall calculate and report annually:

- a. The service setting percentage by dividing the unduplicated number of persons served in each of the following service settings in a fiscal year by the total unduplicated number of consumers served, both in total and by population group: mental health institutes, state hospital schools, intermediate care facilities for the mentally retarded, other living arrangements over five beds as captured by the county chart of accounts, and the following employment settings: sheltered workshops, enclaves and supported employment.

This proposal affects only Supported Employment: Overall %

Sioux County will increase by 2, the number of persons participating in supported employment settings, by the end of Fiscal Year 2000.

**Reason:** Supported Employment is a less restrictive service setting, which affords the consumer an opportunity to earn more income and experience an improved quality of life.

**Action Steps to Accomplish:** Providers serving Sioux County consumers will initiate contact with business owners to discuss the benefits of supported employment. The Sioux County CPC will assist in the IPP process, which identifies appropriate consumer candidates for placement in supported work situations within the community. It is anticipated that two additional clients will access Supported Employment in FY 2000.

**MEASURE:** (2)a: Service Percentage change to be determined.

**OUTCOME:** During FY 2000, supported employment positions for Sioux County consumers were increased by a minimum of two.

**2. Incentive Measure(2)c: Inpatient Spending Percentage**

Rule **25.51(2)** Community-based supports. Each county shall measure the extent to which community-based supports are available and used. Each county shall calculate and report annually:

c. The inpatient spending percentage by dividing the amount the county spent for inpatient services by the amount the county spent for outpatient services. Also divide the unduplicated number of persons who received inpatient services during the fiscal year by the total unduplicated number of persons who received services.

Sioux County will increase the number of consumers utilizing respite care services, as an alternative to inpatient hospitalization, through Hope Haven RTC, by 1 person in FY 2000.

**Reason:** This is a less restrictive service offering the potential for an improved quality of life for the consumer and should reduce the need for inpatient hospitalization.

**Action Steps to Accomplish:** Plains Area Mental Health Center will be encouraged to refer consumers who are in need of a stabilizing environment, to Hope Haven RTC for respite services, as an alternative to inpatient hospitalization at Cherokee MHI. There will be an increase in the number of persons who access respite services at Hope Haven RTC because of referrals by PAMHC.

**MEASURE:** (2)a: Consumer participation will increase from 2 persons utilizing the RTC in Fiscal Year 98/99, to 3 persons utilizing RTC respite services in FY 2000, a 50% change.

**OUTCOME:** Hope Haven RTC served a minimum of 3 Sioux County consumers on a respite basis during Fiscal Year 2000.

**3. Incentive Measure (3)a: Consumer Participation**

Rule **25.51(3)** Consumer participation. Each county shall measure the extent to which consumers participate in all aspects of the service system.

a. Each county shall report annually on the number of opportunities during the year for consumers to participate in planning activities, which may include, but are not limited to, open forums, focus groups, consumer advisory committee meetings, and planning council meetings by calculating the total number of

consumers participating in these activities and dividing by the unduplicated number of consumers served and also by the total population of the county. In addition the county shall report duplicated and unduplicated total attendance at all these meetings. These calculations shall be made for both consumers and family members separately.

Sioux County will offer advocacy training to a minimum of 5 consumers in a focus group setting, by the end of Fiscal Year 2000.

**Reason:** Consumers are integral to the planning process, however, many are not aware of their right to advocate for their own needs, or lack the skills necessary to adequately do so. So armed, consumers can aide in the development and utilization of a cost effective and consumer responsive system of care.

**Action Steps to Accomplish:** Recognizing Cherokee County's extensive experience with Advocacy Training to consumers, Sioux County will collaborate with the CPC Administrator from Cherokee County to acquire appropriate advocacy training materials. An advocacy training focus group, made up of at least 5 consumers recommended by case management, will be scheduled for sometime in FY 2000.

**MEASURE:** 25.51(3)b Consumer participation will change from 0 to 5 persons participating in planning meetings.

**OUTCOME:** A consumer advocacy/focus group meeting, attended by a minimum of 5 consumers, was held at Hope Haven in March of 2000.

**4. Incentive Measure (3)b: Consumer Participation**

Rule **25.51(3)** Consumer participation. Each county shall measure the extent to which consumers participate in all aspects of the service system.

**b.** Each county which has a planning group shall calculate and report annually the planning group percentage by dividing the number of consumers who actively serve on the planning group by the total number of people on the planning group. This calculation shall be made for both consumers and family members separately. For the purposes of this sub-rule, a planning group is any group of individuals designated by the board of supervisors, or if no designation has been made, any group acknowledged by the Central Point of Coordination Administrator, as assisting in the development of the management plan. The County will add a consumer member to the Sioux County MH/DD Advisory Board, by the end of FY 2000.

**Reason:** Sioux County desires to have a consumer responsive system. The best way to have such a system is to have informed consumers participate in the design of it.

**Action Steps to Accomplish:** Sioux County will recruit one consumer next year to serve on the Board.

**MEASURE:** (3)a The consumer participation percentage will move from 0% to 9.09090%, a change of 9.09090%.

**OUTCOME:** A consumer representative has been invited to join the Sioux Co. MH/DD Advisory Board.

**5. Incentive Measure 25.51(3) Service Alternatives for Elderly Consumers.**

Rule: There is no rule for this measure.

Sioux County will offer service alternatives to at least three (3) elderly MH/DD consumers, particularly alternatives to work and/or forced inactivity, by the end of FY2000.

**Reason:** Elderly consumers do not have meaningful service alternatives to work or in many cases, forced inactivity. Many are involved in a workshop setting well beyond retirement age, as there currently are not appropriate alternatives available to them. When work becomes too much, the only option for many is to sit at home with very little to occupy their time.

**Action Steps to Accomplish:** Sioux County will collaborate with Hope Haven to identify alternatives to workshop and forced inactivity for elderly consumers. Utilizing the framework inherent within the Foster Grandparent volunteer program, which pays a substantial stipend to participants, as a vehicle to accomplish stated goals, will be explored.

**MEASURE:** Currently there are no programs offering alternative activities/services to elderly MH/DD consumers. We are currently in a preliminary planning stage, planning meetings and efforts to implement the program will be tracked. Three individuals will be served in this program, a change from 0 to 3.

**OUTCOME:** Hope Haven is currently serving two Sioux County consumers in their Foster Grandparent program, with a third to be added when an appropriate candidate is identified.