

BREMER COUNTY MANAGEMENT PLAN

EFFECTIVE 7/1/2000

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SYSTEM OVERVIEW

STATEMENT OF PURPOSE AND INTENT

Bremer County's vision is to have a Services System that is effective in delivering high-quality services to participants that efficiently uses county funds. Coordination of services allows low-income individuals and individuals with disabilities to access services that meet their needs and desires. This coordination of services creates individualized service to each consumer. Persons are treated as individuals with unique potential and needs. Services and supports are provided to meet needs and assist in realizing potential. The system does not fund services that persons neither need nor want. The principles of this service system are choice, community, and empowerment. It is our intent to provide services in the least restrictive environment possible.

In order to deliver high quality outcomes for disabled participants "person-centered planning" is used. Person-centered planning represents various specific techniques that increase the role of consumers and others in determining their needs and to make choices about services and supports. These techniques maximize the principles of choice, community, and empowerment by directly involving the consumer and his or her key community members in developing plans for meeting the consumer's needs. This direct involvement of the consumer and advisors in the planning of services and supports results in natural supports as well as professional supports for the consumer. This consumer-focused service allows the definition of new services and re-definition of existing services to meet the distinct needs of the person being served.

Individualized budgeting is an essential tool of person-centered planning, identifying the financial resources available for professional services and supports for each consumer. This facilitates service program changes that are adapted and adjusted as needs change by allowing reallocation of program funding. This results in a services system that can respond to these changing needs in a timely fashion. In this system people with disabilities have rights and responsibilities to direct their own lives.

Bremer County's vision for its Mental Health and Developmental Disabilities Services System is a customer-driven system that benefits customers and funders. The administrative components of this system are (1) Central Point of Coordination and (2) Quality Assurance.

Quality Assurance is a process of service quality assessment and review that is an integral part of the services system. This assessment and review is seen as "outcome-based." The evaluation of the services is primarily on the impact of the system on consumers' lives. Participants in the services system (consumers, relatives and service providers) are involved in the assessment to ensure that the system retains a focus on consumer-driven service that achieves high-quality outcomes for participants. Quality assurance is on a regular and as needed basis.

Finally, Bremer County's vision includes providing appropriate needed services to residents of Bremer County regardless of age or legal settlement. Bremer County will bill the county of legal settlement, the state or other responsible party when appropriate for those not legally settled in Bremer County, but we will not make customers wait for services because of legal settlement issues.

MANUAL

PART ONE FUNDING AVAILABLE TO DISABLED AND NON-DISABLED PERSONS THROUGH GENERAL ASSISTANCE

(For Disabled Persons, funding will be provided from Fund 10)

SECTION I -- GENERAL PROVISIONS

- A. **PURPOSE:** The guidelines and procedures set out here implement the provisions of the **General Assistance** Ordinance of Bremer County.
- B. **DEFINITIONS:** Terms not specifically defined in Part One of this Manual shall have the same meanings as provided in the Bremer County General Assistance Ordinance.
1. **Director:** The General Assistance Director.
 2. **Board:** The Bremer County Board of Supervisors.
 3. **Poor person:** A person who has no property, exempt or otherwise, and is unable, because of physical or mental disabilities, to earn a living.
 4. **Needy person:** A person who has a lack of resources to maintain self and family in a decent, healthful situation.
 5. **Resources:** Assets as defined in section IV. "Eligibility Criteria" in Part One of this Manual.
 6. **Completed Application:** The Application Form completed, signed and all necessary supporting documentation completed and filed with the Director.
 7. **Earned Income:** Wages currently being received for current employment averaged over three months.
 8. **Family:** The person applying for general assistance, that person's spouse, children under eighteen years of age, older children who are dependent on the applicant. Dependency may be due to school attendance or incapacity. Also includes anyone else domiciled with the applicant and dependent upon the applicant according to guidelines used by the State Department of Revenue in collecting income tax.
 9. **Living Unit:** All persons who live in a residence where there are shared common kitchen, dining or bedroom facilities or there are shared utilities or rental payments or lease.
 10. **General Assistance:** County payment made on behalf of poor or needy persons for rent, utilities, food, medical services, burial and miscellaneous expenses.
 11. **Vendor payment:** A County Auditor's warrant to the supplier of goods or services.
- C. **ELIGIBILITY:** To be eligible for General Assistance, an applicant must comply with the following established requirements:
1. Complete the Application and provide additional required documentation to the Director.
 2. Meet income and resource guidelines.
 3. Agree to use the applicant's own resources as specified in Section IV (D) of Part One of this Manual to meet the needs of the applicant's family. Exhaust the resources of those persons charged by law to provide for the needs of the applicant. (See 125.78, 230.15, 252.2 and 252.5, Code of Iowa.)
 4. Apply any private health insurance benefits towards the cost of care.
 5. Seek available work if health and other circumstances permit as determined by the Director and register with Job Service of Iowa if deemed appropriate by the Director.
 6. Apply for all other public assistance programs (i.e., food stamps, FIP [Persons receiving FIP are ineligible for General Assistance], SSI, Medically Needy, etc.) and fulfill all program requirements to provide information to determine eligibility and fulfill all program requirements to remain eligible.

SECTION II – ADMINISTRATION

- A. PERSONNEL: The General Assistance Director shall administer the General Assistance program.
- B. INVESTIGATION OF FACTS: The Director shall investigate the factual statements made on an application.

SECTION III -- ELIGIBILITY CRITERIA

- A. LOCATION: Applicant must be a citizen of the United States of America and must be a resident of Bremer County according to Iowa law to be eligible. For an applicant located in Bremer County who has Legal Settlement in another county of the State of Iowa, the Director shall bill applicant's county of Legal Settlement for any assistance provided. Bremer County shall not mail applications to persons not residing in Bremer County.
- B. INCOME GUIDELINES: General Assistance eligibility guidelines shall be 100% of the Federal Poverty Level or less.
- C. PERSONAL AND FAMILY RESOURCES: A resource limit shall be set at \$500. Any lump sum payment shall be divided by \$500 and a person shall be ineligible for services for the amount of time this would have covered. Any amount over \$500 shall be paid towards the amounts of funding requested. Any transfer of property made within two years prior to the application and for the purpose of qualifying for General Assistance renders the family ineligible for General Assistance. Resource exclusions are listed in Part III. For General Assistance, burial lots and funeral trusts cannot exceed \$1,500 plus opening and closing.
- D. ALTERNATE SOURCES OF ASSISTANCE: General Assistance funds shall not be utilized until all other sources of public assistance have been exhausted. Applicants shall be referred to programs as appropriate.
- E. EMPLOYMENT SEARCH: Applicants and adult members of the applicant's family shall be referred to Job Service of Iowa by the Director, shall cooperate with that agency in seeking employment, and shall accept employment when available. This requirement shall not be enforced when, in the determination of the Director, any of the following conditions exist:
 - 1. The person suffers from a chronic illness that prevents employment.
 - 2. The person is unemployable due to handicap other reason.
 - 3. The person is caring for a dependent family member who requires home care and supervision.
- F. FREQUENCY: An able-bodied person (not mentally or physically handicapped) is eligible to receive General Assistance only once per year. Medical exceptions will be allowed if the applicant can provide a physician's statement that specifically forbids the client from any work.
- G. FINANCIAL REIMBURSEMENT is requested when:
 - 1. Client plans to receive a regular monthly income in the near future, which will be above income guidelines.
 - 2. Client expects to receive a lump sum income payment in the near future, or receives a resource of value in the near future, which is not exempt under income guidelines.
 - 3. Reimbursement by labor through the Workfare program may be requested when the client is unemployed, able-bodied, and can perform work for the County in return for funds expended in General Assistance.
- H. General Assistance will not be authorized if said authorization will not remedy the problem. I.E.; if a person can not show evidence of how they can pay the bill in the next month, General Assistance will not be authorized.
- I. General Assistance will not be authorized to pay on a bill unless the bill is current and up to date. The amount authorized will be for the current month only and will not exceed the guidelines established in this plan.

- J. All families with children under the age of 18 must apply for FIP from the Department of Human Services.
- K. General Assistance will not be authorized to supplement any other government or charitable funding that is expected to meet the need of the individual for the bill in question. I.E.; rent assistance will not be given to a person on low income housing, food vouchers will not be given to persons on Food Stamps, etc. Since FIP cash amounts have been determined by the State to meet all of the needs of an individual, persons on FIP are ineligible for General Assistance.
- L. Persons who are discharged from the FIP Program due to meeting the sixty (60) month maximum are ineligible for General Assistance. The Federal Government Welfare Reform Act of 1996 created an expectation that a person receiving welfare would work with their DHS worker to become self-sufficient within five years. Bremer County will not have policies that are in conflict with the Federal Government

A person is not eligible for relief if they voluntarily quit their job without good reason or were discharged from their job. Exceptions may be made depending on circumstances. They are not eligible if unemployed for the purpose of seeking post high school training or education unless that person is participating in a vocational program that is part of an IPP (Individual Program Plan) developed by their social worker or case manager.

SECTION IV -- DISBURSEMENT OF GENERAL ASSISTANCE

After eligibility is established and verified the Director shall disburse any General Assistance granted. At no time shall deposits be paid unless part of a repayment agreement. Disbursements shall be made according to the following categories of need and their listed guidelines:

A. RENT:

- 1. Rent payment shall only be made to owners of property or their designee.
- 2. Rent shall only be paid for housing that is currently being occupied by the family except for temporary absence of the family for health reasons.
- 3. Rent shall not be paid to a responsible relative such as parent, grandparent, children, or grandchildren.
- 4. Rent may be paid for temporary housing such as a motel.
- 5. Payments for temporary shelter shall be for a reasonable amount as billed by the vendor.
- 6. Payments for rent shall be for a reasonable amount per community standard rate, for a single person or for a family. When a single person has a roommate who pays their portion of the rent and utilities, each person must apply to General Assistance for their portion of the rent and utilities.
- 7. Rent shall not be paid if applicant or applicant's family or significant other owns a residence that they may occupy.
- 8. Rent payments are limited to \$150.00 for a single person or \$250.00 for a family.

B. UTILITIES:

- 1. Utility assistance includes vendor payments to gas, light, water, and fuel oil companies and merchants who may provide another type of fuel for heating or cooking. (This does not include phone or cable.)
- 2. The maximum amount authorized will be the amount of the current month's billing from the utility company or an amount agreed upon with the company.
- 3. Utilities are paid on a current basis, and it is not necessary to have a shut-off notice.
- 4. Utilities must be in the name of the applicant or another member of the household. If the expense of utilities is being shared with a non-applicant, the payment will be pro-rated.

C. FOOD:

1. This category includes food and non-food expendable household items such as soap and paper products, household cleaning supplies, and personal grooming supplies.
2. A food voucher may be given to a client made out to a local grocery store according to Food Stamp guidelines until the client or family is certified for Food Stamps. This will not exceed \$40.00.
3. A food voucher will purchase staple food items. It will not be allowed to purchase pet food, tobacco products, and alcoholic beverages.
4. Food vouchers will not be used as a supplement for the client or family that is eligible for Food Stamps or receives Food Stamps on an ongoing basis.

D. MEDICAL ASSISTANCE:

1. Prior authorization from the Director must be obtained before obtaining medical assistance. In case of an emergency, when it is impossible to obtain prior authorization, the General Assistance Office must be contacted the first working day following the emergency. Under no circumstances shall medical assistance under paragraph three, four, and five of this topic be considered an "emergency situation."
2. Vendor payment may be made for prescriptions and also for some medical needs that require no prescription, such as insulin needles, bandages, etc.
3. Payment may be made for dental work necessary to alleviate pain. Dental vendor payments will not exceed \$100.00.
4. Vendor payment may be made for eye exam and glasses with approval of the Director. The payment shall not be for more than \$100 and shall not be more frequent than once in a three-year span.
5. Vendor payments may be made for medical appliances not available through other resources with approval of the Board of Supervisors.
6. The State Paper Program through the University of Iowa Hospital Schools will be utilized as appropriate.

E. BURIAL EXPENSE:

1. Vendor payment for burial expense is limited to a maximum of \$1,500.00 per person for services. The dollar amount of opening and closing of the grave shall be paid from the estate of the deceased. The funeral home shall consider this as payment in full and the family or other party will not be charged over and above this amount. Any insurance, assets, resources or family contributions above \$500 must be applied to burial expenses before a General Assistance payment will be made.
2. The General Assistance office must have an itemized statement of all burial expenses before a warrant will be issued to the vendor. Included expenses shall be:
 - a) Removal of the deceased from location of death (i.e. hospital)
 - b) Preparation of the deceased (embalming, cosmetology, dressing etc.)
 - c) Arrangements (meeting with family, notifying media, etc.)
 - d) Visitation (for a minimum of two hours immediately prior to the service)
 - e) Funeral Service (including all staff, equipment and facilities)
 - f) Automotive transport (for removal of deceased as well as transport to church and/or cemetery)
 - g) Necessary items (minimum cloth covered pressboard casket, minimum concrete grave box, visitors registration, minimum of 50 acknowledgement cards)
3. Family will be responsible for clothing, flowers, clergy, organist, and Death Certificate as necessary.
4. Cost of cremation shall not exceed that listed above. This will be considered as payment in full for services provided.
5. General Assistance will not pay more than the actual cost of burial expense.

F. MISCELLANEOUS:

1. Transportation assistance for transients may be in the form of voucher payments not to exceed ten (10) gallons of gasoline.
2. Requests for any other type of General Assistance found by the Director to be appropriate that is not specifically mentioned in this manual shall be brought before the Board. Under no circumstances shall the Director find taxes, interest, carrying charges, or credit card balances to be current need for which General Assistance may be disbursed.

Eligibility and need shall be determined and any resulting disbursements made according to the guidelines outlined in this plan.

PART TWO

SERVICES AVAILABLE TO PERSONS WITH DISABILITIES OR SUBSTANCE ABUSE

Information and Referral Services

All Bremer County residents are eligible for free information and referral services through the Bremer County Central Point of Coordination Office regardless of clinical or financial need. This includes ongoing public education about the services system and the planning process.

Case Management

Available, with prior CPC approval, to all individuals who access Bremer County Mental Health funds for disability related services. Services include: individual and system advocacy, individual and family support, assessment of the individual's needs, and service referral, coordination, and monitoring.

Targeted Case Management

Individuals who have a primary diagnosis of mental retardation, developmental disability, chronic mental illness, or brain injury (only if receiving services through the Home and Community Based Waiver for Persons with Brain Injury) are entitled to case management services as indicated above, with Medicaid as the primary funding source. Individuals must meet the uniform eligibility criteria and have a "medical necessity" to receive Targeted Case Management Services.

Community Mental Health Services

All Bremer County residents may seek community mental health services through Covenant Clinic Psychiatry. You may be responsible for a portion of the cost of service depending on your income and resources. Bremer County will not supplement Medicaid, Medicare, or Insurance payments.

The scope of community mental health services includes the following:

- > Psychiatric Rehabilitation Services -- With prior authorization from the CPC, individuals with mental illness who have been determined eligible for county funded services may be provided with this individualized service that is designed to increase the consumer's ability to function independently, preventing or reducing the need for services in the hospital or residential setting.
- > Intensive Outpatient Therapy / Day Treatment -- With prior authorization from the CPC, individuals with mental illness who have been determined eligible for county funded services may be provided with this individualized service that emphasizes mental health treatment and intensive psychiatric rehabilitation activities that are designed to increase the consumer's ability to function independently or to facilitate a transition from a

residential placement. Services are based on consumer needs and identified behavioral or mental health issues.

- > Partial Hospitalization -- With prior authorization from the CPC, individuals with mental illness who have been determined eligible for county funded services may be provided with an active treatment program that provides intensive group and individual clinical services within a structured therapeutic environment for individuals who are exhibiting psychiatric symptoms that cause significant impairment in their day-to-day functioning.
- > Outpatient Psychotherapy / Counseling (individual, group, family) -- Individuals with mental illness, and/or family members of an individual with a mental illness, who have been determined eligible for county funding may receive psychotherapy with a contracted licensed therapist if prior authorization has been obtained from the CPC.
- > Emergency Services -- Individuals with mental illness who are eligible for county funded services may access emergency/crisis services that are provided from Covenant Clinic Psychiatry. Services are focused on the assessment and rapid stabilization of acute symptoms of mental illness or emotional distress, and are available and accessible by telephone or face-to-face 24 hours a day. Services may be received without prior determination of your eligibility for mental health funds from Bremer County; however, Bremer County will only pay for services provided to individuals who later meet the plan's eligibility criteria.
- > Evaluation Services -- With prior authorization from the CPC, individuals with mental illness who have been determined eligible for county funded services may be provided with evaluation services. These services include: screening; diagnosis; assessment of individual and family functioning, needs, abilities, and disabilities; recommendations for services; and the need for further evaluations. Individuals who are in need of IQ testing to determine eligibility for services may have psychological testing completed by a licensed psychologist.

Inpatient Mental Health or Substance Abuse Services

All Bremer County residents may be eligible for voluntary or involuntary inpatient services from providers included in Bremer County's provider network and the Mental Health Institutes. Bremer County encourages the use of other network providers, instead of the MHIs. Bremer County will not be responsible for payment to service providers who do not have a Network Provider Agreement.

To be admitted on a voluntary basis for inpatient services, you must first obtain prior authorization from the Central Point of Coordination Administrator and be pre-screened by Covenant Clinic Psychiatry.

Court Ordered Services

Bremer County may be mandated to provide some court ordered services under the Iowa Code. These services may be paid for by yourself or by Bremer County if you are eligible. Also, Bremer County will pay for the costs of some of these services up front and then require you to reimburse the County if you are subsequently determined ineligible for county funding or if you refuse to fill out an application for funding. The following is a list of some services covered Iowa Code, Chapter 125, 222, or 229:

Mental Health Advocate for Civil Commitment -- The Advocate assists you in exercising your rights under the laws of civil commitment, inpatient or outpatient.

Legal Counsel for Civil Commitment -- You may be provided legal counsel before and during any civil commitment proceedings.

Psychiatric Evaluation for Civil Commitment -- You may undergo a psychiatric evaluation, with the recommendations being used by the court prior to the civil commitment.

Sheriff Transportation for Civil Commitment -- The Sheriff's office provides emergency transportation to the hospital and transportation between facilities as ordered by the court for appropriate treatment under civil commitment.

Inpatient Psychiatric Care at the State Mental Health Institute (MHI) in Independence -- If you meet the inpatient criteria for medical necessity, you may receive treatment for acute psychiatric illness from MHI. Consumers are encouraged to access other network providers, utilizing MHI as appropriate.

Inpatient Psychiatric Care at the State Mental Health Institute (MHI) in Mt. Pleasant -- If you meet the inpatient criteria for medical necessity, you may receive treatment for substance abuse from MHI. Consumers are encouraged to access other network providers, utilizing MHI as appropriate.

State Hospital School for Persons with Mental Retardation, Woodward -- If clinically appropriate, you may receive institutional care that provides you with active treatment and the following services: psychological, medical, pharmacy, dental, ophthalmology, audiology, speech, occupational therapy, physical therapy, dietary, behavioral, vocational, educational, residential, community, and recreational services and supports. Individuals must be approved by the Iowa Foundation for Medical Care and by a Targeted Case Manager prior to admission. In addition, consumers must require a level of care not available from community-based service providers. Individuals receiving services at a State Hospital School may not access any additional funds from the Mental Health Service Fund.

Court ordered inpatient care may be provided by any of the providers identified in Bremer County's provider network according to the protocol developed by Bremer County. The Central Point of Coordination Administrator will work with the courts to provide alternative community-based services when clinically appropriate and available.

Other County Funded Services

If you wish to receive any county funded service, including those already mentioned, you must complete a Universal Application form and be determined eligible and appropriate for services. Other services available for individuals who have a covered diagnosis are identified in the sections that follow.

HOW TO ACCESS MENTAL HEALTH SERVICES

In case of a medical emergency, please access services through your local hospital or call 911. This will give you immediate access to care and insure your health and safety. In case of a mental health emergency please call (319) 352-9606.

If you are unable or unwilling to seek necessary psychiatric or substance abuse assistance, someone needs to contact the sheriff's office in the county where you reside. They will provide transportation to a psychiatric hospital. Once admitted, you may be kept there for 48 hours. Then you must either agree to sign into the hospital voluntarily, file for an involuntary commitment, or be discharged from the hospital.

If it is not an emergency please follow the steps below.

1. Complete and sign an application along with Release of Information forms. The Universal Application form will need to be completed thoroughly, including your past addresses, past

service system involvement, income, and financial resources. The Release of Information forms will be used to obtain information regarding your disability and financial resources.

2. To receive funding from Bremer County for mental health or substance abuse services you must be in financial need and have a covered diagnosis.
Financial Need -- Your average monthly income must be at or below 175% of the current Federal Guidelines as in the appendix. (For services received At Covenant Clinic Psychiatry, Bremer County will pay half of the cost for persons who are between 176% and 200% of the poverty level.) Your resources must not exceed \$2,000 cash value (\$3,000 for a family). If you are self-employed, the assets and resources attributed to your employment may be excluded from the income and resource criteria.

Note: The "Household Income" will be revised according to the Federal Poverty Guidelines.
Income: For a dependent adult, only the individual's income will be considered when determining eligibility or co-payments, if any. Bremer County will not consider the income of parents or roommate(s) for persons receiving on-going services.
For non-dependent adults or minors, the family's (or living unit's) monthly income shall be considered in determining the applicant's eligibility for funding and the amount of co-payment if any. Income includes the total cash received from all sources before taxes and/or deductions.

Resources do not include:

- a. The applicant's place of residence.
- b. Personal possessions and household furniture.
- c. Tools and equipment used for home and family maintenance or support.
- d. One motor vehicle, and any one additional vehicle more than ten years old that is used for regular transportation needs.
- e. Burial lots and funeral trust funds not to exceed \$7200.

You cannot transfer ownership of assets and resources to gain eligibility for services. When property has been transferred within 60 months (5 years) prior to the application for funding, the Fair Market Value of the transferred property will be considered in determining consumer eligibility. The Fair Market Value of the transferred property will be divided by the anticipated cost of the applicant's monthly services to determine the number of months the consumer will be ineligible for funding, which is not to exceed 60 months from the date of transfer.

Covered Diagnosis -- You must have an established diagnosis of mental retardation, developmental disability, mental illness, chronic mental illness, or brain injury. Definitions are provided in the following sections.

Legal Settlement -- Your eligibility does not depend on your county of legal settlement; however, you must have residency in Bremer County if you do not have legal settlement here. It is the intent of Bremer County to receive reimbursement from your county of legal settlement for any payment the county has made for services you receive. If you receive a "mandated service", your county of legal settlement will be responsible for payment. Legal settlement is not the same as residence. At times, individuals may reside in a particular county; yet have legal settlement with another county. The Bremer County CPC Administrator will determine where you have legal settlement. In the event

that you have legal settlement in another county, The Bremer County CPC Administrator will coordinate funding for your services with the CPC Administrator of that county.

3. Upon completion of your Universal Application and verification of your eligibility, you will be notified in writing by the CPC within fifteen working days of the determination. Included in the notification will be information that outlines your right to appeal the determination and the appeal procedure.

SERVICE AUTHORIZATION FOR APPLICANTS WHO ARE NEW TO THE SYSTEM AND REQUESTING OUTPATIENT MENTAL HEALTH SERVICES

If you have residency in Bremer County you may access outpatient mental health services for counseling and medication management by applying for county funded services at Covenant Clinic Psychiatry. Prior to or at the initial visit you must complete an application for funding from Bremer County to determine eligibility. Bremer County will not assume financial responsibility for individuals who do not have residency or legal settlement in Bremer County. In addition, Bremer County will seek reimbursement from your county of legal settlement for services you receive, if it is determined by the CPC that you have legal settlement in another county.

In the event that it is determined that you are not eligible for funding from Bremer County, you will be responsible for the payment of any mental health services that you receive and you will not be provided with case management services. You will, however, be given an explanation why you were denied and information regarding the appeal process. In addition, you may be provided with information regarding services and supports that are available to you outside of the plan.

Once you are determined eligible for county funded mental health services, a case manager may be assigned to you. If so, the case manager will assist you in the process outlined below, in order to determine the most clinically appropriate, cost effective services possible for you.

SERVICE AUTHORIZATION FOR APPLICANTS WHO ARE NEW TO THE SYSTEM REQUESTING OTHER SERVICES

Assessment -- The case manager collaboratively completes an assessment with you. An assessment provides information regarding your background, capabilities, and desires, and becomes the foundation for developing your personal plan. The case manager will work with you in completing the assessment, along with any other possible sources of information. Other professional assessments may be used instead of, or in addition to, the case manager's assessment.

Personal Plan -- The case manager will work with you and other people you have identified in developing a personal plan for your services. The plan will address your current service needs, including traditional county funded services along with non-traditional services. The purpose of the plan is to provide direction for yourself and other service providers so that you will be able to meet your goals.

Funding Request -- If your plan indicates that you need and would benefit from county funded services, the case manager will complete and submit your personal plan along with a funding request to the CPC Administrator. The case manager must verify that the funding request represents the least restrictive and most cost effective service appropriate for your needs, and that alternative funding and supports were considered first.

Funding Determination -- The CPC will then decide, based on the information provided, if the services identified are:

- a. Clinically appropriate and necessary based on the symptoms or treatment of a covered mental disorder. The CPC may request additional assessment by a mental health professional if deemed necessary.
- b. Within the standards of “best practice” for the type of service requested;
- c. Not primarily for your convenience or that of the service provider;
- d. The most appropriate level of service that can safely be provided;
- e. Of benefit to you and not available from alternative sources;
- f. For services available to your covered diagnosis.

The CPC decision will not supersede approval of services mandated by federal or state law.

Notice of Decision -- You will receive written notification of the CPC determination regarding your funding request within 15 working days of receipt of the request. A copy of the notification will be provided to your case manager, authorized representative, and the effected service providers. The notification will address the service(s) authorized, the level of service(s), duration of service(s), and funding approved for such service(s). In the event that funding is reduced or denied, the reason for the change will be indicated along with your right to appeal the determination and the procedure to do so.

Other than emergency services, only services with prior approval by the CPC will be reimbursed.

If you are approved for services, but funding is not available, you will be placed on a waiting list. You are placed on a waiting list if at the time of your application the Mental Health Service 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 are currently receiving services and seeking additional or different services, you will also be placed on a waiting list if funds are not available. You will be informed of the approximate time that you may expect to be on the waiting list. Your case manager will continue to work with you in exploring other possible alternative services and supports while you are on the waiting list.

Waiting list data will be made available during community planning sessions so that service priorities can be assessed. As funds become available, people on the waiting list will be approved for admission based on the following funding priorities:

1. People who, if they did not receive the service for which they are applying, would likely access a mandated service, shall be considered first.
2. People with the most severe need for service shall be considered next. Examples of “severe need” include: being homeless without 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; etc.
3. People applying for services that have been designated by Bremer County as high priority shall be considered next: residential programs; emergency respite; and supported employment.
4. If all other criteria are equal, the applicant with the earliest date of application shall be considered next.

Admission to services is also dependent upon the availability of services. Situations may arise where applicants who are lower on the priority list may be admitted ahead of applicants who are of higher priority due to service availability.

Ongoing Reviews

At a minimum, CPC and the case manager will review the services and supports you are receiving annually. Additional reviews may be completed at any time deemed necessary by the CPC. The review may consist of a new assessment, development of a new personal plan, and review for continued funding according to the criteria outlined above. If approved, you, the service provider and the case manager will receive notice of the decision to continue to fund services. If funding is to be reduced or eliminated, you, your case manager, authorized representative, and service provider(s) will receive written notice 30 days prior to the effective date. Your case manager may assist you in exercising your right to appeal the decision.

Except for emergency services, only services with prior approval will be reimbursed.

SERVICES AVAILABLE FOR INDIVIDUALS WHO HAVE A PRIMARY DIAGNOSIS OF BRAIN INJURY

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.

Services Available

A more extensive array of services for people with brain injury will be provided when more state or federal funding is available. Individuals may receive services identified above as "Services Available to All Eligible Consumers". In addition, the following services are funded in whole or part by Bremer County and are available to eligible individuals who have a primary diagnosis of brain injury.

Residential Support Services

Home and Community Based Services for Persons with Brain Injury -- Individualized services (supported community living, home and vehicle modification, respite, nursing, home health aide, personal emergency response, and supported employment) necessary to instruct, supervise, assist, and support the consumer in achieving life goals. Individuals must be deemed eligible by the Department of Human Services and must have a slot available through the county or state.

Vocational and Support Services

None available

Other Services

None Available

SERVICES AVAILABLE FOR INDIVIDUALS WHO HAVE A PRIMARY DIAGNOSIS OF CHRONIC MENTAL ILLNESS

Diagnosis

People age 18 and over with persistent mental or emotional disorders that seriously impair their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. People with chronic mental illness will typically have histories that meet at least one of the treatment history criteria and at least two of the functioning history criteria.

Treatment History Criteria: Individuals will meet at least one of the following criteria: 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 have experienced at least one episode of continuous structured supportive residential care other than hospitalization.

Functioning History Criteria: Individuals will meet at least two of the following criteria on a continuous or intermittent basis for at least two years: a) unemployed or employed in a sheltered setting, or have markedly limited skills and a poor work history; b) require financial assistance or out of hospital maintenance and may be unable to procure such assistance without help; c) show severe inability to establish or maintain a personal support system; d) require help in basic living skills; e) exhibit inappropriate social behavior which results in demand for intervention by the mental health and/or judicial system.

Services Available

A more extensive array of services for people with chronic mental illness will be provided when the funding is available. Individuals may receive services identified above as "Services Available to All Eligible Consumers". In addition, the following services are funded in whole or part by Bremer County and are available to eligible individuals who have a primary diagnosis of chronic mental illness.

Residential Support Services

Supported Community Living (SCL) -- Individuals who have a mental illness and have been determined eligible for county funded services may be provided with an array of services and supports necessary to enable them to live and work in the community. Services are individualized and focus on the following: outreach; assistance and referral in meeting basic human needs; assistance in housing and living arrangements; mental health treatment; crisis intervention; social and vocational assistance; support, assistance, and education to the consumer's family and to the community; protection and advocacy; coordination and development of natural support systems; and service coordination. Individuals receiving SCL services must have prior authorization from the CPC.

Homemaker -- Support provided to assist with personal care and household chores to allow a person to function in the least restrictive environment. Individuals must meet the Home Health Aide criteria, as established by Medicaid.

Respite -- Short-term placement in a residential facility or in home help for consumers who are at an imminent risk of out of home placement, homelessness, or psychiatric inpatient services.

Residential Care Facility (RCF) -- Provides a 24-hour continuum of care that includes: room, board, supervision, care, and personal assistance. Social and independent living skills training, health screening, leisure-time and recreational skill development, behavioral therapy, support, transportation and transition services. Individuals must need supervision, assistance, or care on a daily basis in order to be reasonably safe and must not require ongoing skilled nursing care.

Residential Care Facility for Persons with Persistent Mental Illness (RCF/PMI) -- Provides a 24-hour continuum of care that includes room, board, supervision, care, and personal assistance. Social and independent living skills training, health screening, leisure-time and recreational skill development, behavioral therapy, support, transportation and transition services. Individuals must need supervision, assistance or care on a daily basis in order to be reasonably safe and must not require ongoing skilled nursing care. Programming and services must be tailored to meet the needs of people with persistent mental illness.

Vocational and Support Services

Any person under 21 years of age must establish that services are not available through the responsible school district and Area Education Agency. Individuals must also have exhausted benefits available from the Division of Vocational Rehabilitation, prior to obtaining funding from Bremer County.

Adult Day Care -- Services provided during the day in a protective environment where the program is therapeutic to meet the physical and psychosocial needs of the consumer.

Sheltered Work Services -- Evaluation, assessment, work adjustment, vocational skills training, personal/social adjustment, independent living skills, placement and follow-up, transportation, and meals that are designed to lead to competitive employment, or long-term sheltered employment at an applicable certificate rate. Services shall be of a time-limited duration.

Supported Employment/Enclave -- On-site supervision from a job coach that supports a team of consumers competitively employed or performing contract work. Individuals must have been in a sheltered work setting previously or be unemployable in a competitive setting.

Supported Employment/Follow Along -- Time limited ongoing intermittent services provided by a job coach to a consumer who has been successfully placed in competitive employment. Individuals may receive a maximum of two billable units per month.

Supported Employment/Job Coaching -- Time limited job training and support provided to a consumer who has been newly employed in the community or requires intervention to retain their current position.

Supported Employment/Job Placement Services -- Services intended to assist persons to choose, obtain and retain employment in the community or in their own businesses.

Other Services

Consultation -- Professional assistance, training, or information provided to a caregiver or service provider to assist them to more effectively carry out service to the consumer.

Evaluation -- Screening, diagnosis, and assessment to identify current level of functioning and those strengths or barriers related to maintaining or achieving a higher level of functioning.

SERVICES AVAILABLE FOR INDIVIDUALS WHO HAVE A PRIMARY DIAGNOSIS OF DEVELOPMENTAL DISABILITY

Diagnosis

Persons having severe, chronic conditions that are attributable to mental or physical impairment or a combination of mental and physical impairments.

Are manifested before the person attains the age of 22.

Are likely to continue indefinitely.

Result 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.

Reflect the person's 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.

Services Available

Individuals may receive services identified above as “Services Available to All Eligible Consumers”. In addition, the following services are funded in whole or part by Bremer County and are available to eligible individuals who have a primary diagnosis of developmental disability.

Residential Support Services

Supported Community Living (SCL) -- Array of services and supports necessary to enable consumers to live and work in the community. Services are individualized and focus on the following: outreach; assistance and referral in meeting basic human needs; assistance in housing and living arrangements; mental health treatment; crisis intervention; social and vocational assistance; support, assistance, and education to the consumer’s family and to the community; protection and advocacy; coordination and development of natural support systems; and service coordination.

Homemaker -- Support provided to assist with personal cares and household chores to allow a person to function in the least restrictive environment. Individuals must meet the Home Health Aide criteria, as established by Medicaid.

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) -- Institutional care provides active treatment and psychological, medical, pharmacy, dental, ophthalmology, audiology, speech, occupational therapy, physical therapy, dietary, behavior, vocational, education, residential, community, and recreational services and supports. Individuals must be approved by the Iowa Foundation for Medical Care and Targeted Case Management prior to admission to an ICF/MR. Individuals receiving ICF/MR services will not be approved for any additional funding from the Mental Health Services Fund.

Respite -- Short-term placement in a residential facility or in home help for consumers who are at an imminent risk of out of home placement, homelessness, or psychiatric inpatient.

Residential Care Facility (RCF) -- Provides a 24-hour continuum of care that includes: room, board, supervision, care, and personal assistance. Social and independent living skills training, health screening, leisure-time and recreational skill development, behavioral therapy, support, transportation, and transition services. Individuals must need supervision, assistance, or care on a daily basis in order to be reasonably safe and must not require ongoing skilled nursing care.

Residential Care Facility for Persons with Mental Retardation (RCF/MR) -- Provides a 24-hour continuum of care that includes: room, board, supervision, care, and personal assistance. Social and independent living skills training, health screening, leisure-time and recreational skill development, behavioral therapy, support, transportation, and transition services. Individuals must need supervision, assistance, or care on a daily basis in order to be reasonably safe and must not require ongoing skilled nursing care.

Vocational and Support Services

Any person under 21 years of age must establish that services are not available through the responsible school district and Area Education Agency. Individuals must also have exhausted benefits available from the Division of Vocational Rehabilitation, prior to obtaining funding from Bremer County.

Adult Day Care -- Services provided during the day in a protective environment where the program is therapeutic to meet the physical and psychosocial needs of the consumer.

Sheltered Work Services -- Evaluation, assessment, work adjustment, vocational skills training, personal/social adjustment, independent living skills, placement and follow-up, transportation, and meals that are designed to lead to competitive employment, or long-term sheltered employment at an applicable certificate rate. Services shall be of a time-limited duration.

Supported Employment/Enclave -- On-site supervision from a job coach that supports a team of consumers competitively employed or performing contract work. Individuals must have been in a sheltered work setting previously or be unemployable in a competitive setting.

Supported Employment/Follow Along -- Time limited ongoing intermittent services provided by a job coach to a consumer who has been successfully placed in competitive employment. Individuals may receive a maximum of two billable units per month.

Supported Employment/Job Coaching -- Time limited job training and support provided to a consumer who has been newly employed in the community or requires intervention to retain their current position.

Supported Employment/Job Placement Services -- Services intended to assist persons to choose, obtain and retain employment in the community or in their own businesses.

Work Activity Services -- Evaluation, assessment, work adjustment, personal/social adjustment, independent living skills, placement and follow-up, transportation, and meals for those individuals whose impairment is so severe as to make their productive capacity inconsequential. Services shall be on a time-limited duration.

Other Services

Evaluation -- Screening, diagnosis, and assessment to identify current level of functioning and those strengths or barriers related to maintaining or achieving a higher level of functioning.

SERVICES AVAILABLE FOR INDIVIDUALS WHO HAVE A PRIMARY DIAGNOSIS OF MENTAL ILLNESS

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 (bipolar) disorder; adjustment disorder; and personality disorders. V Code diagnoses, psychoactive substance use disorders, and developmental disorders are excluded.

Services Available

Individuals may receive services identified above as "Services Available to All Eligible Consumers". In addition, the following services are funded in whole or part by Bremer County and are available to eligible individuals who have a primary diagnosis of mental illness.

Residential Support Services

None

Vocational and Support Services

None

Other Services

None

SERVICES AVAILABLE FOR INDIVIDUALS WHO HAVE A PRIMARY DIAGNOSIS OF MENTAL RETARDATION

Diagnosis

Significantly sub-average intellectual functioning existing concurrently with related limitations in two or more applicable adaptive skill areas with onset before the age of 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 intellectual functioning is defined as a full-scale IQ score of 75 or below. 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, health and safety, functional academics, leisure, work, health, and safety.

Services Available

Individuals may receive services identified above as "Services Available to All Eligible Consumers". In addition, the following services are funded in whole or part by Bremer County and are available to eligible individuals who have a primary diagnosis of mental retardation.

Residential Support Services

Supported Community Living (SCL) -- Array of services and supports necessary to enable consumers to live and work in the community. Services are individualized and focus on the following: outreach; assistance and referral in meeting basic human needs; assistance in housing and living arrangements; mental health treatment; crisis intervention; social and vocational assistance; support, assistance, and education to the consumer's family and to the community; protection and advocacy; coordination and development of natural support systems; and service coordination.

Home and Community Based Services MR Waiver (HCBS MR Waiver) -- Individualized services (supported community living, home and vehicle modification, respite, nursing, home health aide, personal emergency response, and supported employment) necessary to instruct, supervise, assist, and support the consumer in achieving life goals. Individuals must be deemed Medicaid eligible by the Department of Human Services and there must be a slot available through the county or state.

Homemaker -- Support provided to assist with personal cares and household chores to allow a person to function in the least restrictive environment. Individuals must meet the Home Health Aide criteria, as established by Medicaid.

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) -- Institutional care provides active treatment and psychological, medical, pharmacy, dental, ophthalmology, audiology, speech, occupational therapy, physical therapy, dietary, behavior, vocational, education, residential, community, and recreational services and supports. Individuals must be approved by the Iowa Foundation for Medical Care and Targeted Case Management prior to admission to an ICF/MR. Individuals receiving ICF/MR services will not be approved for any additional funding from the Mental Health Services Fund.

Respite -- Short-term placement in a residential facility or help in home for consumers who are at an imminent risk of out of home placement, homelessness, or psychiatric inpatient.

Residential Care Facility (RCF) -- Provides a 24-hour continuum of care that includes: room, board, supervision, care, and personal assistance. Social and independent living skills training, health screening, leisure-time and recreational skill development, behavioral therapy, support, transportation, and transition services. Individuals must need supervision, assistance, or care on a daily basis in order to be reasonably safe and must not require ongoing skilled nursing care.

Residential Care Facility for Persons with Mental Retardation (RCF/MR) -- Provides a 24-hour continuum of care that includes: room, board, supervision, care, and personal assistance. Social and independent living skills training, health screening, leisure-time and recreational skill development, behavioral therapy, support, transportation, and transition services. Individuals must need supervision, assistance, or care on a daily basis in order to be reasonably safe and must not require ongoing skilled nursing care.

Vocational and Support Services

Any person under 21 years of age must establish that services are not available through the responsible school district and Area Education Agency. Individuals must also have exhausted benefits available from the Division of Vocational Rehabilitation, prior to obtaining funding from Bremer County.

Adult Day Care -- Services provided during the day in a protective environment where the program is therapeutic to meet the physical and psychosocial needs of the consumer.

Sheltered Work Services -- Evaluation, assessment, work adjustment, vocational skills training, personal/social adjustment, independent living skills, placement and follow-up, transportation, and meals that are designed to lead to competitive employment, or long-term sheltered employment at an applicable certificate rate. Services shall be of a time-limited duration.

Supported Employment/Enclave -- On-site supervision from a job coach that supports a team of consumers competitively employed or performing contract work. Individuals must have been in a sheltered work setting previously or be unemployable in a competitive setting.

Supported Employment/Follow Along -- Time limited ongoing intermittent services provided by a job coach to a consumer who has been successfully placed in competitive employment. Individuals may receive a maximum of two billable units per month.

Supported Employment/Job Coaching -- Time limited job training and support provided to a consumer who has been newly employed in the community or requires intervention to retain their current position.

Supported Employment/Job Placement Services -- Services intended to assist persons to choose, obtain and retain employment in the community or in their own businesses.

Work Activity Services -- Evaluation, assessment, work adjustment, personal/social adjustment, independent living skills, placement and follow-up, transportation, and meals for those individuals whose impairment is so severe as to make their productive capacity inconsequential. Services shall be on a time-limited duration.

Other Services

Evaluation -- Screening, diagnosis, and assessment to identify current level of functioning and those strengths or barriers related to maintaining or achieving a higher level of functioning.

NON-TRADITIONAL SERVICES AND SUPPORTS THAT MAY BE AVAILABLE TO ALL ELIGIBLE INDIVIDUALS

The following service is generally available through other agencies; however, in situations where an individual's health and safety is at risk and all other alternative funding sources have been explored, the CPC Administrator may, on a case by case basis, authorize the following service:

Transportation -- Mileage reimbursement to a third party not to exceed \$0.25 per mile, amounts per a voucher, or contracted amounts for public transportation.

ADDITIONAL SERVICES AVAILABLE OUTSIDE OF THIS PLAN

Persons with All Disabilities

Allen Hospital, Waterloo -- Provides emergency mental health services, Intensive Out Patient, Partial Hospitalization, and Inpatient Hospitalization. Phone 319-235-3683.

Alliance for the Mentally Ill -- Provides support, education, and information to families, friends, and individuals with a mental illness. National: 1-800-950-6264 State: 1-515-254-0417.

Autism Society of Iowa -- An advocacy organization for Iowans with Autism. Phone 319-557-1169.

Covenant Clinic Psychiatry - Provides social workers, psychologists, and psychiatrists who offer psychiatric and counseling services. Phone 319-352-9606

Commission for Persons with Disabilities -- A state funded agency that provides individual assistance to Iowans with disabilities in the areas of employment, education, physical access, housing, transportation, etc. Phone 515-281-5969.

Community Providers Association --An association of agencies providing a variety of services to Iowans with disabilities. Phone 515-270-9495.

Covenant Hospital, Waterloo -- Provides emergency mental health services, Intensive Out Patient, Partial Hospitalization, and Inpatient Hospitalization. Phone 319-291-3542.

Disability Determination Services -- This arm of the Social Security Administration receives applications for Social Security Disability (SSDI) and determines whether applicant meets the disability criteria. Phone 1-800-532-1223 or 1-800-772-1213, or Decorah 319-382-2924.

Division of Vocational Rehabilitation Services -- Works with individuals with disabilities to achieve their employment and economic goals. Phone 515-281-4311 or 1-800-772-1213 or the Waterloo office at 319-234-0319.

Governor's DD Council -- A federally funded state agency committed to empowerment of persons with developmental disabilities, working to make the system of support and services more responsive to individuals and families. Phone 515-281-9082 or 1-800-452-1936.

Iowa Coalition -- A statewide organization of and for mental health consumers and advocates. Phone 515-438-2028.

Iowa Compass -- A free referral and information agency for Iowans with disabilities and their families. Provides information over the phone, by mail, or on audiocassette about agencies and organizations that serve Iowans with disabilities. Phone 1-800-779-2001.

Iowa Head Injury Association -- Advocacy organization representing people with brain or head injuries. Phone 1-800-475-4442.

Iowa Meeting Place -- A no fee electronic forum to communicate directly with others having similar experience with disability issues. To connect with the bulletin board system by computer modem, dial 1-800-775-8080 or 319-353-7862.

Iowa Program For Assistive Technology (IPAT) -- Provides information about the availability of assistive technology devices, where to obtain them, cost, dealers, and vendors, where to obtain financial assistance, etc. Phone 1-800-331-3027 or 319-356-4382.

Iowa Protection and Advocacy (P & A) -- Protects the human and legal rights of people with disabilities and mental illness in Iowa. Phone 515-278-2502 or 1-800-779-2502.

Iowa University Affiliated Program -- Promotes the independence, productivity, and community inclusion of individuals with developmental disabilities through a broad range of training, service, technical assistance, and information sharing activities. Phone 319-356-1335.

Legal Services Corporation of Iowa -- A private, non-profit corporation that is federally funded to safeguard and promote the rights of persons with disabilities and low income. Phone 1-800-772-0039.

Partners In Policy Making -- Leadership training for individuals with disabilities or parents of children with disabilities that teaches advocacy skills. Phone 515-278-2502 or 1-800-779-2502.

Special Needs Grants -- Provides grants to Iowans with developmental disabilities to purchase equipment to increase independence. Phone 1-800-722-0169.

Systems Change Network -- A statewide grassroots, cross-disability organization which supports lowans in affecting public policy and promotes their effort to shift policy at the state level. Newsletters on policy issues are available to members. Phone 515-243-2000 or 1-800-765-3022.

The ARC of Bremer County -- An advocacy organization of parents and others representing people with mental retardation. Phone 319-882-3256 days only please.

The ARC of Iowa -- A statewide advocacy organization of parents and others representing people with mental retardation. Phone 1-800-362-2927.

Waverly Municipal Hospital -- Provides hospital services in Waverly. Phone 319-352-4120.

Children with Disabilities

Area Education Agency 7 -- A state run agency that provides services for students in special needs programs in Iowa public schools. Phone: 319-273-8200.

Bremwood -- Provides services for children. 319-352-2630

Child Health Specialty Clinics -- Provides families with information and access to statewide resources. Phone 319-353-6172.

Easter Seals -- Provides recreational services, including day camp, respite, and residential camping for children with disabilities. Phone 515-289-1933.

EPSDT -- Early and periodic screening, diagnosis, and treatment program. The EPSDT program creates a framework for routine health, mental health, and developmental screening for children from birth to age 21. Phone 319-236-4560.

Family Support Subsidy -- Apply through your local Department of Human Services for a monthly payment to help defray the costs of keeping a child with special needs at home. Phone 319-352-4233.

Ill and Handicapped Waiver -- Provides families with support in the home in order to maintain an individual who has a disability in the least restrictive environment. Phone 319-352-4233.

Iowa Department of Human Services -- Offers FIP to those who meet their eligibility requirements. Phone 319-352-4233.

Iowa Family Support Initiative -- A statewide organization of parents of children with all types of disabilities who want their children to live at home and be a part of our community and our everyday lives. Phone 515-277-0112.

Elderly Services

Bremer County Nursing Agency -- Provides supports for the elderly whose health conditions make their activities of daily living difficult or impossible for them to accomplish. Phone 800-715-7779.

Hawkeye Valley Area Agency on Aging -- Facilitates provider services for the elderly waiver program. Phone 319-272-2244.

Iowa Department of Elder Affairs -- State agency serving as a focal point for needs and concerns of older lowans. Phone 515-281-5187.

Veteran Services

Office of Veteran Affairs -- Provides assistance in applying for VA related benefits. Phone 319-352-0130.

Housing Services

Community Action -- Provides financial assistance for individuals in need. Phone 319-352-4532.

Fuel Assistance

Community Action -- Provides financial assistance for individuals in need. Phone 319-352-4532.

Food Assistance

Iowa Department of Human Services -- Offers Food Stamps to those who meet their eligibility requirements. Phone 319-352-4233.

Food Pantry -- This local organization provides food items to those families or individuals in need. Phone 319-352-4532.

Meals on Wheels -- Local organization that delivers noon meals to home bound individuals. Volunteers usually deliver the meals five days a week, excluding holidays. Contact Hawkeye Area Agency on Aging 319-272-2244.

Waverly Ministerium -- Food, other goods. 352-1325

Medical and Health Care

Bartels Lutheran Home -- Provides Nursing and elder care. 319-352-4540

Iowa Department of Human Services -- Offers Title 19/Medicad to those who meet their eligibility requirements. Phone 319-352-4233.

Waverly Hospital -- Provides a complete array of medical services and specialties. Phone 319-352-4121.

Waverly Hospital Home Health -- Provides a complete array of home health care services, including nursing, home health aides, home-helpers, etc. Provides services in the home for individuals whose medical condition impacts their ability to function independently in the areas of self-care and activities of daily living. Phone 319-352-0082.

Substance Abuse Services

Pathways Behavioral Services -- Provides substance abuse treatment and preventative services. Phone 319-352-1353.

Clothing

Trinkets and Togs -- A store that has inexpensive, second hand clothing for sale. Phone 319-352-8029.

Family Assistance and Counseling

Cedar Valley Friends of the Family -- Provides shelter to families in crisis. 319-352-2064

Consumer Credit Counseling -- Provides individuals and families with assistance in planning and managing financial matters. Phone 319-234-0061.

Iowa Department of Human Services -- Offers family therapy, social casework, in-home health care, foster care, day care, and child abuse/dependent adult abuse investigation to families or individuals in need. Phone 319-352-4233.

Employment

Workforce Center -- Provides listing of local and statewide job openings and accepts applications for these openings and applications for various employers in the area. Phone 319-352-3844.

Information and Referral

Adult Abuse Hotline -- 1-800-362-2178

Info Tech -- 1-800-331-3027

Iowa Compass -- 1-800-779-2001

IPAT -- 1-800-348-7193

Rural Concern Hotline -- 1-800-447-1985

Crisis Lines

Covenant Clinic Psychiatry Crisis Intervention -- 1-319-352-9606

COST OF SERVICES

Depending on the service you receive, you may be required to make a co-payment in order to receive funding for mental health services from Bremer County.

Individuals who receive the following services will not be assessed a co-payment by Bremer County for the receipt of those services: Intermediate Care Facility for the Mentally Retarded; Residential Care Facility; Home and Community Based Services, MR Waiver; Medicaid funded Partial Hospitalization services, Medicaid funded Day Treatment services, and Targeted Case Management. However, if you receive one of the above services, along with an additional county funded service, you may be charged a monthly co-payment. The following provides additional information regarding consumer co-payments:

Emergency Mental Health Services -- Individuals requesting and/or needing emergency mental health services shall be provided services through Covenant Clinic Psychiatry at no cost if they are below 175% of the poverty level and at half cost if they are between 176%-200%.

Court Ordered Services -- Costs for services that are court ordered or a voluntary hospitalization may, based on income and resources, require a co-payment or reimbursement. The Bremer County CPC office will determine co-payments based on income guidelines.

Residential Care Facility Services -- Individuals in a Residential Care Facility must pay 100% of their monthly income, less the standard personal and unmet medical needs allowance, towards their care. The Department of Human Services Income Maintenance Worker determines client participation.

Medicaid Institutional Services -- Individuals in Intermediate Care Facilities for the Mentally Retarded and Community Based Waiver programs will have their participation determined by the Department of Human Services Income Maintenance Worker.

In addition, you must apply for, accept, and maintain eligibility for any other benefits or funds that you are eligible to receive before the county will pay for any services. Bremer County will only be the payor of last resort.

Chapter 904.103 (Department of Corrections) of the Iowa Code states:

"The department shall administer the institutions listed in section 904.102. The department shall be responsible to the extent provided for by law for all of the following: 1. Accreditation and funding of community based corrections programs..."

Further the Department of Corrections has specified in administrative rules 201-40.1(905) (Community Based Corrections) the following definition:

"Rehabilitative objectives or purposes" means activities designed to further the reintegration of the offender into the community as a productive, law-abiding citizen. Activities deemed to serve rehabilitative objectives shall include, but not be limited to, family visits, seeking employment, supervised recreational activities, shopping trips, counseling/consultation sessions, educational programs and activities, vocational training and religious activities.

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

Recoupment of Expenditures

There may be times when Bremer County will be asked to pay for services that were not specifically authorized by the CPC Administrator. This will usually occur in the case of crisis response services. The following procedure shall be followed to determine a client's responsibility to repay Bremer County. Note that the referenced letters are attached as an appendix to the plan.

Past Admissions:

Unless Bremer County is already working on a plan for repayment of a debt by a consumer, or the consumer is still receiving services funded by Bremer County, any debts owed by an Applicant to Bremer County prior to the date of passage of this policy shall be forgiven and there shall be no recoupment of those debts.

Current Admissions:

1. When the report of an admission for inpatient services is received, a copy shall be given to the Bremer County CPC 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. Letter #1 shall be sent to the Applicant, spouse or parent if the Applicant is a minor, informing them they may be held responsible for payment of the cost of care, and the importance of pursuing third party coverage such as insurance, Title XIX or Medicare.
4. When the county receives word that the Applicant has been discharged, or at the time of the first billing, letter #2 shall be sent setting an interview appointment with the person who received services or the person liable for support. If the Applicant remains in an inpatient setting for an extended time, a family member or other concerned person shall be contacted to provide necessary information. When the interview is conducted all resources and income shall be investigated. From this information a determination shall be made regarding ability to pay.
5. Personal liability shall be computed and recorded. Personal liability shall be computed according to current law. At all times recoupment procedures will comply with current law. The following procedure shall be followed:

- a. Client is Unable to Pay:

When an Applicant or responsible person is found unable to pay his or her account, the account shall be written off and show a balance of zero. The Applicant or responsible person shall never again be billed for that period of service. Should the Applicant

receive services at a later date and the cost paid by the county, a new determination shall be made as to the ability to pay for that service.

- b. Client is Able to Pay:
 - i. When an Applicant or responsible person is found able to pay their account, the Bremer County CPC Administrator shall attempt to obtain a written agreement signed by the Applicant or responsible person.
 - ii. If this agreement is not honored a letter of reminder shall be sent followed by a "Cure of Default Notice" (See Letter #4).
 - iii. Failure to pay the agreed upon amount within twenty (20) days of the "Cure of Default Notice" may result in legal action. This legal action may consist of filing in District Court for all accounts.
 - iv. Compromise offers shall be given to the Bremer County CPC Administrator who will forward them on to the Bremer County Board of Supervisors. If the Board accepts a compromise offer, payment of the agreed amount shall be made. Once the amount is paid the account then shall be considered paid in full.
 - v. The Bremer County CPC Administrator shall make reasonable 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 Bremer County Board of Supervisors using the appeals process outlined in the Bremer County Plan.)

6. If the person contacted with letter #2 does not come to the appointment or does not contact the Bremer County CPC Administrator's office prior to the appointment, letter #3 demanding payment within ten (10) days shall be sent. This shall be signed by the Chairman of the Bremer County Board of Supervisors and sent to the person liable for support.
7. If payment is not received in ten (10) days, letter #4 shall be sent to the person liable for support allowing the person twenty (20) days to correct this default.
8. If there is still no effort to pay or negotiate the account by the 20th day a claim may be filed in District Court by the County Attorney.
9. Once a 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.
10. Determinations on ability to pay shall be submitted to the Bremer County Board of Supervisors for final approval.

State Cases:

If it is determined that an Applicant is a State Case then payment shall be made only in circumstances where the State will not pay for the service in the first instance and then the county shall bill the State.

SERVICE EXPECTATIONS

Bremer County is committed to providing you with the most clinically appropriate cost-effective service(s). We will strive to meet your expectations by involving you, your family, and all interested people 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. As such, you, as the consumer or recipient of service(s), should expect the following:

- That services are available when you need them.
- That services respond to your individual needs.
- That you are involved in the planning of the service(s).
- That you have a choice within the provider network who provides the service(s).

That you have a choice when possible of where and with whom you live.
That you have a choice when possible of jobs and where you work.
That you and your family are satisfied with the quality of your life and service(s).
That your service(s) lead to greater independence.

YOUR RIGHTS AND RESPONSIBILITIES

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 that is appropriate.
- The right to appeal any staff or provider action.
- The right to due process.

People who have a disability have the same fundamental rights as all persons. Rights can only be limited through informed consent of the consumer, their legal guardian, or legal authorities within the following guidelines: the limit is based on an identified individual need; skill training is in place to meet the identified need; and periodic evaluation of the limit is conducted to determine if there is a continuing need for the limitation.

In the event that you feel any of your rights have been infringed upon, you may request assistance from the CPC, your case manager, other advocates, or Iowa Protection and Advocacy.

Responsibilities Along with your rights, you also have a responsibility to get the most from the service(s) provided:

- Treat those providing you service(s) and support with the same respect and kindness you expect to receive.
- Ask questions about your service(s) 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.
- Follow the procedures for complaints and appeals if you are unhappy with your service(s).
- Work towards the goals identified in your personal plan.

If you are not responsible, the service(s) may be reduced or terminated, so it is important that you do your part.

CONFLICT OF INTEREST

Bremer County provides, as well as purchases, services in the Mental Health and Developmental Disabilities Service System. Thus, the potential for a conflict of interest exists when Bremer County decides whether or not to authorize payment for services. Bremer County is committed to making payment decisions solely on the basis of applicant eligibility, service needs, and cost analyses without favoring county-provided services. Applicants are encouraged to appeal any decision felt to be influenced by this or any other potential conflict of interest through the Appeal Procedure. This is disclosed in the notice of decision.

CONFIDENTIALITY

Bremer County's obligation to maintain confidentiality extends to all aspects of administration, to applications of inquiries throughout the continuing casework relationship, and remains after services to the consumer have ceased. This obligation includes all individual employees, members of its advisory board, volunteers, subcontractors, and students. 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 agency. Employees should consult with their supervisor when encountering the need to serve a consumer known to them personally. The following will be reviewed with each staff person annually.

Procedure:

1. Confidential information is released only when it is in the best interest of the consumer to whom the information pertains, or when required by law.
2. Before releasing reports to other agencies or professionals, the staff person obtains the signature of the consumer or legal guardian and date of signature on a release form. This form specifies information to be released, to whom the information will be released, and the purpose for which information is being released, how the information will be used, and the period of time to which the release applies.
3. If the consumer is unable to read, the release form is read to the consumer and explained in further detail until the consumer understands what the release form means.
4. If the consumer cannot be made to understand the meaning of a release form, the consumer's legal guardian signs it. If there is no legal guardian, the release form may be signed by a person responsible for the care and welfare of the consumer.
5. If the consumer cannot write, the consumer's legal guardian signs the release form. If there is no legal guardian, the release form may be signed by a person responsible for the care and welfare of the consumer.
6. The consumer shall be provided a copy of the signed release form, or any refusal to accept the form shall be documented.
7. Staff persons shall not discuss a consumer's case with personnel outside of the agency except those for whom a signed release form has been obtained.
8. Confidential information may be released without written permission of the consumer or legal guardian only for bona fide medical or psychological emergencies, or for inspections by certifying or licensing agencies of state and federal government.
9. Each staff person has an obligation to advocate for the consumer's right to confidentiality if other staff and agencies are violating the rights.
10. Consumers have the right to revoke any authorization for release of information at any time.
11. Failure of consumers to authorize release of information is not an automatic reason for denial of funding.

Record Maintenance:

Consumer records are considered confidential and are kept in file cabinets designated for this purpose, unless being used by an authorized individual. For security reasons, consumer records are returned to the designated file cabinets by the end of the business day.

APPEAL PROCEDURE

Appeal:

1. Every applicant whether granted assistance or not, shall be informed of the Central Point of Coordination Administrator's decision in writing, and of the applicant's right to have such decision reviewed.
2. To initiate a review, the individual must send a written request for review within seven (7) calendar days of the adverse decision to: Central Point of Coordination Administrator, 203 First Avenue NE, Waverly, IA 50677.
3. Within ten (10) working days of the receipt of the written request for review, the Central Point of Coordination Administrator shall notify the individual of the date and time set for the review.

4. The review will be held within fifteen (15) working days of the receipt of the review request.
5. The individual shall have the right to appear in person at the review and present any evidence or documents in support of his/her position. If an individual fails to appear for the scheduled review, the reviewer may proceed and issue a decision. Any individual may waive the right to personally appear at the review and may present their case by documents only.
6. Within five (5) working days of the review, the Central Point of Coordination Administrator shall issue a written decision that shall include a statement of the reasons supporting the decision.
7. The written decision shall inform the individual of their right to further review by the Board of Supervisors.
8. A request for further review by the Board of Supervisors shall be made by giving notice to the Board in writing within seven (7) calendar days of receipt of the decision rendered by the Central Point of Coordination Administrator.
9. The Board of Supervisors will give notice of the review to the individual within ten (10) working days of the receipt of the request. The review will be held within fifteen (15) working days of the review request. Following the review, the Board of Supervisors will render its decision within five (5) working days.
10. The Board of Supervisors may decide to have the case reviewed by an outside consultant with expertise in analyzing service needs. In such cases, this decision could be delayed for up to 30 days.
11. If the individual is not satisfied with the decision of the Board of Supervisors, they may request a hearing by a review committee. The Board of Supervisors shall appoint at least three persons to that committee from other counties who do not have a vested interest in the appeal. This hearing will be scheduled by the committee and will be held within fifteen (15) working days following the request. The review committee's decision is final.

PROVIDER MANUAL

All service providers offering services in Iowa are encouraged to apply for approved status with Bremer County. Bremer County recognizes only current network members.

APPLICATION AND CREDENTIALS

Traditional Mental Health Service Providers

All service providers must meet one or more of the following criteria and have a contract with Bremer County to be included in the Bremer County provider network:

1. Currently licensed or certified as a service provider by the State of Iowa.
2. Currently enrolled as a Medicaid provider, and/or a certified contracted member of the Magellan Behavioral Care of Iowa (MBC) provider network.
3. 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.

In addition, providers must provide proof of adequate liability insurance and documentation of service and staff expertise as requested by the CPC Administrator.

Non-Traditional Providers

Bremer County will make efforts to recruit and approve non-traditional providers in its service provider network. The following criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards are:

1. All applicants will be required to provide a personal or organizational history; a description of prior experience in working with priority consumers; a description of

special skills, education, and/or experience that qualifies them to provide the given service(s) and references. Applicants will also be required to provide evidence of applicable insurance, and will have to assert that there are no health or legal issues that could influence their performance or credibility.

2. The CPC Administrator will screen applicants. The CPC Administrator will interview those meeting threshold criteria.
3. Successful applicants will receive appropriate orientation and training.
4. Following the six-month probationary period, the CPC Administrator will review performance and effectiveness. If acceptable, the CPC Administrator will grant one-year approval as a provider in the Bremer County provider network.

CONTRACTING

All mental health service providers participating in Bremer County's provider network shall have a Provider Network Agreement with Bremer County. Provider agreements will be negotiated by the CPC Administrator and must be signed by the Chair of the Bremer County Board of Supervisors. Only services negotiated in the agreement will be purchased and no rate increases will be recognized without a signed agreement or addendum. Unless there is a reason that is agreed to by the Board of Supervisors, Bremer County shall not pay more than the lowest rate a provider has agreed to accept from any other county.

TERMINATION

Providers wishing to terminate services will provide a 60-day notice of intent-to-terminate to the CPC Administrator and will cooperate with discharge planning efforts to insure the consumer's health, safety, and continuity of services.

Providers wishing to be removed from the provider network will do so as outlined in their agreement with Bremer County.

ACCESS AND REFERRALS

Other than emergency services, the CPC Office is the only access point for service. Providers receiving requests for service from Bremer County applicants may refer them directly to the CPC office or assist the applicant in completing a Universal Application form and forwarding it to the CPC office. Applications and manuals will be available to all network providers.

Once an applicant has been determined eligible for services by the CPC, the consumer may be assigned a case manager. The case manager will be responsible for assisting the consumer in selecting a provider and involving the provider in the planning process. The case manager will be the provider's contact with Bremer County for matters relating to the consumer's service, i.e. staffings, funding requests, service changes, problems, etc. The case manager will then in turn inform the CPC of the relevant events in the consumer's life. Individual's who do not qualify for services will not be provided with case management services.

FUNDING AUTHORIZATION

Except for emergency services, all services funded in whole or part by Bremer County must be pre-approved by the CPC in order to receive reimbursement. Pre-approval of funding does not guarantee payment if services are not delivered.

Emergency Services

Bremer County will only authorize funding for inpatient care at a designated Network Provider, and the State Hospital School in Woodward for people with mental retardation.

Procedure for Emergency Service Authorization

The CPC office **must** be notified within 24 hours of admission for emergency services. Individuals accessing emergency services must complete a Universal Application form, if the consumer does not have an application currently on file with the CPC office, and Release of Information forms. All forms must be completed and postmarked by the next working day when possible.

Voluntary admissions to a Network Provider must be pre-screened by Covenant Clinic Psychiatry and obtain prior authorization from the CPC.

All services, rates, and units must be pre-authorized for reimbursement.

Bremer County will not reimburse a public or private hospital for voluntary admissions or emergency room services without prior authorization of the CPC or a written contract.

Currently Bremer County has contracts with Allen and Covenant Hospitals and they are the designated providers for inpatient hospitalizations.

This procedure only applies when any expenses relating to the commitment are payable in whole or in part by Bremer County.

Applicants Who Request Outpatient Mental Health Services and Are New To The System

Individuals who present themselves to Covenant Clinic Psychiatry requesting outpatient mental health services for counseling and medication management, and who the provider has determined have residency in Bremer County, may be provided with immediate services for their initial visit in an emergency situation. At the time of the initial visit, the provider shall assist the applicant in completing an application for funding and forward the application to the CPC within 24 hours or refer the applicant to the CPC. Upon review of the application, the CPC may authorize additional units of service, while completing the eligibility determination process, if the provider submits a treatment plan and request for funding. Bremer County will not assume financial responsibility for individuals who do not have residency in Bremer County and will request reimbursement for service costs from the consumer's county of legal settlement.

Applicants Who Are New To The System

The assigned case manager must complete an assessment, develop a personal plan, and submit them along with a funding request to the CPC Administrator for review and service authorization. If a service provider was involved in the development of the personal plan and funding request, they will receive written notice of the action taken by the CPC. If the provider was not involved in the planning process, they will only receive written notice if the funding is authorized.

The written notice will indicate the action taken and the rationale for such action, including placement on a waiting list for funding and including information on appeals. It will be done within 15 working days of receiving a completed request for funding. The case manager, consumer, their legal representative, and/or service provider may advocate for the consumer and assist them in appealing the decision.

If funding is approved, the written notice will identify the units of service, funding level, and duration of funding. At the point that funding is approved, Bremer County will encumber funds, and such funds shall follow the consumer's movement through the service system.

In all instances, Bremer County will be the payor of last resort. Bremer County will not subsidize providers who accept less than cost from other payers. Bremer County will pay providers the lowest rate they have agreed to accept from any county unless otherwise contractually arranged.

Ongoing Services

The provider does not have to request ongoing funding. At a minimum, the assigned case manager will complete a new assessment, personal plan, and funding request annually and submit them to the CPC. Reviews may occur more often and are at the discretion of the CPC. If the provider wishes to modify the services or reimbursement, a request for review must be made to the assigned case manager who will complete a review and prepare a new funding request for the CPC.

If a service provider was involved in the development of the personal plan and funding request, they will receive written notice of the action taken by the CPC. If the provider was not involved in the planning process, they may only receive written notice if the funding is authorized.

The written notice will indicate the action taken and the rationale for such action, including placement on a waiting list for funding and information on appeals. It will be done within 15 working days of receiving a completed request for funding. The case manager, consumer, their legal representative, and/or service provider may advocate for the consumer and assist them in appealing the decision.

If funding is approved, the written notice will identify the units of service, funding level, and duration of funding. At the point that funding is approved, Bremer County will encumber funds, and such funds shall follow the consumer's movement through the service system.

CLAIMS

Network Providers shall submit claims in accordance with the agreement.

Non-Traditional Providers must supply Bremer County with sufficient information to maintain the "Minimum Data Set" required by IAC 441-25.41(331). At a minimum, monthly provider invoices should contain the following:

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

Upon receipt of the invoice, charges will be reviewed against service authorizations issued by the CPC.

Services delivered without service authorizations will be checked against service authorization protocols to assure delivery was permitted (i.e. emergency service, court ordered). Any service units delivered and charged to the county not meeting the criteria above 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 PROTOCOL

All claims should be submitted to:

CPC
203 1st Ave NE
Waverly, IA 50677
Phone 319-352-2993

Providers must submit claims within 90 days of the service unless the provider is waiting for third party payment.

Effective July 1, 1999, if a claim is received after 90 days and the provider was not waiting for third party payment for the last 90 days; the claim will be denied payment unless there is a statutory obligation to pay it.

No claim will be paid that is over one year old from the date the service was rendered, with the exception of claims that the county has a statutory obligation to pay.

Network Providers will bill Bremer County for the cost of services, less any and all third party reimbursement. Mental Health Service Providers will bill consumers who are above the income and resource criteria applicable to co-payments, as indicated in the Network Provider Agreement. Bills submitted to Bremer County for payment will reflect the amount owed after all other applicable payments by third parties and/or consumers.

LEGAL SETTLEMENT

It is the intent of Bremer County, that if another County or the State determines legal settlement in error, the County or the State currently assuming responsibility will not require Bremer County to assume retroactive payment. Bremer County will pay for services from the date the Bremer County CPC determines legal settlement, forward.

BREMER COUNTY PROVIDER NETWORK

Service providers in the Bremer County Mental Health/Developmental Disabilities Services System will include state, county, and non-profit agencies. Principal service providers of the current Services System are listed in the strategic plan.

ADMINISTRATIVE PLAN

Bremer County administers this plan for the geographical area of Bremer County, Iowa. This plan represents the Bremer County Board of Supervisor's intent to fulfill statutory obligations imposed by the 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 and III.

STAFFING

The Bremer County CPC Administrator offices are at:

203 1st Avenue NE
Waverly, IA 50677
Phone (319) 352-2993
FAX (319) 352-2997

The Bremer County CPC Administrator meets the criteria set up for CPC Administrators.

MANAGEMENT AND STRATEGIC PLAN DEVELOPMENT

Bremer County will hold meetings of the CPC Advisory Board including at least one public hearing when required to develop future plans including the Strategic Plans and amendments. They were

held in the development of this plan. There was input from Stakeholders incorporated into the plan. Consumer input is received on an individual and group basis.

The CPC Advisory Board consists of Family members, consumers, funders and other interested individuals.

Tracking

Bremer County utilizes a PC based program, as it's primary MIS tool. Utilization and cost reports are generated from this data and will be presented to the Bremer County Board of Supervisors. The report shall be the primary management report used for the management of the mental health service fund budget. The report may contain the following:

- Total service utilization and costs by all service types and service providers.

- Analysis of total county funds expended to date, projected annual encumbrance, and amount remaining for the fiscal year.

- Analysis of the variance between service authorizations and services paid.

QUALITY IMPROVEMENT

The Central Point of Coordination will develop methodology for and implement a quality assurance program for the Bremer County Mental Health Developmental Disabilities Services System. This quality assurance methodology will include quantitative and qualitative measures. Quantitative measures include statistical summaries of consumer service usage, consumer outcomes, service performance and quality, total costs of service, and costs to the Bremer County Mental Health Developmental Disabilities Services System. Qualitative measures include satisfaction surveys of the Services System participants (consumers, family members, service providers, and funders), assessments and reviews by qualified professionals. Appeals, grievances, incident reports, and plans of correction will also be included.

The Central Point of Coordination will use assessments of service quality for continuous service system improvement. This improvement process involves determination of the status of the current system (specifically, the degree to which county goals and objectives have been attained) and the development of the county management plan in subsequent years. Quality assurance is a component of the Mental Health Developmental Disabilities County Services System Annual Report.

Service providers shall submit quality assurance reports, as defined through accreditation and licensing requirements, to the Central Point of Coordination Administrator.

Consumers, family members, and service providers will be involved in the development of service standards, clinical standards and protocols, outcome and satisfaction measurements, and on-going Continuous Quality Improvement (CQI) by the following ways:

- Participation in the development of personal plans.

- Participation on the CPC Advisory Board.

- Completion of satisfaction surveys.

- Involvement in Public Hearings.

- Public awareness.

CQI provides processes and techniques that can assist in enhancing all aspects of mental health services. The CPC will focus on the continuous improvement of processes and outcomes through the involvement of consumers. Quality is expressed through technical, clinical, managerial, and leadership proficiency - with those we serve directly and with those who provide that service. CQI

serves as a vehicle to support us in putting our vision and values into action. The successful assimilation of the CQI concept will translate into a variety of observable and measurable outcomes that demonstrate Bremer County's values in action and support our strategic initiatives. These measures will reflect our commitment to improving the overall mental health service delivery system in Bremer County.

COLLABORATION

Bremer County currently interfaces with other services and supports of interest to consumers. Consumers routinely access a variety of services that are not funded by the county, as identified in "Additional Services Available Outside of This Plan." The goal is to maintain a working relationship with agencies and supports that are outside of the Management Plan, and to develop additional non-traditional supports in the county.

Mental Health Provider

Bremer County currently contracts with Covenant Clinic Psychiatry for the delivery of community mental health services, including outpatient services. The provider has an office in Bremer County, which provides consumers with access to needed services in their area.

Educational System

Area Education Agencies (AEA) are aware of the services available and process for accessing the services available from Bremer County. All AEAs are responsible for referring individuals to the CPC who will be in need of adult services. In order to plan for future service needs, the CPC works closely with the AEA in identifying future referrals and their service needs.

Hospitals

Allen Memorial Hospital and Covenant Medical Center, both in Waterloo, provide the area with an extensive array of services. These are the agencies that Bremer County has contracted with for: inpatient hospitalization; sub-acute care; intensive outpatient; partial hospitalization; day treatment; and outpatient services.

Court System

The CPC works collaboratively with the Sheriff, Clerk of Court, Magistrate's office, Advocate, and County Attorney in Bremer County in regards to the voluntary and involuntary hospitalization process.

Iowa Department of Vocational Rehabilitation

Bremer County was the recipient of a DVRS Supported Employment Grant that ended September 30, 1998. Through the grant, the county established a very appropriate, functional working relationship with DVRS. The end result has been the development of a very collaborative, cooperative system for funding individuals who desire community employment. With the end of the grant, the county continues to work collaboratively with DVRS.

Family/Legal Representatives

Family and legal representatives will be made aware of all public meetings through notice in the local newspapers and direct invitation to those expressing an interest. In addition, family members sit on CPC Advisory Committee.

Charitable Organizations

The CPC will provide information to service organizations, churches, and other community organizations that wish to obtain additional information concerning mental health services or contribute to the benefit of people with disabilities when the occasion arises.

Department of Human Services (DHS)

As the CPC, and in conjunction with Targeted Case Management and Case Management, will work collaboratively with DHS Income Maintenance Workers and Service Managers. As the Home and Community Based Waiver program(s) continue to expand, Targeted Case Management will continue to work closely with DHS.

Substance Abuse Providers

Bremer County provides funding for limited chemical dependency services with a local service provider. The CPC and case management service will continue to work collaboratively with the local service provider.

Other Services

Bremer County will continue to share information with MBCI regarding Targeted Case Management consumers who receive funding from MBCI.

LEGAL SETTLEMENT

State Case Status

If an applicant does not have legal settlement with Bremer County, or another county in Iowa, the individual will be referred to the local DHS office for state case determination. If the individual is requesting a service that is funded by Title XIX, the referral will be made to the income maintenance department, while individuals who are requesting services that are funded by local purchase funds will be referred to the service management department at the local DHS office.

In the event that the applicant encounters difficulty in accessing services through the state payment process, the following steps should be followed:

1. Contact the worker in the local DHS office.
2. Contact the Service Supervisor of the local DHS office.
3. Contact the Human Service Area Administrator in the DHS cluster office.
4. Contact the Adult Service Specialist in the DHS regional office.
5. Contact the Service Administrator in the DHS regional office.
6. Contact the Regional Administrator in the DHS regional office.
7. Contact the State Payment Program Manager in the DHS central office.

When an application to the State Payment Program is appropriate, the local DHS worker has 30 days to process the application and forward it to the State Payment Program Manager. The State Payment Program Manager then has 30 days from the receipt of a complete application to render a decision to the local office. All applications to the State Payment Program need to have a local DHS worker assigned, even when the Human Service Area Administrator has authorized other parties to complete parts of the application process. (Administrative Rules for the State Payment Program are found in the Iowa Administrative Code, 441-153(234), Division IV (153.51 through 153.59).)

ANNUAL REVIEW

Bremer County will complete an annual report that will include, but not be limited to, the following information:

1. Survey information.

2. Statistical information gathered throughout the year through the utilization of the Computer Management Information System.
3. Waiting list statistics.
4. Quality Assurance Statistics

Some of the questions that will be answered through this information are:

1. What new services and supports are needed?
2. Are people receiving quality, cost effective services?
3. How many consumers are currently receiving services?
4. Have those numbers increased or decreased?
5. Are any consumers on a waiting list?
6. If so, how long have consumers been there?
7. Which services are most cost effective?
8. Should any providers be added or removed from the network?
9. Are services consumer driven?
10. Is Bremer County's system fair, efficient, responsive, and open to stakeholder input?

Bremer County will evaluate this information prior to completing the next plan. Goals will be developed based on the information received. Progress of current goals will be measured to ensure that time lines are being met.

Weaknesses in services or the managed care process will be addressed and corrective action will be taken. If the weakness cannot be resolved immediately, a team will be set up to evaluate the situation and make recommendations that will eliminate or correct the inadequacy.

Records will be kept on the number of appeals that were requested in a year and will be documented in the annual report. This information will be evaluated to determine if consumers are appealing similar issues. Appeal statistics will allow us to analyze what may be lacking in our plan and consideration for these services or funding will be given when writing the following year's plan.

An annual report will be submitted each year. The report shall address the following:

- (1) Progress toward goals and objectives
- (2) Documentation of stakeholder involvement
- (3) Actual Provider Network
- (4) Actual expenditures
- (5) Scope of Services (actual) Matrix
- (6) Appeals, number, type and resolution
- (7) Quality assurance implementation, findings and impact on plan
- (8) Waiting list information

The information contained in the Annual Report will be incorporated into the development of the following County Management Strategic Plan and will identify the current service needs in Bremer County. This report will be made available in various accessible formats to anyone who requests a copy.

APPENDIX

Income Guidelines:

Number In Household	100%			175%			200%		
	Yearly	Monthly	Hourly	Yearly	Monthly	Hourly	Yearly	Monthly	Hourly
1	\$ 8,860	\$ 738	\$ 4.26	\$ 15,505	\$ 1,292	\$ 7.45	\$ 17,720	\$1,477	\$ 8.52
2	\$ 11,940	\$ 995	\$ 5.74	\$ 20,895	\$ 1,741	\$10.05	\$ 23,880	\$1,990	\$11.48
3	\$ 15,020	\$ 1,252	\$ 7.22	\$ 26,285	\$ 2,190	\$12.64	\$ 30,040	\$2,503	\$14.44
4	\$ 18,100	\$ 1,508	\$ 8.70	\$ 31,675	\$ 2,640	\$15.23	\$ 36,200	\$3,017	\$17.40
5	\$ 21,180	\$ 1,765	\$10.18	\$ 37,065	\$ 3,089	\$17.82	\$ 42,360	\$3,530	\$20.37
6	\$ 24,260	\$ 2,022	\$11.66	\$ 42,455	\$ 3,538	\$20.41	\$ 48,520	\$4,043	\$23.33
7	\$ 27,340	\$ 2,278	\$13.14	\$ 47,845	\$ 3,987	\$23.00	\$ 54,680	\$4,557	\$26.29
8	\$ 30,420	\$ 2,535	\$14.63	\$ 53,235	\$ 4,436	\$25.59	\$ 60,840	\$5,070	\$29.25

PRIOR APPROVAL IS REQUIRED Except for Emergency MH and SA

\$500 limit on resources for General Assistance

\$2000 limit for one person or \$3000 limit for a family on resources for Mental Health or Substance abuse

Rent limited to \$150 for a single person or \$250 for a family

Medical is generally limited to ~ \$100 (including dental to alleviate pain, and other)

Food will be a voucher

Persons receiving other assistance may not be eligible.

Persons receiving FIP are not eligible for GA.

Help from General Assistance is only once per year

Must live in Bremer County for GA.

Bremer County Does Not Pay Deposits

Letter #1

Bremer County CPC Administrator
203 1st Ave NE
Waverly, Iowa 50677
(319) 352-2993

Date

M.
Address
City

Dear M.

The Bremer County Auditor has received notice that you, or a person for whom you are legally responsible, have recently been admitted to _____ for treatment. This letter is to inform you of the financial obligation involved when a person receives services paid for by the County.

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 may bill Bremer County directly for all costs of care and support. Bremer County may then bill the individual or responsible relative for said costs or forward on those billings.

If you have insurance or Medicare coverage, 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 Bremer County. Any remaining balance after third party coverage may then be paid through this office.

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

Sincerely,

Russell Wood
CPC Administrator

Letter #2

Bremer County CPC Administrator
203 1st Ave NE
Waverly, Iowa 50677
(319) 352-2993

Date

M.
Address
City

Dear M.

The Bremer County Board of Supervisors has been informed you have recently received services 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,

Russell Wood
CPC Administrator

Bremer County Board of Supervisors
415 E Bremer Ave
Waverly, Iowa 50677
(319) 352-0130

Date

M.
Address
City

Re: Institutional Account Balance:

Dear M.

Upon investigation of your income and resources, and in consideration of that information, it is the decision of the Bremer County Board of Supervisors that you are able to pay on your institutional account, growing out of the cost of services paid by for by Bremer County.

This letter is to advise you of that decision and to request you to contact the Bremer County CPC Administrator relative to the payment of this account. Please contact that office no later than ten (10) days from the date above to make arrangements for payment.

In the event that we do not hear from you within thirty (30) days, formal legal action may be started.

Thank you for you cooperation.

Sincerely,

Chair, Bremer County Board of Supervisors

Bremer County CPC Administrator
203 1st Ave NE
Waverly, Iowa 50677
(319) 352-2993

Date

M.
Address
City

CURE FOR DEFAULT NOTICE

CREDITOR: Bremer County
 Courthouse
 Waverly, Iowa 50677

Type of account: Institutional Balance:
Description of indebtedness: Charges paid by Bremer County for _____ units of service at
_____ in MONTH, YEAR.

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 Bremer County in full or make satisfactory payment arrangements with Bremer County before twenty- (20) day after the date above.

If you do not correct your default by that date, Bremer County may exercise rights against you under the law. If you default again in the next year, Bremer 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.

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