



MANAGEMENT PLAN  
POLICIES AND PROCEDURES MANUAL

JULY 2014  
(REVISED NOVEMBER 2014)



Serving these Iowa counties:

Allamakee, Black Hawk, Butler, Clayton, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Grundy, Hancock, Howard, Humboldt, Kossuth, Mitchell, Pocahontas, Tama, Webster, Winnebago, Winneshiek, Worth, Wright

## Table of Contents

<b>Introduction and Vision</b> .....	<b>3</b>
<b>Basic Framework of the Regional MH/DS Services Management Plan</b> .....	<b>3</b>
<b>A. Organizational Structure</b> .....	<b>4</b>
Governing Board .....	4
MHDS Advisory Committee.....	4
Chief Executive Officer .....	5
Administrative Entity .....	5
<b>B. Service System Management</b> .....	<b>5</b>
Risk Management and Fiscal Viability .....	6
Conflict of Interest .....	7
<b>C. System Management</b> .....	<b>7</b>
System of Care Approach Plan .....	7
Developing an Integrated Multi-Occurring Capable Trauma Informed System of Care .....	7
Implementation of Interagency and Multi-system Collaboration and Care Coordination .....	7
Decentralized Service Provisions .....	8
Utilization and Access to Services .....	8
<b>D. Financing and Delivery of Services and Support</b> .....	<b>9</b>
Accounting System and Financial Reporting .....	10
Contracting/Provider Agreements .....	10
Funding .....	10
<b>E. Enrollment</b> .....	<b>11</b>
Application and Enrollment .....	11
Residency .....	11
Exception to Policy .....	12
Confidentiality.....	12
<b>F. Eligibility</b> .....	<b>13</b>
General Eligibility .....	13
Financial Eligibility.....	13
Diagnostic Eligibility .....	14
Assistance to Other than Core Populations .....	15
Notice of Decisions/Timeframes .....	16
Co-payment for services .....	16
<b>G. Appeals Process</b> .....	<b>17</b>
Non-Expedited Appeals Process.....	17
Expedited Appeals Process .....	18
<b>H. Provider Network Formation and Management</b> .....	<b>18</b>
Designation of Targeted Case Management Providers.....	20
<b>I. Quality Management and Improvement</b> .....	<b>21</b>
System Evaluation.....	21
Quality of Provider Services .....	21
Methods Utilized for Quality Improvement.....	21
<b>J. Service Provider Payment Provisions</b> .....	<b>22</b>
<b>K. Waiting List Criteria</b> .....	<b>23</b>
<b>L. Amendments</b> .....	<b>23</b>
Attachment A: Access Points .....	24
Attachment B: Sliding Fee Schedule for Outpatient Services .....	26
Attachment C: Services Matrix.....	27
Glossary.....	32
Forms Appendix .....	35

## Introduction and Vision

On January 1, 2009 five counties came together to further advance the vision of creating a more equitable service system, while retaining the principle of local control. The intent of County Social Services (CSS) is to make funding and services for individuals with disabilities more equitable across county lines. CSS is now a region of 22 counties. We have found that together we have the capacity to exceed what could have been accomplished as individual counties. CSS will serve taxpayers and people with disabilities in the most effective and efficient manner possible.

County Social Services was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. Within this region, CSS will create a regional management plan designed to improve health, hope, and successful outcomes for individuals in our region who have mental health and/or intellectual/developmental disabilities, including those with multi-occurring substance use and other health issues, physical disabilities, brain injuries, and other complex human service needs.

In accordance with the principles enumerated in the legislative redesign, CSS will work in a quality improvement partnership with stakeholders in the region (providers, families, individuals, and partner health and human service systems) to develop a system of care approach that is characterized by the following principles and values:

- Welcoming and individual-oriented
- Person and family driven
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

## Basic Framework of the Regional MH/DS Services Management Plan

This regional Mental Health & Disability Services Management Plan will describe both the framework for system design that CSS has organized, as well as the specific activities within the system that will be funded and monitored directly by CSS.

This Mental Health & Disability Services Management Plan (hereafter referred to as Plan) defines standards for member counties of the County Social Services region.

The plan meets the requirements of Iowa Code section 331.393 and provides for cost-effective, individualized services and supports that assist persons with disabilities to be as independent, productive, and integrated into the community as possible, within the constraints of available resources.

In compliance with Iowa Administrative Code (IAC) 441-25 the Plan includes three parts:

- **Annual Service & Budget Plan** includes the services to be provided and the cost of those services, local access points, targeted case management agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions.
- **Annual Report** provides an analysis of data concerning services managed for the previous fiscal year.

- **Policies & Procedures Manual** includes policies and procedures concerning management of the MHDS services and MHDS plan administration.

CSS shall maintain local county offices as the foundation to the service delivery system.

A current plan is available in each local county office, as well as on the County Social Services ([www.countysocialservices.org](http://www.countysocialservices.org)) and DHS ([dhs.iowa.gov](http://dhs.iowa.gov)) websites.

## **A. Organizational Structure**

Please see the last page of this document for the CSS Organizational Chart.

### **Governing Board (Iowa Code 331.390)**

The CSS organizational structure assigns the planning and development of the regional MHDS system including the funding of non-Medicaid services with the Governing Board. The make-up of the board is described below. No member shall be an employee of the Department of Human Services.

a) One supervisor from each member county in the region shall be appointed as a Director. The Board of Supervisors of each member county shall select its Director and he or she shall serve indefinitely at the pleasure of that member county, until a successor is appointed, or unless an earlier appointment becomes necessary due to death, resignation, or the end of such person's service as a county supervisor. An alternate supervisor shall be appointed in the same manner and shall act in the temporary absence or unavailability of the Director.

b) At least one individual who utilizes mental health and disability services, or is an actively involved relative of such an individual. This Director shall serve as an ex-officio, non-voting member and shall be appointed by the Regional Advisory Board described in Section III.(b) of the CSS 28E Agreement with such appointment to become effective upon approval by the Governing Board. This Director shall be appointed to two year terms.

c) At least one individual representing service providers in the Region. This Director shall serve as an ex-officio, non-voting member and shall be appointed by the Regional Advisory Board described in Section III.(d) of the CSS 28E Agreement, with such appointment to become effective upon approval by the Governing Board. This Director shall serve an initial term of one year, with appointments thereafter to be for two year terms.

### **County Social Services Advisory Board (Iowa Code 331.390(2)e; 331.392.(2)i; IAC 441-25.14.(1)i)**

CSS shall encourage stakeholder involvement by having a Regional Advisory Board assist in developing and monitoring the plan, goals and objectives identified for the service system, and to serve as a public forum for other related MHDS issues. The Regional Advisory Board shall represent stakeholders which shall include, but not be limited to, individuals, family members, county officials, and providers.

CSS will maintain local area advisory groups as the foundation of the Regional Advisory Board. An individual who utilizes mental health and disability services, or an actively involved relative of such an individual, and an individual representing providers of that area shall be appointed to the Regional Advisory Board by each local area advisory group. Since the makeup of the local advisory groups may change from time to time, the Annual Service and Budget Plan will contain a list of the areas the local area advisory groups cover, as well as a contact name for each local area advisory group.

The Regional Advisory Board shall appoint an individual who utilizes mental health and disability services, or an actively involved relative of such an individual, and an individual representing providers of the region to the Regional Governing Board.

### **Chief Executive Officer**

The Governing Board will appoint the Chief Executive Officer (CEO) as referenced in IAC 441—25.12 (c). The CEO functions are supervised and evaluated by the Governing Board. The CEO will be the single point of accountability for the Region and shall be responsible for entering into performance-based contracts with the Department of Human Services. The CEO shall report to the Governing Board and will serve as the contact person for all requests for information or other inquiries from the Department of Human Services or the State of Iowa regarding provision of services, quality of services and expenditures of Regional funds. The CEO shall serve at the pleasure of the Governing Board and shall be under its direct supervision, evaluation and control.

### **Administrative Entity**

The Governing Board shall establish a Regional Administrative Entity. The Governing Board shall appoint Coordinators of Disability Services who shall be under the supervision of the CEO. The Governing Board may adopt such policies, rules, regulations, procedures and other actions as are necessary in the operation of the Region that are not inconsistent with the law or the 28E Agreement. The Regional Administrative Entity will perform all of the duties required by statute and administrative rule and in conformance with the Regional Management Plan. The Governing Board shall also provide for support staff as determined necessary, who shall be under the supervision of the CEO. The duties of the Regional Administrative Entity will be coordinated and assigned by the Governing Board in a manner deemed to be in the best interests of the Region and to ensure as much efficiency as is practicable. These duties will include but are not limited to: care coordination, quality assessments, service development, performance outcomes, referrals, claims processing, budget and forecasting, implementation of best practice models, development of policy, intake procedures and access to services, development/expansion of crisis services and development of new services models that will meet the needs of the residents of the Region.

The CEO, the Coordinators of Disability Services and all support staff will remain employees of individual counties. There will be statements of understanding between the Governing Board and the individual county Boards of Supervisors that will identify the individual employee, the position to be filled, and the portion of the employee's wages and benefits that will be reimbursed to the county from Regional funds.

In addition to the Regional Administrative Entity, the Governing Board may, as deemed necessary and with the consent of the member county, delegate any support functions to a member county. The cost of said support functions will be submitted to the Region as administrative overhead for the member county.

## **B. Service System Management**

CSS shall directly administer the Regional MHDS Plan through the local county offices and contract with service providers to meet the service needs of individuals living in the region. Member counties shall provide adequate credentialed staff to carry out the administration of this Plan. The staff delegated to perform the functions of Coordinators of Disability Services shall have the qualifications required by Iowa Code 331.390(3)b and IAC 441-25.12(2)e.

<b>County Office</b>	<b>Address</b>	<b>Phone</b>
Allamakee County	110 Allamakee Street Waukon, IA 52172	563-568-6227
Black Hawk County	1407 Independence Ave Waterloo, IA 50703	319-292-2272
Butler County	315 N. Main Street Allison, IA 50602	319-267-2663
Cerro Gordo County	355 South Eisenhower Ave Mason City, IA 50401	641-210-7400
Chickasaw County	24 N. Chestnut New Hampton, IA 50659	641-394-3426
Clayton County	600 Gunder Rd NE, Suite 6 Elkader, IA 52043	563-245-1865
Emmet County	609 1 <sup>st</sup> Ave N, Suite 5 Estherville, IA 51334-2255	712-362-2452
Fayette County	114 N. Vine St., PO Box 269 West Union, IA 52175	563-422-5047
Floyd County	1206 S. Main St., Suite D Charles City, IA 50616	641-257-6363
Grundy County	704 H Avenue Grundy Center, IA 50638	319-824-6779
Howard County	205 2 <sup>nd</sup> Street E. Cresco, IA 52136	563-547-9207
Humboldt County	203 Main Street, PO Box 100 Dakota City, IA 50529	515-332-5205
Kossuth County	109 West State St. Algona, IA 50511	515-295-9595
Mitchell County	415 Pleasant St. Osage, IA 50461	641-832-2615
Pocahontas County	23 3 <sup>rd</sup> Ave NE Pocahontas, IA 50574	712-335-3269
Tama County	211 W. State St. Toledo, IA 52342	641-484-4191
Webster County	723 1 <sup>st</sup> Ave S. Fort Dodge, IA 50501	515-573-1485
Winneshiek County	204 W. Broadway St. Decorah, IA 52101	563-387-4144
WHW (Worth, Winnebago & Hancock	126 South Clark Forest City, IA 50436	641-585-2340
Wright County	115 1 <sup>st</sup> Street SE, PO Box 4 Clarion, IA 50525	515-532-3309

**Risk Management and Fiscal Viability (Iowa Code 331.25.21(1)f)**

CSS does not intend to contract management responsibility for any aspect of the regional system of care to any agency or entity. The Governing Board shall retain full authority for the regional system of care and the associated fixed budget.

## **Conflict of Interest**

Funding authorization decisions shall be made by CSS administrative staff, who shall have no personal or financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to the individuals, counties and other stakeholders.

## **C. System Management**

### **System of Care Approach Plan (IAC 441-25.21(1)h)**

CSS provides leadership and management at the local level for designing a regional system of care for Mental Health and Disability Services. The design of the system is based on the expectation that individuals and families have multi-occurring issues, and incorporates an organized quality improvement partnership process to achieve the vision defined in this plan.

Within this vision, CSS will work in partnership with providers and other stakeholders to further develop services that are:

- Welcoming and accessible
- Able to emphasize integrated screening, early identification and early intervention
- High quality and, wherever possible, evidence based
- Organized into a seamless continuum of community based support
- Individualized to each person with planning that expands the involvement of the individual
- Provided in the least restrictive, appropriate setting
- Designed to empower individuals and families as partners in their own care
- Designed to leverage multiple financing strategies within the region including increased use of Medicaid funded services and Iowa Health and Wellness Plan
- Supported by provision of training and technical assistance to individuals and families, as well as to providers and other partners.

### **Developing an Integrated Multi-Occurring Capable Trauma Informed System of Care: Implementation of Interagency and Multi-system Collaboration and Care Coordination (IAC 441-25.21(1)n; 441-25.21(1)m)**

An individual with multi-occurring conditions is defined as any person of any age with ANY combination of any MH condition (including trauma) and/or developmental or cognitive disability (including Brain Injury) and/or any Substance Abuse condition, including gambling and nicotine dependence, whether or not they have already been diagnosed. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial, and parenting issues and other complex needs.

CSS shall maintain a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on the principles of interagency collaboration; individualized, strengths-based practices; cultural competence; community-based services; accountability; and full participation of individuals served at all levels of the system. CSS shall work to build the infrastructure needed to result in positive outcomes for individuals served. In order to accomplish this, CSS will coordinate the implementation of quality improvement processes and engage its provider network in the process. CSS will create a mechanism for collecting quality improvement data and communicating that out to the stakeholders. CSS will encourage all providers to participate in this process and to develop multi-occurring capability for each program provided.

In addition, CSS shall partner with courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. CSS shall collaborate with the Iowa Department of Human Services, Iowa Department of Public Health, Department of Corrections, Iowa Medicaid Enterprise, other regions, service providers, case management, Integrated Health Homes, individuals, families and advocates to ensure the authorized services and supports are responsive to individuals' needs consistent with system principles and cost effective.

CSS may create committees that focus on training, communications, finance, policy development, information systems, resource development, service delivery system design, quality improvement, and other committees as indicated to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care. CSS may also engage other funders, other regional service systems, service providers, case management, individuals and their families or authorized representative, and advocates to participate in these committees. These committees will ensure that authorized services and supports are responsive to individuals' needs, consistent with system principles and are cost-effective by soliciting input from committee members and others concerned with the service system. All recommendations made by the committees will be reported back to the Advisory Board and the Governing Board for incorporation in future planning.

Nationally, CSS has engaged partners in Kansas, Missouri, Nebraska, South Dakota, Minnesota, Wisconsin and Illinois. It is important in this period of rapid change that we look outside our system to see the opportunities and challenges facing other states.

Statewide, the CEO will take the lead on collaboration with DHS, IME and Magellan, attending regularly scheduled, and informal, meetings. The CEO will also be available to legislators and provide them with the most objective and accurate information possible, as directed by the Governing Board, to make important legislative decisions. CSS also participates in the Iowa Community Services Association Board and its subcommittees, as well as the CSN database committees. It is important to CSS that all regions work in a collaborative fashion to ensure that our operations are consistent with the state's expectations and are seamless to the individuals we serve.

Locally CSS is in partnership with the Area Agencies on Aging to fully implement the LifeLong Links statewide healthcare service referral hotline, the Brain Injury Alliance of Iowa, and our local and state NAMI organizations.

#### **Decentralized Service Provisions (IAC 441-25.21(1)i)**

CSS shall provide services in a decentralized and equitable manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. The following measures will be used to ensure services are accessible in all parts of the region:

- Analyzing the gaps by assessing unmet needs
- Incorporating feedback from community stakeholders
- Identifying costs and exploring alternative funding streams
- Developing or expanding services to meet gaps
- Identifying service providers willing to provide services within the area
- Ensuring core services are available within 30 miles in urban areas or 45 miles in rural areas
- Exploring technological innovations and modalities to meet needs more efficiently

### **Utilization and Access to Services (IAC 441-25.21(1)d)**

Within the broad system approach outlined above, CSS will oversee access and utilization to services and population based outcomes for the MHDS involved population in the region, in order to continuously improve system design and better meet the needs of people with complex challenges. In order to accomplish this, CSS will integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state including the following:

- inventory of available services and providers
- utilization data on the services

Results will be analyzed to determine if there are gaps in services or if barriers exist due to:

- service offered
- adequate provider network
- restrictions on eligibility
- restrictions on availability
- location

This information will be used for future planning in the annual service budget plan, improving the system of care approach plan, collaboration with agencies, decentralizing service provisions, and provider network formation. In addition, the data elements, indicators, metrics and performance improvement for population management will be continuously improved over time as the region develops increasing capability for managing the needs of its population.

### **D. Financing and Delivery of Services and Support (IAC 441-25.21(1)i)**

**NOTE: This section, and the following sections, except for section I, focus specifically on services directly funded by CSS, within the larger system design partnership described in the previous section.**

It is the intention of the Region to set up a hybrid account. Each member county will be responsible for maintaining its own MHDS levy account for the deposit of tax revenues. All MHDS revenues so deposited and maintained, with the exception of interest earned, will belong, and be available upon demand, to the Governing Board.

The Region shall establish a Region account for receipt of member county contributions and any state, federal or other funding directed to the Region, and for payment of all claims. The Region account shall be under the control of a fiscal agent to be designated by the Governing Board. Each member county shall contribute monies from their MHDS levy account to the Region account when needed as determined by the Governing Board.

Administrative costs, both for the Region and those incurred by member counties, shall be submitted to and paid through the Region account. Methods for determining allowable administrative costs, billing procedures and payment procedures shall be determined by the Governing Board.

Non-Medicaid Mental Health and Disability Services funding shall be under the control of the Governing Board in accordance with Iowa Administrative Code 441-25.13 (331). The Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit administrative burden and provide public transparency.

The Chief Executive Officer, Fiscal Agent and Chief Operating Officer shall prepare a proposed annual budget based upon the services outlined in the Annual Service and Budget Plan. Services will be prioritized in the following order:

- Core Services (see Appendix C) to core populations (as defined under Section F. Eligibility)
- Additional Core Services (see Appendix C)
- Additional populations (as defined under Section F. Eligibility)
- Services determined to be necessary for the well-being of individuals living within the region

The proposed budget shall be reviewed by the Governing Board for final approval. The CEO, with assistance from the Chief Operating and Finance Officers, shall be responsible for managing and monitoring the adopted budget.

Services funded by CSS are subject to change or termination with the development of the regional MHDS budget each fiscal year.

The Governing Board has contracted with a Regional Fiscal Agent. The Governing Board shall control the transfer of funds between member county MHDS Funds and the Fiscal Agent. All expenditures, including funds held by the Regional Fiscal Agent and funds held in individual county accounts, shall comply with the guidelines outlined in the Annual Service and Budget Plan.

### **Accounting System and Financial Reporting**

The accounting system and financial reporting to the department conforms to Iowa Code 441- 25.13 (2) (331.391) and includes all non-Medicaid mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including, but not limited to, the following: expenses for administration; purchase of services; and enterprise costs for which the region may be a service provider or is directly billing and collecting payments.

### **Contracting/Provider Agreements**

CSS will contract with MHDS providers whose base of operation is in the region to meet the service needs of the population. CSS may also honor contracts that other regions have negotiated with their local providers and may choose to contract with providers outside of the region. A contract may not be required with providers that provide one-time or as needed services.

CSS may develop financial incentives for obtaining high performance individual outcomes and cost effectiveness. The region may utilize vouchers and other non-traditional means to fund services.

### **Funding**

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. CSS recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

An individual who is eligible for other funding must apply for, and accept, such funding and support and comply with requirements to maintain eligibility for such funding and support. Failure to do so shall render the individual ineligible for regional funds for services that would have been covered

under funding, unless the region is mandated by state or federal law to pay for said services.

Individuals who are in immediate need and are awaiting approval and receipt of assistance under other programs may be considered eligible if all other criteria are met.

CSS shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MHDS Plan, within the constraints of budgeted dollars. CSS shall be the funder of last resort and regional funds shall not replace other funding that is available.

## **E. Enrollment (IAC441-25.21(1)e)**

### **Application and Enrollment**

Individuals residing within the CSS Region, or their legal representative, may apply for regional funding for services by contacting any local CSS office, calling the LifeLong Links hotline, or by contacting one of the designated access points (Attachment A) to complete an application. Applications are also available online at the CSS website ([www.countysocialservices.org](http://www.countysocialservices.org)).

The CSS Application Form, or another region's application, shall be used for all applications. If language or other barriers exist, the access point shall contact an appropriate person to assist the applicant in the intake process. The completed application shall be forwarded by the access point to the designated intake office within three (3) business days.

CSS staff shall review the application in a timely manner to determine if all necessary information is present and complete on the application. If the application is incomplete, the applicant will be notified by mail informing them of the additional items that must be submitted. Eligibility determination will be completed within ten (10) business days of receipt of a fully completed application accompanied by a request for service funding, and a notice of decision will be mailed to the individual unless otherwise requested. Failure to respond with necessary information and/or to provide a fully completed application may result in a delay or denial of funding.

### **Residency**

If an applicant has complied with all information requests, his or her access to services shall not be delayed while awaiting a determination of legal residence. In this instance, CSS shall fund services and later seek reimbursement from the region of the county of legal residence.

*"County of residence"* means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, a residential care facility, or for the purpose of attending a college or university. (Iowa Code 331.394(1)a)

## **Exception to Policy**

An Exception to Policy may be considered in cases when an individual is significantly adversely affected by the regional eligibility policy. To request an Exception to Policy, the individual's local Coordinator of Disability Services shall submit the following information:

- Individual's name
- Current services the individual is receiving
- The policy for which the exception is being requested
- Reason why the exception should be granted

Criteria used in determining whether or not an exception is granted include:

- Documented need for the service
- Need cannot be met through other community resources
- Justification of the extenuating circumstances
- Exception is a fiscally sound decision for the region

Exceptions are reviewed and determined by the Region's CEO. The CEO will render a decision within ten (10) business days. The exception period may not exceed six months and may be renewed following the Exception to Policy procedure. Exceptions to Policy may not be appealed.

All Exceptions to Policy must be presented to the Governing Board at the next regularly scheduled meeting. Discussion by the Governing Board will help guide future changes in policy.

## **Confidentiality**

CSS is committed to respecting individual privacy. To that end, all persons, including CSS staff, Governing Board, and others with legal access to individual information, shall have an obligation to keep individual information confidential. Information shall only be released in accordance with HIPAA and other federal and state laws and in accordance with professional ethics and standards.

Confidential information may be released without written permission of the individual or their guardian for medical or psychological emergencies and inspection by certifying or licensing agencies of the state or federal government.

Individual files will be maintained for seven years following termination of service to the individual.

Procedures to assure confidentiality shall include:

- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless an emergency.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Individual or an authorized representative shall be allowed to request a copy any regionally-generated information in the individual record.
- Individual and related interviews shall be conducted in private settings.
- All discussion and review of individual's status and/or records by CSS staff shall be conducted in private settings.
- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All confidential information disposed of shall be shredded.

- Steps shall be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms.

In order to determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives shall be requested to sign release forms. Failure of individuals to sign or authorize a release of information shall not be an automatic reason for denial; however, CSS staff's inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

## **F. Eligibility (IAC 441-25.21(1)c)**

**\*All residents are eligible for LifeLong Links and Crisis Services regardless of eligibility criteria.\***

### **General Eligibility**

CSS staff shall review the application to determine if the applicant meets the general eligibility criteria of the regional plan.

1. Is at least eighteen years of age or meets the following guidelines:
  - a. An individual who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.
  - b. An individual who is less than 18 years of age and a resident of the state, may be considered eligible for those mental health services made available to all or a portion of the residents of the region of the same age and eligibility class under the county management plan of one or more counties of the region applicable prior to formation of the region. Eligibility for services under paragraph "b" is limited to availability of regional service system funds without limiting or reducing core services, and if part of the approved regional service system management plan.
2. Is a resident of one of the counties within the CSS region.
3. Is a United States citizen or in the United States legally.

### **Financial Eligibility**

The household complies with financial eligibility requirements in IAC 441-25.16

1. Income Guidelines: Iowa Code 331.395.1
  - a. Gross income is 150% or below of the current Federal Poverty Guidelines.
  - b. Applicants with household income above 150% may be eligible for regional funding with an individual copayment as specified in this manual.
  - c. The income eligibility standards specified herein shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitation Services, etc.) shall be followed if different than those established in this manual.
  - d. In determining income eligibility, the average monthly income for the past three months will be considered; however, recent employment and/or income changes may be considered by CSS in determining income eligibility. Applicants are expected to provide

proof of income, including pay stubs and income tax returns, as requested. See the full definition of Income in the Glossary for more details.

2. Resources Guidelines: Iowa Code 331.395

An individual must have resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household or follow the most recent federal supplemental security income guidelines. CSS may, in the Annual Service and Budget Plan, raise this limit to match the Medicaid for Employed Persons with Disabilities resource guideline when funds are available.

- a. The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in Iowa Code.
- b. A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- c. Deposit of funds to a retirement account made within the last year of the date of application that exceed the resource threshold as stated above may result in denial or discontinuation of funding.
- d. The following resources shall be exempt:
  - (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
  - (2) One automobile per licensed adult used for transportation.
  - (3) Tools of an actively pursued trade.
  - (4) General household furnishings and personal items.
  - (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
  - (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
  - (7) A retirement account that is in the accumulation stage.
  - (8) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- e. An individual who is eligible for federally funded services and other support must apply for and accept such funding and support. CSS will provide funding for services while the individual is in the process of applying for health insurance. CSS staff may request proof of application and decision of eligibility.

3. Applicant is responsible to report any changes in income, finances, resources, or other changes in eligibility criteria, including household composition. Failure to report may result in repayment to the region and/or denial of service funding.

### **Diagnostic Eligibility**

The individual must have a diagnosis of Mental Illness (MI) and/or Intellectual Disability (ID). Individuals with an eligible MI or ID diagnosis who also have multi-occurring disorders are welcomed for care and eligible for services. Individuals with a covered diagnosis are eligible for all services designated in the Annual Service and Budget Plan if the standardized assessment verifies the need for these services.

#### **Mental Illness**

Individuals who at any time during the preceding twelve-month period were diagnosed with a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in

accordance with the criteria provided in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, and shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

### **Intellectual Disability**

Individuals who meet the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of 70, with a margin of error of plus or minus five (5) points, or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
3. The onset is before the age of 18.

The results of a standardized assessment must support the need for intellectual disability or mental illness services of the type and frequency identified in the individual's case plan.

### **Acceptable verification for Diagnostic requirements**

If a psychological or psychiatric evaluation or other acceptable verification of diagnosis is not available, CSS may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

### **Assistance to Other than Core Populations (IAC441-25.21(1)q)**

If funds are available, CSS shall fund services to populations of individuals who have a diagnosis of a developmental disability other than an intellectual disability as defined in Iowa Administrative Code 441--24.1 (225C) and brain injury as defined in Iowa Code 83.81 and also to children to the extent allowable by law. These populations were funded in at least one member county's MHDS plan prior to July 1, 2014. The additional populations covered will be determined annually and specified in the Annual Service and Budget Plan.

*"Persons with developmental disabilities"* means a person with a severe, chronic disability which:

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

*"Persons with brain injury"* means an individual with 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 as defined in Iowa Code section 83.81.

### **Notice of Decisions/Timeframes**

Once a fully completed application is received in a local county office, the Chief Operating Officer or designee shall determine if the applicant meets the general eligibility criteria within ten (10) business days. A Notice of Decision shall inform the individual of the eligibility determination.

For outpatient services, a Notice of Decision will be mailed to the individual in a timely manner. This Notice of Decision will include the authorized category of services (outpatient) and service provider. Necessary and immediate services (as determined by the Service Coordinator/Designee) will be approved within ten (10) business days. In the event of an emergency, the approval process will be expedited.

For services other than outpatient, a summary of the initial assessment, including diagnosis, will be requested by CSS. If the individual requires further services, the individual will be referred to a CSS service coordinator, a case management agency or the appropriate Integrated Health Home. Additional services will be approved within ten (10) business days from the receipt of a Funding Request submitted by the service coordinator/case manager. The applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

### **Service and Functional Assessment (IAC441-25.21(1)o)**

Standardized functional assessment methodology designated by the director of the Iowa Department of Human Services shall be completed on individuals requesting services more intense than outpatient therapy and psychiatry. The assessment will be completed within ninety (90) days of application. The results will determine if there is a need for services, including the type and frequency of service. Individuals eligible for services more intensive than outpatient therapy and psychiatry may be referred to service coordination, care coordination or targeted case management.

### **Service Funding Authorization**

For an individual who has had a functional assessment completed, the Service Notice of Decision shall inform the individual of the action taken on the application, reason for the action, authorized service provider, authorized service(s) and units of services approved based on results of the standardized assessment, contingent on availability of funding. This Service Notice of Decision will be issued within ten (10) days of receipt of the functional assessment. The applicant shall be sent a copy of the CSS's appeal process and informed that they have the right to appeal the decision. (See Appeal Process)

All individuals that receive ongoing CSS-funded services more intensive than outpatient therapy and psychiatry may have a service plan which shall identify the individual's needs and desires and establish goals with action steps to meet those goals. As with the application and enrollment process, individuals will be informed of their right to appeal any service planning/service authorization decision.

### **Co-payment for services**

Any co-payments or other client participation required by any federal, state, region, or municipal program in which the individual participates shall be required to be paid by the individual. Such co-payments include, but are not limited to:

- Client participation for maintenance in a residential care facility through the state supplementary assistance program
- The financial liability for institutional services paid by counties as provided in Iowa

Code section 230.15

- The financial liability for and advocate fees related to commitment as provided by Iowa Code section 229.19
- Co-payments for outpatient services based on a sliding fee scale (Appendix B) if the client income is over the established guidelines. This sliding fee scale will be updated and included in the Annual Service and Budget Plan.
- Co-payments for services other than outpatient for those individuals with incomes between 150%-300% of poverty. This amount is collected by the service agency. Use of a sliding fee scale will be determined annually by the CSS Governing Board and specified in the Annual Service and Budget Plan. Based on establishing an earned income exemption for employed individuals, this sliding fee scale will incentivize work.

No co-payment shall be assessed to individuals with income equal to or less than 150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

## **G. Appeals Process (IAC 441-25.21(1))**

### **Non-Expedited Appeals Process**

Individuals, families, and individual representatives (with the consent of the individual) may appeal the decisions of the region or any of its designees or contractors at any time.

**How to Appeal:** Written appeal forms, with a clear description of the appeals, investigation, and disposition process, and the telephone number for submitting a verbal appeal or grievance shall be attached to the Notice of Decision form. Assistance in completing the appeal form shall be provided upon request. To appeal, a completed appeal form must be sent to a CSS Office within ten (10) business days of receipt of the Notice of Decision. Only an individual or legal guardian may appeal a decision but anybody may assist in this process, including the assigned CSS service coordinator/case manager.

### **Reconsideration**

After an appeal is received by CSS, the CEO or designee will contact the individual within five (5) business days after the information is received to schedule a meeting to discuss the appeal. The individual may be asked for additional information and other sources may be contacted if permission is given. Following a review of additional information and all relevant facts, a written decision shall be issued no later than five (5) business days following the contact with the individual. A copy of the decision shall be sent to the individual or his/her legal guardian by regular mail.

### **Administrative Law Judge**

If a resolution is not agreed upon through the Reconsideration process, then the individual or guardian may pursue an appeal hearing through a state Administrative Law Judge (ALJ). The decision of the state ALJ shall be the final decision. County Social Services will not provide or fund legal assistance. Legal Services of Iowa (1-800-532-1275 or <http://www.iowalegalaid.org/>) or Iowa Protection and Advocacy (1-800-779-2502) may provide legal assistance. An individual is not required to have a legal representative but may if he/she wishes. An individual may contact any of the following county offices for assistance.

Allamakee	563-568-6227	Fayette	563-422-5047	Pocahontas	712-335-3269
Black Hawk	319-292-2272	Floyd	641-257-6363	Tama	641-484-4191
Butler	319-267-2663	Grundy	319-824-6779	Webster	515-573-1485
Cerro Gordo	641-210-7400	Howard	563-547-9207	Winneshiek	563-387-4144
Chickasaw	641-394-3426	Humboldt	515-332-5205	WHW (Worth, Hancock, Winnebago)	641-585-2340
Clayton	563-245-1865	Kossuth	515-295-9595		
Emmet	712-362-2452	Mitchell	641-832-2615	Wright	515-532-3309

### **Expedited Appeals Process**

This appeals process shall be performed by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Iowa Department of Human Services or the Administrator’s designee. The process is to be used when the decision of CSS concerning an individual varies from the type and amount of service identified to be necessary for the individual in a clinical determination made by a mental health professional and the mental health professional believes that the failure to provide the type and amount of service identified could cause an immediate danger to the individual’s health and safety.

#### **How to Appeal:**

Written appeal forms may be requested from CSS staff (see above chart).

1. The appeal shall be filed within five (5) business days of receiving the Notice of Decision by CSS. The expedited review by the Division Administrator or designee shall take place within two (2) business days of receiving the request, unless more information is needed. There is an extension of two (2) business days from the time the new information is received.
2. The Administrator shall issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual’s health or safety, the order shall identify the type and amount of service, which shall be provided for the individual. The Administrator or designee shall give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.
3. The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

## **H. Provider Network Formation and Management (IAC 441-25.21 (1)i)**

County Social Services continues to build a welcoming, multi-occurring, trauma informed provider network that will exceed national standards for excellence. Partners will work together, incorporating people with lived experience into all parts of the system to bring about better outcomes for all individuals.

In partnership with all stakeholders, CSS offers a system of care that is individualized, offers integrated services and incorporates evidence-based practices that have been independently verified by the region as meeting established fidelity to evidence-based service models including, but not limited to, assertive community treatment or strengths-based case management; integrated treatment of co-occurring substance abuse and mental health disorders; supported employment; family psychoeducation; illness management and recovery; and permanent supportive housing, as indicated in IAC 441-25.4(3). We are collaborating among all members so that every provider and every person is equipped to succeed. We involve people who use the services in planning and service delivery. All members of the region

work together to create an atmosphere of hopefulness and trust for all parties.

CSS expects a welcoming, respectful attitude among all stakeholders. We work together to implement a vision of accessibility, integration, cooperation and financial accountability.

CSS encourages providers to participate in a quality improvement partnership for system development in the region to become welcoming, person/family centered, trauma informed, and multi-occurring capable. CSS will provide opportunities for training, mentoring and support so that all providers will have opportunity to increase their capabilities and enhance the skills of their workforce. CSS has an excellent provider network and we believe that the provider network that exists today will continue to exist in the future.

CSS maintains a network of licensed and accredited, contracted service providers to meet the continuum of service needs of individuals and to provide each service in the required core service domains. CSS retains the right to authorize providers of service and all must be approved network providers in order to be eligible for regional funding. Payment for commitment related sheriff transportation, court-appointed attorneys, and other incidental, temporary or emergency services may be exempt from this policy.

To be included in the regional MHDS provider network, a provider must meet at least one of the following criteria:

- Currently licensed, accredited or certified by the State of Iowa, or
- Currently enrolled as a Medicaid provider, or
- Currently accredited by a recognized state or national accrediting body (Joint Commission on Accreditation of Health Care Organization-JCAHO, Council on Rehabilitation Facilities-CARF, etc.)
- Currently has a contract with any Iowa region

All providers included in the CSS provider network subject to licensure or accreditation shall meet all applicable standards and criteria and must maintain their license or accreditation to remain network providers. If the situation warrants an immediate change in providers, the region shall assist in the transfer of individuals to another network provider.

CSS will make efforts to recruit and approve non-traditional providers as part of the service provider network. The following is the criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards:

- All applicants will provide:
  1. A personal or organizational history
  2. A description of prior experience in working with individuals with complex needs
  3. A description of special skills, education and/or experience that qualifies them to provide the given service(s)
  4. References
- All applicants will provide evidence that they have no current record in any of the following registries:
  - Criminal
  - Sex offender

- Child abuse/dependent adult abuse
- All applicants shall provide evidence of applicable insurance (including liability insurance) and the mental/physical abilities or other qualifications needed to perform the service (i.e. driver's license, ability to lift, ability to read label, etc.) and that they are not barred from Medicaid reimbursement.

New providers may be added to the provider network if it is determined either a particular individual will benefit from the service (as determined by the individual's inter-disciplinary team), or that the provider will provide service(s) that will enhance the service system. New network providers shall be approved through the following process:

1. A referral or request for a new network provider may be made by an individual (or authorized representative), individual's case manager or coordinator, or directly by a provider. All requests to become a member shall be directed to the Region's Contract Manager.
2. Provider applicant shall be screened by the Region's CEO. Provider may be asked to meet for an interview or provide additional information.
3. The Region shall inform the provider of acceptance or denial.
4. New network providers shall receive appropriate orientation and training concerning CSS's Management Plan.

CSS shall manage the provider network to ensure individual needs are met. CSS shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, at least one inpatient psychiatric hospital within reasonably close proximity and other providers of core services.

#### **Designation of Targeted Case Management Providers (IAC 441-25.21(1)g)**

CSS has designated targeted case management providers to offer services to individuals enrolled in the Medicaid Program. CSS shall offer a choice and access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. The providers of Case Management selected were those in effect in the region prior to July 1, 2014. Future providers will be selected based on meeting Targeted Case Management criteria and providing options where service gaps exist.

Designated Case Management agencies serving CSS must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441-24.1(225C). Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance and community residency of the individuals receiving the service
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services
- Methodologies for complying with the requirements of sub rule 441-25.21(1)g which may include the use of electronic recording keeping and remote or internet based training

## **I. Quality Management and Improvement (IAC 441-25.21(1)e)**

CSS shall have a quality improvement process that provides for ongoing and periodic evaluation of the service system and of the providers of services and supports in the system. Stakeholders, with emphasis on individual input, shall be involved in the development and implementation of the quality improvement program. The basic framework of the quality improvement process will be aligned with the Multi-Occurring Capabilities process.

### **System Evaluation**

The system evaluation shall include, but not be limited to, outcome and performance in the following domains:

- access to service
- life in the community
- person centeredness
- health and wellness
- quality of life and safety
- family natural supports

Annually, the Governing Board shall evaluate the region's performance and develop a list of priority areas needing improvement. CSS staff shall participate in developing a plan that includes measurable goals and action steps with a process of collecting data. Based on the data, areas needing improvement shall be addressed. The CEO shall evaluate the levels of improvement resulting from the program plan and determine if further action is needed. This shall be documented in the Annual Report.

### **Quality of Provider Services**

The services and supports evaluation shall include, but not be limited to:

- evaluation of the quality of provider services and supports based on individual satisfaction and achievement of desired individual outcomes
- number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals
- cost-effectiveness of the services and supports developed and provided by individual providers
- extent to which the provider implements trauma informed, multi-occurring, evidence based practices

The evaluations shall ensure that services and supports are provided in accordance with provider contracts.

### **Methods Utilized for Quality Improvement**

- direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders
- use of needs assessments, satisfaction surveys, and other written questionnaires
- use of the multi-occurring capability toolkit and program tracking tools to monitor progress on the implementation of multi-occurring capability
- establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities
- tracking changes and trends in the disability services system and providing reports to the

Department of Human Services as requested for the following information for each individual served:

- demographic information
- expenditure data
- data concerning the services and other support provided to each individual, as specified in administrative rule adopted by the Commission

#### **Central Data Repository Regional Requirements**

- The data collection and management information system utilized shall have the capacity to exchange information with the department, counties and regions, contractors, and others involved with services to persons with a disability who have authorized access to the central data repository.
- The information exchanged shall be labeled consistently and share the same definitions.
- The outcome and performance measures applied to the regional service system shall utilize measurement domains. The department may identify other measurement domains in consultation with system stakeholders to be utilized in addition to the following initial set of measurement domains:
  - Access to services
  - Life in the community
  - Person-centeredness
  - Health and wellness
  - Quality of life and safety
  - Family and natural supports

#### **J. Service Provider Payment Provisions (IAC 441-25.21(1)k)**

Each service provider shall provide monthly billing invoices and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- name and unique identifier of each individual served during the reporting period
- identifier and name of service(s) provided
- number of units of service, unit rate and total cost of units provided to each individual
- reimbursement billed to other sources (including client participation or co-pay), and therefore deducted from the county costs, for each individual
- actual amount to be charged to the Region for each individual for the period
- unique invoice number
- when requested, attendance records and/or other documentation substantiating service provision

Providers will be encouraged to submit billings in an electronic format if possible. CSS claims staff will provide the format and an initial electronic claim. Providers may choose to file utilizing an 837 Health Care Claim. All paper claims should be submitted to:

**Cerro Gordo County Social Services**  
**355 S. Eisenhower Ave.**  
**Mason City, IA 50401**

Providers are expected to submit invoices within sixty (60) days of the service unless the

provider is waiting for third party payment. No bill will be paid that is over one year old from the date of service unless there is a statutory obligation.

CSS claims staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. CSS will only reimburse for those services that are authorized and at the rate approved. CSS will reimburse out-of-region providers according to the terms and rates outlined in the host region contract. Services delivered without service funding authorization shall be deducted from the billing, unless otherwise contracted.

It is the intent of CSS that only CSS staff shall authorize services for residents of the region. CSS will reimburse another region for services paid while a determination of residency is being made.

### **K. Waiting List Criteria (IAC 441-25.21(1)r)**

The CSS Governing Board will designate reserves annually to provide at risk assurance that a waiting list will not be implemented in the period covered by the approved Annual Service and Budget Plan. However, in the event that these reserves are depleted, and encumbered expenses in the given fiscal year exceed available regional funds, the following waiting list criteria would be utilized.

Core Services (Appendix C) to core populations (Individuals with an eligible MI or ID diagnosis) will be a priority. Additional Core Services (Appendix D) will be the next priority. Additional populations served, as defined starting on page 15, will be the next priority and other services determined to be necessary for the well-being of individuals living in the region will be the final priority.

If a waiting list is implemented, individuals placed on the waiting list will be notified and provided the estimated length of time before funding will be available. When funding becomes available, CSS will determine the services and individuals approved for funding in accordance with the date placed on the waiting list and on emergency need.

The waiting list applies to all new recipients, individuals requesting an increase in services or additional services, and may include renewal of identified services. Exceptions may be granted based on vital need and/or safety or when mandated by Iowa Code. The waiting list shall be centrally maintained by the CEO or their designee.

Any waiting list that may exist shall be reviewed annually when planning for future budgeting needs and future development of services. Data from any implemented waiting list will be compiled and used in any future planning.

### **L. Amendments (IAC 441-25.21(3))**

This manual has been approved by the County Social Services Regional Governing Board and by the Director of the Iowa Department of Human Services.

Amendments to this Policy and Procedures Manual shall be reviewed by the Regional Advisory Board who shall make recommendations to the Regional Governing Board. After approval by the Regional Governing Board, amendments shall be submitted to the Director of the Iowa Department of Human Services for approval at least forty-five (45) days before the planned date of implementation.

**Attachment A****County Social Services Designated Access Points**

Applications may be completed by contacting any listed access point.

<b>County Office</b>	<b>Address</b>	<b>Phone</b>
All Counties	LifeLong Links (lifelonglinks.org)	866-468-7887
Allamakee County	110 Allamakee Street Waukon, IA 52172	563-568-6227
Black Hawk County	1407 Independence Ave Waterloo, IA 50703	319-292-2272
Butler County	315 N. Main Street Allison, IA 50602	319-267-2663
Cerro Gordo County	355 South Eisenhower Ave Mason City, IA 50401	641-210-7400
Chickasaw County	24 N. Chestnut New Hampton, IA 50659	641-394-3426
Clayton County	600 Gunder Rd NE, Suite 6 Elkader, IA 52043	563-245-1865
Emmet County	609 1st Ave N, Suite 5 Estherville, IA 51334-2255	712-362-2452
Fayette County	114 N. Vine St., PO Box 269 West Union, IA 52175	563-422-5047
Floyd County	1206 S. Main St., Suite D Charles City, IA 50616	641-257-6363
Grundy County	704 H Avenue Grundy Center, IA 50638	319-824-6779
Howard County	205 2nd Street E. Cresco, IA 52136	563-547-9207
Humboldt County	203 Main Street, PO Box 100 Dakota City, IA 50529	515-332-5205
Kossuth County	109 West State St. Algona, IA 50511	515-295-9595
Mitchell County	415 Pleasant St. Osage, IA 50461	641-832-2615
Pocahontas County	23 3rd Ave NE Pocahontas, IA 50574	712-335-3269
Tama County	211 W. State St. Toledo, IA 52342	641-484-4191
Webster County	723 1st Ave S. Fort Dodge, IA 50501	515-573-1485
Winneshiek County	204 W. Broadway St. Decorah, IA 52101	563-387-4144
WHW (Worth, Winnebago & Hancock)	126 South Clark Forest City, IA 50436	641-585-2340
Wright County	115 1st Street SE, PO Box 4 Clarion, IA 50525	515-532-3309

<b>Counties</b>	<b>Mental Health Centers</b>	<b>Address</b>	<b>Phone</b>
Fayette	Abbe Center for Community Mental Health	129 S. Vine St. West Union, IA 52175	563-422-5344
Humboldt, Kossuth, Pocahontas, Webster	Berryhill Center for Mental Health	720 Kenyon Road Fort Dodge, IA 50501	515-955-7171 800-482-8305
Black Hawk, Grundy	Black Hawk-Grundy Mental Health Center	3251 W. 9 <sup>th</sup> Street Waterloo, IA 50702	319-234-2893 800-583-1526
Tama	Center Associates	1309 S. Broadway Toledo, IA 52342	641-484-7654 800-896-2055
Cerro Gordo, Floyd, Hancock, Mitchell, Winnebago, Worth	Mental Health Center of North Iowa	235 S. Eisenhower Ave Mason City, IA 50401	641-424-2075 800-700-4692
Allamakee, Clayton, Howard, Winneshiek	Northeast Iowa Behavioral Health	905 Montgomery St. Decorah, IA 52101	563-382-3649 800-400-8923
Butler, Chickasaw	Pathways Behavioral Services	111 10 <sup>th</sup> Street SW, PO Box 114 Waverly, IA 50677-0114	319-352-2064 800-879-1372
Emmet	Seasons Center for Behavioral Health	201 East 11 <sup>th</sup> Street Spencer, IA 51301	800-242-5101

**Crisis Service Access Points**

Adult Crisis Stabilization Center (ACSC)	Phone: 319-291-2455 1440 W. Dunkerton Road Waterloo, Iowa 50703
Community and Family Resources (CFR)	Phone: 515-576-7261 726 S 17th St. Fort Dodge, IA 50501

**Attachment B**

**2014 Sliding Fee Schedule for Outpatient Services**

Client Co-Payments	Household Size:								% Poverty
	1	2	3	4	5	6	7	8	
<b>No Fee</b>	\$1,460	\$1,967	\$2,474	\$2,982	\$3,489	\$3,996	\$4,505	\$5,012	150%
<b>\$10</b>	\$1,654	\$2,229	\$2,803	\$3,380	\$3,954	\$4,529	\$5,105	\$5,680	170%
<b>\$20</b>	\$1,849	\$2,491	\$3,133	\$3,777	\$4,419	\$5,062	\$5,706	\$6,348	190%
<b>\$30</b>	\$2,043	\$2,753	\$3,463	\$4,175	\$4,885	\$5,594	\$6,306	\$7,016	210%
<b>\$40</b>	\$2,238	\$3,015	\$3,793	\$4,572	\$5,350	\$6,127	\$6,907	\$7,684	230%
<b>\$50</b>	\$2,433	\$3,278	\$4,123	\$4,970	\$5,815	\$6,660	\$7,508	\$8,353	250%
<b>\$60</b>	\$2,627	\$3,540	\$4,452	\$5,368	\$6,280	\$7,193	\$8,108	\$9,021	270%
<b>\$70</b>	\$2,822	\$3,802	\$4,782	\$5,765	\$6,745	\$7,726	\$8,709	\$9,689	290%
<b>\$80</b>	\$3,016	\$4,064	\$5,112	\$6,163	\$7,211	\$8,258	\$9,309	\$10,357	310%
<b>\$90</b>	\$3,211	\$4,326	\$5,442	\$6,560	\$7,676	\$8,791	\$9,910	\$11,025	330%
<b>\$100</b>	\$3,406	\$4,589	\$5,772	\$6,958	\$8,141	\$9,324	\$10,511	\$11,694	350%
<b>Full Fee</b>	<b>&gt;3,406</b>	<b>&gt;4,589</b>	<b>&gt;5,772</b>	<b>&gt;6,958</b>	<b>&gt;8,141</b>	<b>&gt;9,324</b>	<b>&gt;10,511</b>	<b>&gt;11,694</b>	<b>&gt;350%</b>

\*monthly gross income

**Income listed is the upper threshold for that copayment.**

100% Poverty	\$973	\$1,311	\$1,649	\$1,988	\$2,326	\$2,664	\$3,003	\$3,341
--------------	-------	---------	---------	---------	---------	---------	---------	---------

### Attachment C : Services Matrix

Eligibility for services will be based on the standardized assessment of the individual. Individuals with multi-occurring conditions may receive services other than those listed under their primary diagnosis.

**County Social Services funds many other additional support services which are found in the Annual Service & Budget Plan.**

Core Services							
Service	Description	Eligible Diagnostic Groups					Access Standards
		MI	ID	DD	BI	Children	
<b>Domain: Treatment</b>							
Assessment and Evaluation	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	x	x	x	x	x	An individual who has received inpatient services shall be assessed and evaluated within 4 weeks.
Mental health outpatient treatment	Evaluation and treatment services provided on an ambulatory basis for the target population. Outpatient services include psychiatric evaluations, medication management, and individual, family, and group therapy.	x	x	x	x	x	Emergency within 15 minutes of telephone contact; Urgent within one hour of presentation or telephone contact; Routine within 4 weeks of request for appointment.
Medication management	Services provided directly to, or on behalf of, the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers, investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing lab reports; and activities pursuant to licensed prescriber orders.	x	x	x	x	x	
Medication prescribing	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	x	x	x	x	x	
Mental health inpatient treatment	Services provided in a state licensed psychiatric unit.	x	x	x	x	x	An individual in need of emergency inpatient services shall receive treatment within 24 hours.

<b>Domain: Basic Crisis Response</b>							
24 Hour Access to Crisis Response	The individual will have 24/7 access to the processed used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	x	x	x	x	x	24 hours a day, seven days a week, 365 days a year.
Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	x	x	x	x	x	Within 24 hours.
Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	x	x	x	x		
<b>Domain: Support for Community Living</b>							
Home and vehicle modification	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	x	x	x	x		Lifetime limit equal to that established for the HCBS waiver for individual with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.
Home health aide	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	x	x	x	x		
Respite	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	x	x	x	x	x	
Supportive community living	Services provided in a non-institutional setting to adult persons with mental illness, an intellectual disability, or developmental disability to meet the person's daily living needs.	x	x	x	x		The first appointment shall occur within four weeks of the individual's request for the service.

<b>Domain: Support for Employment</b>							
Day habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization, and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	x	x	x	x		
Job development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	x	x	x	x		The initial referral shall take place within 60 days of the individual's request for support for employment.
Prevocational services	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	x	x	x	x		
Supported employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practices.	x	x	x	x		The initial referral shall take place within 60 days of the individual's request for support for employment.
<b>Domain: Recovery Services</b>							
Family Support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	x	x	x	x	x	An individual shall not have to travel more than 30 miles if living in an urban area or 45 miles if residing in a rural area to receive services.

Peer Support	A program provided by peer support specialists including, but not limited to, education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	x	x	x	x		An individual shall not have to travel more than 30 miles if living in an urban area or 45 miles if residing in a rural area to receive services.
<b>Domain: Service Coordination</b>							
Case management (includes targeted case management and county service coordination)	Services provided by a case manager who assists an individual in gaining access to needed medical, social, educational and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps the individual achieve specific desired outcomes leading to a health self-reliance and interdependence with their community. <b>All residents, regardless of eligibility, may access the LifeLong Links statewide healthcare service referral hotline, which would fall under this domain.</b>	x	x	x	x	x	An individual shall not have to travel more than 30 miles if living in an urban area or 45 miles if residing in a rural area to receive service coordination. An individual shall receive service coordination within 10 days of the initial request or being discharged from an inpatient facility.
Health homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Service may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	x	x	x	x	x	

Additional Core Services							
Service	Description	Eligible Diagnostic Groups					Access Standards
		MI	ID	DD	BI	Children	
<b>Domain: Comprehensive facility &amp; community-based crisis services</b>							
24 hour crisis hotline	24/7 hotline for all CSS residents to access in times of crisis.	x	x	x	x	x	Each designated community mental health center within the CSS region will provide 24/7 crisis phone access. The crisis stabilization centers and some residential care facilities also provide 24/7 warm line support to individuals.

Crisis residential services	A program that provides 24/7 support to assist individuals to stabilize from an acute crisis episode and to restore an individual and family to their pre-crisis level of functioning.	x	x	x	x	x	<b>Up to three days per episode regardless of eligibility guidelines.</b> Extended stays beyond three days must be requested through the prior approval process and eligibility criteria of the Plan.
<b>Domain: Justice system-involved services</b>							
Jail diversion	Psychiatric services in all member county jails and community based correctional facilities. Coordination of discharge plan with jails and correctional facilities. Care coordination to explore alternatives to incarceration for eligible individuals.	x	x	x	x		
Crisis intervention training	Mental Health First Aid and QPR (Question, Persuade, Refer) trainings available to all residents of the region.	x	x	x	x	x	
<b>Domain: Evidence based treatment</b>							
Positive behavior support (PBS)	Initiative to assist an individual at risk of losing placement or in need of additional support. The PBS coordinator offers training and interventions to the provider network.	x	x	x	x	x	
Assertive community treatment	A team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.	x					Availability is limited at the present time, although CSS funds are available for providers to create these teams.
Peer self-help drop-in centers	A program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	x	x	x	x		

County Social Services also funds the institutional services mandated in Iowa Code for involuntary civil commitment.

County Social Services funds many other additional support services as detailed in the Annual Service & Budget Plan. These services are integral to providing proper support to individuals that is person-centered. These services also fill support gaps to help individuals remain in the most inclusive and community-based settings possible.

Glossary  
**DEFINITIONS**

**Access point** -- a provider, public, or private institution, advocacy organization, legal representative, or educational institution with staff trained to complete applications and guide individuals with a disability to needed services.

**Applicant** -- an individual who applies to receive services and supports from the service system.

**Assessment and evaluation** -- a service as defined in 441-25.1.

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

**Authorized representative** -- a person designated by the individual or by Iowa law to act on the individual's behalf in specified affairs to the extent prescribed by law.

**Chief Executive Officer** -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the mental health and disability services region including, but not limited to, planning, budgeting, monitoring county and regional expenditures, and ensuring the delivery of quality services that achieve expected outcomes for the individuals served.

**Choice** -- the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual's goals and accepts the responsibility and consequences of those choices.

**Clear lines of Accountability** -- the structure of the governing board's organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization's chief executive officer.

**Conflict Free Case Management** -- there is no real or seeming incompatibility between the case managers other interests and the case managers duties to the person served determination for services; establishing funding levels for the individual's services; and include requirements that do not allow the case manager from performing evaluations, assessments, and plans of care if the case manager is related by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.

**Community** -- an integrated setting of an individual's choice.

**Coordinator of disability services** -- as defined in Iowa Code 331.390.3.b.

**Countable resource** -- means all liquid and nonliquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance .

**County of residence** -- means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care

facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

**Empowerment** -- that the service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, take risks, provide input, and accept responsibility.

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

**Household** -- for an individual who is 18 years of age or over, the individual, the individual's spouse or domestic partner, and any children, step-children, or wards under the age of 18 who reside with the individual. For an individual under the age of 18, household -- the individual, the individual's parents (or parent and domestic partner), step-parents or guardians, and any children, step-children, or wards under the age of 18 of the individual's parents (or parent and domestic partner), step-parents, or guardians who reside with the individual.

**Income** -- all gross income received by the individual's household, including but not limited to wages, income from self-employment, retirement benefits, disability benefits, dividends, annuities, public assistance, unemployment compensation, alimony, child support, investment income, rental income, and income from trust funds prior to any deductions. Household income includes any Social Security benefits and wages of any adult in the household, related or not related, who would normally be responsible for the person's bills, such as a spouse or significant other. It does not include wages of individuals under the age of 18 or full-time students, educational loans, grants, work-study programs or scholarships. Deductions from gross income include alimony, child support and payroll garnishments.

**Individual** -- any person seeking or receiving services in a regional service system.

**Individualized services** -- services and supports that are tailored to meet the personalized needs of the individual.

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

**Managed care** -- a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors: achieving high-quality outcomes for participants, coordinating access, and containing costs.

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

**Medical savings account** -- an account that is exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. §220) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

**Mental health professional** -- the same as defined in Iowa code section 228.1.

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

**Population** -- as defined in Iowa Code 331.388.

**Provider** -- an individual, firm, corporation, association, or institution which is providing or has been approved to provide medical assistance, is accredited under Chapter 24, holds a professional license to provide the services, is accredited by an national insurance panel, or holds other national accreditation or certification".

**Regional administrator or Regional administrative entity** -- the administrative office, or organization formed by agreement of the counties participating in a mental health and disability services region to function on behalf of those counties.

**Regional services fund** -- the mental health and disability regional services fund created in Iowa code section 225C.7A.

**Regional service system management plan** -- the regional service system plan developed pursuant to Iowa Code 331.393 for the funding and administration of non-Medicaid funded mental health and disability services including an annual service and budget plan, a policy and procedure manual, and an annual report and how the region will coordinate with the Department in the provision of mental health and disability services funded under the medical assistance program.

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

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

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

**Service system** -- the mental health and disability services and supports administered and paid from the regional services fund.

**State case status** -- the standing of an individual who has no county of residence.

**State commission** -- MHDS Commission as defined in Iowa Code 225C.5.

**System of Care** -- the coordination of a system of services and supports to individuals and their families that ensures they optimally live, work, and recreate in integrated communities of their choice.

**System principles** -- practices that include individual choice, community and empowerment.

# Forms

Application for Subsidized Funding	Pages 32-35
Notice of Decision Funding Authorization	Generated from CSN
Release of Information	Page 36



# County Social Services Application Form

For individuals living in: Allamakee, Black Hawk, Butler, Cerro Gordo, Chickasaw, Clayton, Emmet, Fayette, Floyd, Grundy, Hancock, Howard, Humboldt, Kossuth, Mitchell, Pocahontas, Tama, Webster, Winnebago, Winneshiek, Worth, & Wright Counties

Application Date: \_\_\_\_\_ Date Received by Office: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Nickname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Ethnic Background:  White  African American  Native American  Asian  Hispanic  Other \_\_\_\_\_

Sex:  Male  Female US Citizen:  Yes  No If you are not a citizen, are you in the country legally?  Yes  No

SSN# \_\_\_\_\_

Marital Status:  Never married  Married  Divorced  Separated  Widowed

Legal Status:  Voluntary  Involuntary-Civil  Involuntary-Criminal  Probation  Parole  Jail/Prison

Are you considered legally blind?  Yes  No If yes, when was this determined? \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ May we leave a message?  Yes  No

### Current Residence:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Date you moved here: \_\_\_\_\_

### Current Service Providers:

Name	Location
1. _____	_____
2. _____	_____
3. _____	_____

Reside:
Alone <input type="checkbox"/>

Use as current Mailing Address:  Yes  No If not, \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

### Current Residential Arrangement: (Check applicable arrangement)

- Private Residence  Foster Care/Family Life Home  Correctional Facility  Homeless/Shelter/Street  
 Other \_\_\_\_\_

Veteran Status:  Yes  No Branch & Type of Discharge: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

### Current Employment: (Check applicable employment)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Unemployed, available for work | <input type="checkbox"/> Unemployed, unavailable for work | <input type="checkbox"/> Employed, Full time  |
| <input type="checkbox"/> Employed, Part time            | <input type="checkbox"/> Retired                          | <input type="checkbox"/> Student              |
| <input type="checkbox"/> Work Activity                  | <input type="checkbox"/> Sheltered Work Employment        | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Vocational Rehabilitation      | <input type="checkbox"/> Seasonally Employed              | <input type="checkbox"/> Armed Forces         |
| <input type="checkbox"/> Homemaker                      | <input type="checkbox"/> Volunteer                        | <input type="checkbox"/> Other _____          |

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours worked weekly: \_\_\_\_\_

Employment History: (list starting with most recent to previous.)

Employer	City, State	Job Title	Duties	To/From
1.				
2.				
3.				

Education: What is the highest level of education you achieved? \_\_\_\_\_ # of years \_\_\_\_\_ Degree

Emergency Contact Person:

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

Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Guardian/Conservator appointed by the Court?  Yes  No

Protective Payee Appointed by Social Security?  Yes  No

Legal Guardian  Conservator  Protective Payee  
(Please check those that apply & write in name, address etc.)

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

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

Phone: \_\_\_\_\_

Legal Guardian  Conservator  Protective Payee  
(Please check those that apply & write in name, address etc.)

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

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

Phone: \_\_\_\_\_

List All People In Household:

Name	Age	Relationship
1.		
2.		
3.		
4.		
5.		

**INCOME:** Proof of income may be required with this application including but not limited to pay-stubs, tax-returns, etc.  
If you have reported no income above, how do you pay your bills? (Do not leave blank if no income is reported!)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gross Monthly Income (before taxes):  
(Check Type & fill in amount)

Applicant  
Amount:

Others in Household  
Amount:

<input type="checkbox"/> Social Security	_____	_____
<input type="checkbox"/> SSDI	_____	_____
<input type="checkbox"/> SSI	_____	_____
<input type="checkbox"/> Veteran's Benefits	_____	_____
<input type="checkbox"/> Employment Wages	_____	_____
<input type="checkbox"/> FIP	_____	_____
<input type="checkbox"/> Child Support	_____	_____
<input type="checkbox"/> Rental Income	_____	_____
<input type="checkbox"/> Dividends, Interest, Etc	_____	_____
<input type="checkbox"/> Pension	_____	_____
<input type="checkbox"/> Other	_____	_____

Total Monthly Income: \_\_\_\_\_

**Household Resources:** (Check and fill in amount and location):

Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/> Cash	_____	_____
<input type="checkbox"/> Checking Account	_____	_____
<input type="checkbox"/> Savings Account	_____	_____
<input type="checkbox"/> Certificates of Deposit	_____	_____
<input type="checkbox"/> Trust Funds	_____	_____
<input type="checkbox"/> Stocks and Bonds (cash value?)	_____	_____
<input type="checkbox"/> Burial Fund/Life Ins (cash value?)	_____	_____
<input type="checkbox"/> Retirement Funds (cash value?)	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Other _____	_____	_____

**Total Resources:** \_\_\_\_\_

**Motor Vehicles:**  Yes  No  
 (include car, truck, motorcycle, boat, recreational vehicle, etc.)  
 Make & Year: \_\_\_\_\_ Estimated value: \_\_\_\_\_  
 Make & Year: \_\_\_\_\_ Estimated value: \_\_\_\_\_  
 Make & Year: \_\_\_\_\_ Estimated value: \_\_\_\_\_  
 Make & Year: \_\_\_\_\_ Estimated value: \_\_\_\_\_

**Do you, your spouse or dependent children own or have interest in the following:**

Yes  No - House including the one you live in?  Yes  No Any other real estate or land?  Yes  No Other? \_\_\_\_\_

If yes to any of the above, please explain: \_\_\_\_\_

**Have you sold or given away any property in the last five (5) years?**  Yes  No **If yes, what did you sell or give away?**

**Health Insurance Information: (Check all that apply)**

**Primary Carrier (pays 1<sup>st</sup>)**

**Secondary Carrier (pays 2<sup>nd</sup>)**

<input type="checkbox"/> Applicant Pays	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Family Planning only
<input type="checkbox"/> Medicare A, B, D	<input type="checkbox"/> Medically Needy	<input type="checkbox"/> MEPD
<input type="checkbox"/> No Insurance	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> HAWK-I
Company Name _____		
Address _____		
Policy Number: _____ (or Medicaid/Title 19 or Medicare Claim Number)		
Start Date: _____ Any limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spend down: _____ Deductible: _____		

<input type="checkbox"/> Applicant Pays	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Family Planning only
<input type="checkbox"/> Medicare A, B, D	<input type="checkbox"/> Medically Needy	<input type="checkbox"/> MEPD
<input type="checkbox"/> No Insurance	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> HAWK-I
Company Name _____		
Address _____		
Policy Number _____ (or Medicaid/Title 19 or Medicare Claim Number)		
Start Date: _____ Any limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spend down: _____ Deductible: _____		

**Referral Source:**

<input type="checkbox"/> Self	<input type="checkbox"/> Community Corrections	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Social Service Agency
<input type="checkbox"/> Targeted Case Management	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other Case Management	

**Have you applied for any of the public programs listed below?**

(Please check those you have applied for and the status of your referral) Please advise if your application has been Approved or Denied. If you appealed the denial, please advise of the date of appeal \_\_\_\_\_ Please advise if you have applied for reconsideration. Please advise if you have had a hearing with an Administrative Law Judge and the date of the scheduled hearing: \_\_\_\_\_

<input type="checkbox"/> Social Security _____	<input type="checkbox"/> SSDI _____	<input type="checkbox"/> Medicare _____
<input type="checkbox"/> SSI _____	<input type="checkbox"/> Medicaid _____	<input type="checkbox"/> DHS Food Assistance: _____
<input type="checkbox"/> Veterans _____	<input type="checkbox"/> Unemployment _____	
<input type="checkbox"/> FIP _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge, and I authorize the County Social Services staff to check for verification of the information provided including verification with Iowa county government and the state Iowa Dept. of Human Services (DHS) staff.**

**I understand that the information gathered in this document is for the use of County Social Services in establishing my ability to pay for services requested, and in assuring the appropriateness of services requested.  
I understand that information in this document will remain confidential.**

---

**Applicant's Signature (or Legal Guardian)**

**Date**

---

**Signature of other completing form if not Applicant or Legal Guardian**

**Date**



**CONSENT TO RELEASE OF INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SID: \_\_\_\_\_

I the undersigned, hereby authorize County Social Services staff to release and/or obtain the information indicated below, regarding the above named individual with:

Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**County Social Services will use information for the following purpose:**

- To exchange information in order to assess, plan, and monitor your services.
- To obtain specific medical information to determine your eligibility for services.

**County Social Services will release information for the following purpose:**

- To disclose the minimum necessary to obtain the needed medical information.
- To assess, plan, and monitor your services.
- Other (Specify) \_\_\_\_\_

**County Social Services is requesting the following specific records:**

- Do not send any records.** This release is for ongoing communication of the individual's support service needs.
- Social History  Service Assessment  Medical History
- Service/Treatment Plan  Discharge Summary
- Psychological Evaluation/Reports (Include IQ testing results and diagnosis.)
- Psychiatric Assessment Records (Most recent with full Axis scale diagnosis)
- Educational/Vocational Plans (Individual Education Plan)
- Benefit Information (Food Stamps, Medicaid Application, Social Security Disability Application, Community Action Application, Family Investment Planning Application)
- Other \_\_\_\_\_

This authorization shall expire on [\_\_\_\_]. At that time, no express revocation shall be needed to terminate my consent. I understand that I may revoke this consent at any time by sending a written notice to the recipient named and to County Social Services. I understand that any information released prior to the revocation may be used for the purposes listed above, and does not constitute a breach of my rights to confidentiality. I understand that I may review the disclosed information by contacting County Social Services.

I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

I understand that County Social Services may not require completion of this form as a condition of treatment. However, when the provision of services is solely for creating a medical report (protected health information) for a third party, refusal to sign may result in denial of those services.

**Specific Authorization For Release Of Information Protected By State Or Federal Law:**

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

X \_\_\_\_\_

Signature

Date

**Specific Authorization For Release Of Information Protected By State Or Federal Law:**

Data and information relating to:  Substance Abuse  HIV-Related Information

X \_\_\_\_\_

Signature

Date

X \_\_\_\_\_

Witness Signature

Date

Copy given to client?  yes  no

# County Social Services Organizational Chart

