BUENA VISTA COUNTY

MANAGEMENT PLAN ANNUAL REPORT

FISCAL YEAR 2013

The purpose of this report is to summarize the activities of Fiscal Year 2013 relative to the Buena Vista County Management Plan in order to meet the requirements of IAC441—25.13(3).

Strategic Plan Goals and Objectives Progress Review:

GOAL #1: THE BUENA VISTA COUNTY MH/MR/DD SERVICE SYSTEM WILL PROVIDE MORE INDIVIDUALIZED SUPPORTS FOR PEOPLE WITH DISABILITIES TO LEAD MORE FULFILLED LIVES THAT OFFER CHOICES AND OPPORTUNITIES WITHIN THE SCOPE OF A PERSON'S NEEDS AND ABILITIES.

OBJECTIVE 1: IN KEEPING WITH THE VALUES AND PRINCIPLES OF CHOICE, COMMUNITY AND EMPOWERMENT WITHIN THE MANAGEMENT PLAN, BUENA VISTA COUNTY WILL CONTINUE TO FOSTER A PERSON-CENTERED VS. SYSTEM-DRIVEN SERVICE SYSTEM THROUGH JUNE OF 2012.

ACTION STEPS

1. Buena Vista County will continue to co-sponsor trainings locally with various service providers to enhance learning opportunities for agency staff that will ultimately lead to better services for the consumers whom we serve.

2. Survey consumers annually to assess their perspective on the system.

3. The Buena Vista County Managed Care Advisory Board will be involved in opportunities to improve handicap accessibility ie; Santa's Castle, within the community whenever possible.

4. The Buena Vista County Managed Care Advisory Board will promote consumer involvement in a variety of activities that increase both wellness and socialization within the community such as the March of Dimes walk or other formal events.

5. Buena Vista County Case Managers will continue to write plans that support the consumer's dreams and visions for their future and advocate for progress. In situations where progress towards a consumer's goal is stagnant from year to year, the Case Manager will work collectively with the team towards development of creative ideas that will lead to accomplishment.

6. Genesis Development and Buena Vista County Community Services will continue to facilitate monthly self-advocacy meetings (ACES-Advocacy/Choice/Empowerment/Support) to promote the consumers abilities to speak up for themselves and obtain what they want out of life.

7. Increase provider collaboration through quarterly advisory meetings to enhance services within the community, grant opportunities, and progress towards the indicators.

The Buena Vista County (BVC) Managed Care Advisory Board met on a regular basis during Fiscal Year 2012 to review policy and budget issues as well as assess progress towards our

Strategic Plan. The BVC Managed Care Advisory Board maintains an active role in steering and guiding our mental health system towards our vision of ensuring that persons with disabilities reside in and receive supports in the least restrictive setting based on their individual needs consistent with the principles of choice, community and empowerment. Representation on the BVC Managed Care Advisory Board consists of a consumer, family member, mental health providers, intellectual disability service providers, vocational providers and case management. The BVC Managed Care Advisory Board co-sponsored the seventh annual training opportunity on January 16th, 2012 by hosting a training on the topic of Autism and Autism Spectrum Disorders. The training was geared toward direct provider staff with ninety-three individuals in attendance in both the morning and afternoon sessions.

The Self-Advocacy group ACES continues did not meet on a regular basis during Fiscal Year 2012. Scheduling was a barrier due to the time of day that many of the Genesis consumers return from the Jack Links enclave. The need for continuation of the group was discussed at the beginning of 2012, and a decision was reached that the group should continue because of the benefits it has provided in terms of self-advocacy for many of the consumers at Genesis.

FY'13 - The Buena Vista County Managed Care Advisory Group did not intently focus on this goal due to the shift to region development. The Managed Care Advisory Group successfully sponsored an ID Action Voter Training on September 19, 2012 with 28 consumers in attendance. The meeting was very informative and well-received by all in attendance. Ten consumers who had never voted were able to register to vote following the meeting.

OBJECTIVE 2: BUENA VISTA COUNTY WILL PROVIDE SERVICES AND SUPPORTS WITHIN THE COMMUNITY OF A PERSON'S CHOICE BY JUNE OF 2012.

ACTION STEPS

1. Increase independent living and housing opportunities that are community-based and integrated by exploring options for transitional apartments or houses that could be staffed based on individual need.

2. Research funding opportunities for community housing project listed above including county block grant if possible.

3. Access the Money Follows the Person Grant to transition individuals from the ICF/MR setting into the community.

4. Sustain the Lighthouse project to assist hospitalized individuals with returning to and maintaining community living.

There has been no progress towards the development of a housing project for transitional services for adults.

FY'13 - The Buena Vista County Managed Care Advisory Group did not intently focus on this goal due to the shift to region development.

OBJECTIVE 3: BUENA VISTA COUNTY WILL INCREASE SOCIALIZATION OPPORTUNITIES FOR CONSUMERS WHICH WILL ENHANCE THEIR PHYSICAL AND MENTAL WELL-BEING BY JUNE OF 2012.

ACTION STEPS

1. Explore the need for a weekend/evening Drop-In Center through the distribution of surveys to all consumers in Buena Vista County.
2. Research possible grants for start-up costs and long-term sustainability.
3. Establish a Drop-In Center or the designation of a social coordinator who could plan regularly scheduled activities.
4. Explore the potential for agencies to partner together to manage activities if a Drop-In Center is not identified as a substantial need within the county.

A Drop-In Center is still under consideration, however due to the impending MH/DD Re-Design and the new core service requirements, this goal has been on hold during the past year.

FY'13 - The Buena Vista County Managed Care Advisory Group did not intently focus on this goal due to the shift to region development.

Documentation of Stakeholder Involvement

The composition of our managed care board remained unchanged with provider, community service staff, consumer representation and family representation. The Targeted Case Management Advisory Board met on three occasions during FY'13 and many of the representatives serve on both committees.

The Managed Care Advisory Board met on four occasions during Fiscal Year 2013 (8/2/12, 10/11/12, 1/3/13 and 4/4/13). ***(Minutes are attached as an appendix)*** Throughout these meetings, the CPC Administrator advised the board on legislative changes that impact the MH/DD system on a state and local level. At each meeting, the BVC Managed Care Advisory Board was also provided with information regarding the status of the Buena Vista County MH/DD budget. The board spent a significant amount of time analyzing the best option for Buena Vista County with the redesign and impending regionalization.

Actual Provider Network

The following chart contains the service providers who served Buena Vista County individuals during FY'13:

AGENCY	MI/CMI	MR/DD
Buena Vista County Community Services	Targeted Case Management(CMI)	Targeted Case Management, County Service Monitoring

Cherokee Mental Health Institute	Inpatient/Outpatient Medication Management	NA
Faith Hope & Charity	NA	HCBS
Genesis Development	Work Activity; SCL; Supported Employment; Day Habilitation; Pre-Vocational	Work Activity; SCL; Supported Employment; Day Habilitation; Transportation; Pre-Vocational
Howard Center	NA	SCL
Ida Sheltered Industries	Work Activity/SCL	Work Activity/SCL
Mallard View	RCF	NA
Plains Area Mental Health Center	Outpatient/Psych/Med Management	NA
The Pride Group	RCF	NA
Regional Transit Authority	Transportation	Transportation
Seasons Center for Community Mental Health	Outpatient, Medication Management, Evaluation	NA
Siouxland Mental Health Center	Medication Management	NA
Storm Lake Cab Company	Transportation	Transportation
Sunshine Services	Work Services	NA
Village Northwest	NA	SCL/Day Habilitation/Work Activity/Supported Employment
New Hope Village	NA	HCBS - SCL and Pre-Vocational

Actual Expenditures/Scope of Services

Buena Vista County continues to provide Targeted Case Management Services and 100% County Case Management to persons with Chronic Mental Illness, Intellectual and Developmental Disabilities. The CPC Administrator is directly employed by Buena Vista County and is responsible for all aspects of the managed care process, budgeting and oversight of the case management program. Services are authorized by the CPC for eligible individuals in accordance with the managed care plan. Buena Vista County spent $600,745 on MH/DD services in Fiscal Year 2013.

Number, type and resolution of appeals

There were no appeals filed during Fiscal Year 2013.

Quality assurance implementation, findings and impact on plan

Surveys were sent out in conjunction with the annual case management satisfaction surveys in January 2013. Consumers and family members/guardians expressed 100% satisfaction with the services provided in Buena Vista County while the provider satisfaction survey also resulted in 100% satisfaction with Case Management Services. There were no unmet service needs identified by those who responded and all were very favorable regarding the service system that we have to offer in Buena Vista County.

Waiting List Information

Buena Vista County did not place any individual who was requesting services on a waiting list during FY'13.

Annual report prepared by:

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Dawn Mentzer, Buena Vista/Carroll Counties

CPC Administrator

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Date

Buena Vista County Managed Care Board Meeting Minutes

4/3/13

3:00 p.m.

The Buena Vista County Managed Care Advisory Board met on this date in the Buena Vista County Community Services conference room. Those in attendance were as follows: Dawn Mentzer (CPC Buena Vista Co.), Paul Merten (Board of Supervisor), Susan Irwin (IVRS), Cindy Wiemold (Faith, Hope, and Charity), Alicia Gatzemeyer and Kayla DeMuth (Case Managers with Buena Vista Co.), Sandy Pingel (Genesis Development), Pat Allen (Family Representative) and Patrick Schmitz (Plains Area Mental Health Center).

1. Region Update: Dawn provided an update on the many events that have occurred since our last meeting in January that led up to the decision for Buena Vista County to regionalize with Sac, Calhoun and Crawford Counties. The board signed a resolution on February 26, 2013 and the letter of intent for the region was signed by all four counties on March 21, 2013 and has been sent to DHS. We discussed the various forming regions across the state as well as Carroll County's process for seeking an exemption.

2. Legislative Updates: We reviewed and discussed the several current pieces of legislation (HF160, SF406, SF415 and SF296) Refer to the attached handout.

3. Schedule next meeting or disband: Due to our region forming over the next year and that the region will contain a governance board as well as a citizen's advisory board, Dawn questioned whether the group should continue or disband at this time. The consensus was to continue the meetings next year as a way for the providers to receive information and stay closely connected to the regionalization process and have a voice however, we decided not to schedule our next meeting until we know whether our proposed region will be approved by the state.

DAWN MENTZER, BUENA VISTA COUNTY CPC

BUENA VISTA COUNTY MANAGED CARE BOARD MEETING

Minutes

1/3/13

3:00 p.m.

The Buena Vista County Managed Care Advisory Board met on this date in the Buena Vista County Community Services conference room. Those in attendance were as follows: Dawn Mentzer (CPC Buena Vista Co.), Paul Merten (Board of Supervisor), Susan Irwin (IVRS), Cindy Wiemold (Faith, Hope, and Charity), Alicia Gatzemeyer (Case Manager with Buena Vista Co.), Sandy Pingel (Genesis Development), Charlene Anderson (Former Mental Health Advocate)

Mentzer began the meeting by reviewing the FY 2014 Proposed budget (see handouts for further detail). Current CM & MH administrative cost is $345,847; the proposed FY'14 Administrative cost of MH only is $94,957. Current fiscal year services budget is $1,487,600 compared to the proposed FY'14 budget of $592,900 with the loss of Medicaid services. The accrued ending FY'12 Fund Balance was $517,315; FY'13 projected in reserve is $489,139.

The Case Management Budget may be moved out of the Mental Health fund in FY'14 pending Board of Supervisor approval to effectively demonstrate that we are a conflict-free Case Management provider. Mentzer discussed the new Case Management billing methodology effective 7-1-2013 which will only allow for 8 minutes or more to be billed a day per consumer. This will change the way CM's focus on Face to Face and Collateral Contact by focusing on select consumers a day to get a total of at least 8 billable units/minutes a day. Questions arose as to how this will affect the General Fund. Mentzer identified this will lower revenue throughout the year. Mentzer and CM's will need to discuss what is currently being billed and what more can be billed that is not currently being billed (emails, smaller amounts of paperwork, review of files). Currently CM's are primarily billing for Face to Face, Collateral Contact, and large paperwork documents.

Mentzer shared with the Advisory Board regarding the MH/DD Redesign. During a meeting in October with the five county (Buena Vista, Sac, Ida, Calhoun, and Carroll) prospective region for Buena Vista to join in, information regarding Sac Co. came out regarding state bills that are being held in amount of $579,000; Mentzer identified that Calhoun also has state bills they are holding though not to this high amount. This new information has changed the dynamics of the original proposed region. This has caused Buena Vista Co. Board of Supervisors (as well as other counties) to cautiously research joining forces with this region. Buena Vista is looking at all options. Mentzer provided handouts for Regionalization Options (see attached). Mentzer reported that Carroll Co. continues to pursue the filing of an exemption to become a standalone one county region. Mentzer will meet with the 5 counties CPC's 1/11/2013 to further discuss and brainstorm a plan for Sac to be included.

Merten identified that Buena Vista Co Board of Supervisors choice would be to standalone; however the BOS have to be realistic and with the expectations of a standalone region that you have to prove with evidence that it is an "unworkable" for a county to form a region. Mentzer identified that the first choice is to for a two county region between Buena Vista and Carroll; however there has to be a legislative change in the language of the law as Buena Vista and Carroll Co are not contiguous. There is another area Madison and Boone that are also looking to request a change in the legislative language that would allow for non contiguous counties to form a region; so this may become an option. Buena Vista and Carroll Co Board of Supervisors met with Rick Schultz and Chuck Palmer regarding this. Palmer then agreed to come to Carroll and further discuss a standalone; but prefers to see Buena Vista and Carroll work together. Even with the standalone possibilities for Buena Vista and Carroll there is still the continued risk that Sac County will be forced into a region with Buena Vista due to being contiguous. Other options discussed were Buena Vista going with the 18 county CSS region; which Merten identified that the BOS is not interested in this option. Buena Vista was also requested to join the eight county Northwest Consortium; however this is not of interest due to the risk of the contract with Plains Area Mental Health Center; There is also the option of the five county region by joining Cherokee, Plymouth, Sioux, and Woodbury. Mentzer requested input from members and Anderson identified the preference to file the exemption with Buena Vista and Carroll.

Wiemold questioned what the time line is and if this is an option to identify by 4/1/2013 as that is not enough time for the legislation to redefine the language. Realistically the board identified that Sac/Ida are more likely to end up with Buena Vista Co in the long run due to being contiguous and Buena Vista's positive financial position. Buena Vista needs to decide a region for itself and move forward before time runs out and the decision is made for the county by the state.

Buena Vista's next step is for Mentzer to attend the meeting with the original proposed region of the five counties (Buena Vista, Carroll, Sac, Ida, Calhoun) next week 1/11/2013 and for a letter of written intent be completed by 4/1/2013.

Work Activity was discussed. Mentzer identified that when counties form a region some may not provide Work Activity putting this service at risk due to not being a core service. Pingel identified that Rick Shannon (ID Action) identified at a previous meeting that the interpretation of core services could be interpreted to include Work Activity if it is seen as Supported Employment/Pre-Vocational service. Mentzer identified that if Buena Vista Co. would standalone Work Activity would likely continue provided that funding is available. The question regarding the effective date of 7/1/2013 County of residency versus legal settlement was also discussed; questioning if this will change funding options as well. Pingel identified that Genesis Development is looking at more enclave options and taking a pro-active role to prepare for if/when Work Activity becomes no longer funded.

ID Action was discussed and Mentzer recommended for Buena Vista Co to host the ID Action team to come and present the Redesign Proposals and Changes to consumers and families at a level the families and consumers will best be able to understand changes that are coming. The board agreed identifying that families need to know what changes are coming. Mentzer will contact the ID Action to schedule hopefully in February.

Next meeting is scheduled for **April 4, 2013 at 3:00pm** at Buena Vista County Community Services office. Mentzer will keep the board updated on Buena Vista Co's decision by email and/or phone between now and then.

Minutes submitted by Alicia Gatzemeyer, Case Manager

BUENA VISTA COUNTY MANAGED CARE BOARD MEETING

Minutes

10/11/12

3:00 p.m.

The Buena Vista County Managed Care Advisory Board met on this date in the Buena Vista County Community Services conference room. Those in attendance were as follows: Charleen Anderson- Advocate, Cindy Wiemold-Faith, Hope and Charity Director, Sandy Pingel-Genesis Administrator, Paul Merten- Supervisor, Alicia Gatzemeyer-Case Manager, Kayla DeMuth-Case Manager, Patrick Schmitz-Plains Area Mental Health Center, and Dawn Mentzer-CPC.

1. Fall Training Update

The ID Action Voter Training was held on September 19, 2012 at Genesis Development with 28 consumers in attendance. The meeting was conducted by Rik Shannon and two of his staff with Auditor Sue Lloyd present to answer questions regarding local voter access and registration. The meeting was very informative and well-received by all in attendance. Ten consumers who had never voted were able to register to vote following the meeting. The consumers also had the opportunity to fill out sample ballots and utilize the voting equipment to become familiar with the process prior to the upcoming election.

2. MH/DD Redesign

The remainder of the meeting was focused on the topic of regionalization for mental health and disability services. Dawn passed out a color shaded map that provided information about current regional structures that are starting to form across the state and discussed the differing stages in the process amongst many of the evolving regions. The Buena Vista County Board of Supervisors is looking at all options and want to ensure that the decision that they make is in the best interest of the consumers that we serve. No decision has been made to date other than declining the option of joining the Northwest Iowa County Consortium region. They have considered standing alone as a region, partnering with Carroll County to be a two county region which would involve two waivers due to not being contiguous and not containing three counties within the region and also a five county region with Sac, Ida, Crawford and Calhoun Counties. We discussed the impact of a five county region due to the fact that the aforementioned counties do not fund Work Activity.

A meeting will be held on October 17, 2012 in Sac City with CPC's and Board members from each of the counties (Sac, Ida, Calhoun and Crawford) to discuss the possibility of region formation. Paul mentioned that he believes that the Board will make a decision regarding the option for Buena Vista very soon after this meeting. Dawn inquired whether another meeting should be scheduled once the Board makes their decision to discuss next steps, but it was the consensus of the group to be informed of the decision and any follow-up questions/discussions via email.

Patrick joined the end of the meeting following his return from Des Moines in which he presented to the Judicial Workgroup. He gave a brief update regarding the transition committee and the application process for the transition funds and updated the group regarding the regional exemption rules. He indicated that it will be very difficult for counties to stand alone and that there are commission members that want to write the exemption rules so strictly so that no counties will meet the criteria to be a stand-alone region.

Next meeting – The next meeting will be held on Thursday, January 3, 2013 at 3:00p.m.

BUENA VISTA COUNTY MANAGED CARE BOARD MEETING

Minutes

8/2/12

3:00 p.m.

The Buena Vista County Managed Care Advisory Board met on this date in the Buena Vista County Community Services conference room. Those in attendance were as follows: Pat Allen-Parent, Charleen Anderson- Advocate, Cindy Wiemold-Faith, Hope and Charity Director, Sandy Pingel-Genesis Administrator, Patrick Schmitz-Plains Area Mental Health Center, Paul Merten- Supervisor,Alicia Gatzemeyer-Case Manager, Kayla DeMuth-Case Manager, and Dawn Mentzer-CPC.

1. Medicaid Services Impact

With the passage of SF2315, the legislature appropriated $40 million to the Department of Human Services to fund Medicaid services. Effective 7/1/12, counties were no longer required to pay the non-federal share of HCBS/ID Waiver Services, Habilitation Services, ICF/MR, State Resource Centers and Case Management Services. In order for DHS to pick up the costs of these services, the counties will no longer receive the previous state appropriations. Information was shared regarding the fiscal impact of the loss of state funding as well as the associated costs of the Medicaid services in a Pre and Post Redesign format. Prior to this change, Buena Vista County was projecting FY'13 expenditures at $1,837,947 and total available funding of $1,925,131. The state takeover of Medicaid resulted in an expenditure reduction to an estimated $633,734 with total available funding of $904,512. We discussed the FY'14 impact of the change from Legal Settlement to Residency should Buena Vista County fund all work activity consumers at Genesis.

2. MH/DD Redesign

An overview and timeline of the Redesign bill was reviewed by the group. Patrick serves on the MH/DD Commission and on the Transition Committee and was able to provide insight into the formation of regions over the next year. He informed the group that 93 counties have reported their intention to regionalize with six counties left to commit. The regions have included two to seventeen counties. Patrick stated that it is clear that the exemption rules will be written so restrictive that it will be extremely difficult for counties to achieve an exemption. We discussed the following options for Buena Vista County: Apply for an exemption, form a region with three-four surrounding counties or continue to explore the original ten county option that includes Buena Vista, Sac, Ida, Calhoun, Crawford, Carroll, Audubon, Greene, Guthrie and Dallas. No decision was made and the group agreed that until the rules are released that it would be pre-mature to finalize a decision at this time.

3. Case Management Update

Dawn informed the group that Tami Mills-Thomas resigned her position in July and that her position is not being filled at this time. We were able to transfer some of her cases that required traveling to local providers and with some recent discharges, Kayla and Alicia were able to serve the remaining consumers. With the majority of our consumer's services being Medicaid funded, the likely trend will be for county case management programs to serve consumers locally. We anticipate several referrals as a result and may need to hire in the future.

4. Fall/Winter Training Ideas

We discussed a few options for our Fall Training: Having a representative present on the the Redesign bill to families, consumers and providers or hosting an ID Action Voter training. It was the consensus of the group to contact Rik Shannon with ID Action to see if they have dates available in October due to the

upcoming election. Dawn will contact Rik and Sandy agreed to offer Genesis as the training site. Further details will be shared with the advisory board via email once ID Action responds will possible dates.

Next meeting – The next meeting will be held on Thursday, October 4, 2012 at 3:00p.m.