

# CARROLL COUNTY

## MANAGEMENT PLAN ANNUAL REVIEW

### FISCAL YEAR 2013

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

#### **Strategic Plan Goals and Objectives Progress Review:**

**GOAL #1: THE CARROLL COUNTY MH/MR/DD SERVICE SYSTEM WILL PROVIDE MORE INDIVIDUALIZED SUPPORTS FOR PEOPLE WITH DISABILITIES TO LEAD 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, CARROLL COUNTY WILL ACQUIRE A PERSON-CENTERED VS. SYSTEM-DRIVEN SERVICE SYSTEM BY JUNE OF 2012.**

#### **ACTION STEPS**

1. Carroll County Community Services will co-sponsor trainings locally with various service providers on an annual basis to enhance learning opportunities for agency staff that will ultimately lead to better services for the consumers whom we serve.
2. Carroll County Case Managers will develop Individual Service 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.
3. The MH/DD Stakeholder's Group will develop a self-advocacy group that will promote the consumers abilities to speak up for themselves and obtain what they want out of life.
4. Develop support groups for families to increase support and education in the areas of autism, mental health/mental retardation etc.
5. Survey consumers/families/guardians in years one and three to assess their perspective on the system.
6. Increase provider collaboration through quarterly advisory meetings to enhance services within the community, grant opportunities, and progress towards the indicators.
7. Increase transportation on the evenings and weekends so that consumer's are able to access the community for socialization and activities of their choice.

The Carroll County MH/DD Stakeholder's Group which consists of consumer and family representation, mental health and disability service providers, vocational providers, board of supervisor members and case management staff co-sponsored the third annual training opportunity for consumers and providers on Wednesday, April 18, 2012 at St. John's Lutheran Church in Carroll. Lane Till from ID Action delivered a presentation on the importance of voting

and the voting process. Equipment was available for participants to learn how to use the voting machines as well. Unfortunately, there was a very low turn-out for this event with only approximately ten consumers in attendance. This may be a training that we would want to consider repeating in the future because it is very informative and beneficial for consumers who want to learn more about the voting process and how to become informed about the candidates prior to an election.

The Self-Advocacy Sub-Committee continued to meet on a regular basis throughout the past year to plan and coordinate the monthly self-advocacy meetings. The Sub-Committee is now comprised of all consumers with some of the original staff members serving only as informal supports. Following is a list of the topics presented throughout the past year during the monthly meetings: Money Management, Assistive Technology, Doctor Appointment Preparation, Advocating for Change Day, Volunteering in the community, WRAP/Healthy Relationships and a holiday party was held before Christmas. The meetings continue to be well-attended with 25-40 individuals present depending on the topic.

The Carroll County MH/DD Stakeholders Group met on a regular basis during Fiscal Year 2012 to review policy and budget issues as well as to assess the impending system change with the MH/DD Re-Design. This group 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.

## **OBJECTIVE 2: CARROLL 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. Cost undetermined at this time.
3. Access the Money Follows the Person Grant to transition individuals from the ICF/MR setting into the community.
4. Research technology options that can replace traditional supports (ie; paid overnight staff).
5. Increase utilization of natural supports for consumers whenever possible.
6. Provide education to families and guardians regarding community based services and foster awareness of consumer's abilities to achieve independence while taking risks.
7. Develop regional crisis service with contiguous counties that would meet the needs of persons with mental retardation when experiencing a mental health or behavioral emergency.
8. Increase psychiatric services to both children and adults within Carroll County which would prevent the need for persons seeking such services to travel to urban areas.

Following the NOSS training at New Hope Village in 2011, three of the Carroll County Case Managers worked very closely together to explore the possibility of moving consumers from various 24-hour homes into a home that could be monitored with NOSS equipment. The idea of this new technology spawned brainstorming sessions between the case managers on how this system could work for individuals receiving our services. Four individuals expressed interest in this new form of monitoring. Each individual's team discussed concerns and what monitors to install. NOSS staff installed the equipment in a rental home and the four men moved into the home in November 2011.

The Night Owl Support System (NOSS) monitors a number of sensors that the technicians and the individual's support team customize to the needs of the individual. This may include fire alarms, carbon monoxide alarms, door sensors, etc. NOSS will monitor these sensors after the staff or individuals arm it. If a sensor is triggered, a signal is sent to the control box. The control box then sends an alert to the Central Monitoring Station. If between the hours of 9pm and 7am, a NOSS staff member follows the protocol set for the individual. This may include contacting the individual through the system, calling the appropriate authorities, or calling the on-call agency set up for the individual. The system reduces the staff needed in the home, gives the individual a more independent lifestyle, and helps to ensure safety.

From an individual perspective, this journey has been a success. Duane said, "I have more freedom." Duane likes the flexibility of being able to eat when and what he wants, being able to go or not go places when he wants, and having input to the rules of the house. Alex agrees and likes the "less restrictive" setting. When some individuals have more freedom, they may slack on chores, cooking, etc. Duane sees this differently and likes "having more responsibility." This has become an opportunity for these individuals to showcase what they have been working on for so many years. Their house is always clean, they are well fed, and they get along with each other. Most importantly, each individual is happier now and thriving in their new environment. From a case management perspective, the system has been a huge success in many areas. The individuals do more for themselves without direct supervision, have not had any major safety problems, and each individual lives with less restrictions. (The annual projected cost savings are included in the appendix.)

In March 2012, the Carroll County Board of Supervisors was notified by the Executive Director of the Richmond Center, that outpatient mental health services would no longer be offered in the Carroll office due to financial reasons. The Board explored various options for obtaining a mental health provider to offer continuity of services in Carroll County and prevent the need for its residents to travel outside of the county to seek the necessary services. Ultimately, a Request for Proposal (RFP) was released with a very quick turn-around due to the insufficient notice that was provided by the Richmond Center. One RFP was received from Plains Area Mental Health Center(PAMHC) based out of LeMars, Iowa. Following several weeks of negotiations, the PAMHC RFP was approved by the Carroll County Board of Supervisors and a contract was signed for services to be in place on July 1, 2012. PAMHC is now offering psychiatric and therapy services to both children and adults in Carroll County and the former Richmond Center Clubhouse has maintained operations with the new provider.

**In Fiscal Year 2013, Carroll County did not work on the above Strategic Plan goals due to the time spent seeking an exemption from regionalization.**

## Documentation of Stakeholder Involvement

The composition of our MH/DD Stakeholders Group consists of provider, community service staff, board of supervisor members and consumer representation. One family representative joined the group during FY'12. We met on four occasions during Fiscal Year 2013 – 7/18/12, 10/3/12, 1/23/13, 4/3/13. The minutes of these meeting are included in the appendix of this report. Throughout these meetings, the CPC Administrator advised the board on legislative changes that impact the MH/DD system on a state and local level, the progress toward the regional exemption application process and quality assurance activities. The Targeted Case Management Advisory Board also met on three occasions during FY'13.

## Actual Provider Network

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

AGENCY	MI/CMI	MR/DD
Carroll County Community Services	Targeted Case Management(CMI)	Targeted Case Management, County Service Monitoring
CASS, Inc.	NA	Work Activity(MR)
Cherokee Mental Health Institute	Inpatient/Outpatient Medication Management	NA
Choice, Inc.	NA	Transportation(waiver)
Counseling Services	Outpatient, Evaluation	NA
Country View Estates	RCF	NA
Creative Community Options	NA	SCL/Supported Employment
Developmental Services of Iowa	NA	SCL

Family Resource Center	SCL	SCL
Genesis Development	Work Activity; SCL; Supported Employment; Day Habilitation; Pre-Vocational	Work Activity; SCL; Supported Employment; Day Habilitation; Transportation; Pre-Vocational
Home Care Options	NA	SCL
Howard Center	NA	SCL
Mallardview	Residential	NA
New Hope Village	Supported Employment	SCL; Pre-Vocational; Supported Employment; Day Habilitation; Work Activity; Transportation
North Star Community Services	NA	Work Activity
Systems Unlimited	NA	SCL
St. Anthony's	Outpatient, Medication Management, Evaluation	NA

### **Actual Expenditures/Scope of Services**

Carroll 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 Carroll 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.

Carroll County spent \$895,867 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 expressed 100% satisfaction with the services provided in Carroll County. 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 Carroll County.

## Waiting List Information

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

Report Prepared by:

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Dawn Mentzer, Carroll/Buena Vista Counties

Central Point of Coordination Administrator

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Date



## APPENDIX:

### CARROLL COUNTY MANAGED CARE BOARD MEETING MINUTES

4/3/13

3:00 p.m.

The Carroll County MH/DD Stakeholder's Group met on this date in the Carroll County Community Services conference room. Those in attendance were as follows: Justin Schieffer, Jessica Badding, Amanda Riedell, Angela Chandler and Nancy Ethington, Carroll County Case Managers, Lori Christoffersen and Kim Keleher-Plains Area Mental Health Center, Karen Timm- St. Anthony Regional Hospital, Neil Bock and Mark Beardmore-Carroll County Board of Supervisors and Dawn Mentzer-CPC/CM Administrator.

#### Meeting with DHS Director Chuck Palmer - Mark

Carroll County's Letter of Intent to exempt from regionalization was sent to DHS, and Buena Vista County has decided to form a region with Sac, Ida, Calhoun, and Crawford Counties. The meeting with DHS Director Chuck Palmer that had been planned for February 1, 2013, was rescheduled; and a special session of the Board of Supervisors took place on March 15 to address questions about evidence based practices. The intention of the meeting was not to make a decision on exemption, but we wanted the opportunity to tell our story. After the meeting, Mr. Palmer remarked that he appreciated our non-confrontational approach in the presentation, and he could not rule out our being exempted. As a result of this meeting Carroll County now knows what our options are, and we are going to continue to pursue exemption. There are risks with standing alone, but there are also considerable rewards. Mark Beardmore believes we will be approved, but we have to be prepared and plan for what will happen if we aren't allowed to opt out. We are waiting for the penetration rates from DHS, which were established for them to approve or deny exemption. Counties seeking exemption will be required to meet or exceed these statewide averages when the application is submitted rather than when the regions begin operating on July 1, 2014. Neil Bock noted that since Senate File 2315 was introduced, DHS has added requirements making it more difficult to meet the criteria of the service capacity.

#### Exemption Next Steps

Polk County submitted their application for exemption in February, which was an extensive document. They have most of the required services in place, but Carroll County doesn't have them at this time. We are working on our exemption application and hope to send it to DHS in early May. Dawn passed out copies of the Application for County Exemption from Joining a Region and discussed our progress in meeting some of these guidelines. Carroll County is providing the telephone response system to our consumers. We don't have providers for all of the evidence based practices, such as assertive community treatment; but we do provide strengths based Case Management. We have been working with Chad Jensen from New Opportunities, Plains Area Mental Health Center and St. Anthony Regional Hospital to establish co-occurring treatment; and Rhonda Mart from New Hope Village has assisted with supported employment. Dawn will meet with Patrick Schmitz and Kim Keleher from PAMHC and Rhonda Mart on April 11 to work on family services. We meet the criteria of Trauma Informed Care, as the staff at PAMHC is trained in providing this service. The core services we don't have are health homes, peer support, and family support, but PAMHC is working on this area and may be able to provide these services. Mark said that he would help with the explanation for exemption waiver.

#### FY'14 Mental Health Budget

Dawn passed out the Carroll County Current Revenue 2008-2015 handout and went over the figures with us. Our fund balance was \$2.6 million at the end of 2012, and the projected reserve for 2013 was increased because of the Medicaid costs being shifted from the counties to the state. Carroll's levy will be at 3% for 2014, which will reduce the county tax dollar amount to \$25,000 and will lower our reserve significantly. There are a lot of unknowns in the graph because of the change in legal settlement rules on July 1, 2013. There has already been some shifting of

Case Management consumers, and we will continue to gain and lose clients as we get closer to July. Some counties will keep their clients and travel to see them, but the trend is towards an increase in providing local Case Management.

Dawn suggested that we forego Spring training this year because of the time required to work on the application, and the group agreed. Justin suggested having a training for clients, guardians, and residents of Carroll County on how the changes coming with regionalization will affect us, and the group thought that it was a good idea for later. The meeting ended after some discussion of various points of regionalization.

#### Next Meeting

The next meeting will be held on Wednesday, July 3, 2013, at 3:00 p.m. at the Community Services Office.

Respectfully submitted,

Jean Coats, Secretary



## CARROLL COUNTY MANAGED CARE BOARD MEETING MINUTES

1/23/13

3:00 p.m.

The Carroll County MH/DD Stakeholder's Group met on this date in the Carroll County Community Services conference room. Those in attendance were as follows: Justin Schieffer, Jessica Badding, and Nancy Ethington, Carroll County Case Managers, Lori Christoffersen and Kim Keleher-Plains Area Mental Health Center, Peg Dohrer-New Opportunities, Neil Bock and Mark Beardmore-Carroll County Board of Supervisors and Dawn Mentzer-CPC/CM Administrator.

### 1. Regionalization Discussion

There has been a lot of work in regionalization since the last Stakeholder's meeting in October. Dawn has been attending frequent CPC meetings with Buena Vista, Sac, Ida, Calhoun, and Crawford counties to discuss forming a region. Dawn and members of the Carroll County Board of Supervisors attended the ISAC meetings in November and spoke with the Department of Human Services director, Chuck Palmer, about the possibility of Carroll County standing alone. Non-contiguous counties will not be allowed to form a region; but it was felt that a two county region waiver would be favored by DHS over single county regions, even though larger regions are being encouraged. Mark Beardmore, Board Chairman, has been actively involved in regard to opting out of regionalization, and the Board has decided to pursue an exemption. Carroll County signed a Letter of Intent on January 7, 2013 to this end, and it has been sent to DHS.

### 2. Meeting with Department of Human Services Director Chuck Palmer

Chuck Palmer will be in Carroll on February 1, 2013 from 10:00 am to 3:00 pm. to discuss Carroll County being our own region. At this time the day's agenda will begin with a 30-minute private meeting with Mark, and then they will come over to Community Services to meet with the staff. They will go to Plains Area Mental Health Center as it would become our community mental health center. From there they will visit with Rhonda Mart at New Hope Village and go to the consumers' home with the Night Owl Support System. After lunch there will be a meeting of the Board of Supervisors in the Supervisors meeting room at the Court House, which will be open to the public. Lori Chrisoffersen suggested including the Clubhouse in the tour with Mr. Palmer to show him this unique part of the mental health center. Consumers would be available for him to speak with, and possibly one of them could speak at the Supervisors meeting in the afternoon.

Mark pointed out that there is a lot of misinformation on the issue of regionalization and gave some examples of this from a PowerPoint presentation and a newspaper article. Neil Bock stated that we need to impress upon Mr. Palmer that it would be better for our consumers to have Carroll County stand alone, as there are benefits for our consumers that won't happen in a region. He pointed out the NOSS home as an example of this, as it has been an efficient and cost effective service that might have been overlooked. Justin Schieffer explained more about this system of not having a staff after hours where the clients involved have both supervision and the freedom to live in a less restrictive environment.

### 3. Exemption Next Steps

Dawn went over The Exemption Rules that became effective on January 8, 2013. Our Letter of Intent has already been sent, and a written application will be due at the Department of Human Services by June 30. Patrick Schmitz, director of PAMHC, has been involved with regionalization at the state level, and Dawn reported that he commented that this application will be a huge undertaking. Mark stated that counties are intimidated because it sounds so difficult to attempt to stand alone. There are some core services that don't have definitions as to what services will be required. Carroll County should be able to provide core services, but the statewide averages to comply with the service capacity requirements have also not been defined. Exempted counties will have to have core services in place by July 1, 2013, and regions don't have to have them implemented until June 30, 2014.

Polk and Jefferson are the only other counties besides Carroll trying to exempt from regionalization. The Director of the Department of Human Services will have 45 days to make a decision after they receive the application. If Carroll County should be denied an exemption, we will no longer be able to join with a region of our choosing and will be assigned to a region by DHS. Mark stated that it is a great risk, but standing alone is the only way to control what happens to our reserves. He speculated that if the regionalization does not go as expected, it will either just implode or be taken over by the state.

Next Meeting

The next meeting will be held on Wednesday, April 3, 2013, at 3:00 p.m. at the Community Services Office.

Respectfully submitted,

Jean Coats, Secretary

## CARROLL COUNTY MANAGED CARE BOARD MEETING MINUTES

10/3/12

3:00 p.m.

The Carroll County MH/DD Stakeholder's Group met on this date in the Carroll County Community Services conference room. Those in attendance were as follows: Stacey Peter and Shari Kitt from Mallard View, Inc., Justin Schieffer, Jessica Badding, Amanda Riedell and Nancy Ethington, Carroll County Case Managers, Lori Christoffersen-Plains Area Mental Health Center, Peg Naylor-New Opportunities, , Neil Bock and Mark Beardmore-Carroll County Board of Supervisors, Rhonda Mart- New Hope Village and Dawn Mentzer-CPC/CM Administrator.

### 1. Plains Area Mental Health Center – Update

Lori Christoffersen, outreach worker from Plains Area Mental Health Center, gave an update on PAMHC since they began providing mental health services to Carroll County on July 1, 2012. The therapy and psychiatry moved into Suite B in the Fricke Building on August 7, while Lori and Nim Knobbe continue to provide habilitation services at the old facility on the highway. Ann Lander and Chris Simmons are providing therapy in Suite B. Karen Graves is providing Telepsychiatry services on Fridays, and Karen Gotto is a part-time therapist now who will become full time. Kathy Richardson, a nurse practitioner with a specialty in psychiatry, will provide therapy services on Thursdays, and Crystal Reinhart, nurse practitioner, will be starting to provide services in Telepsych soon. Patrick Schmitz, director of PAMHC, wants to hire a psychiatrist for the Carroll office, and he is also looking for a full-time service coordinator for habilitation services to oversee Lori and Nim's clients. PAMHC is still trying to get habilitation approved so they can bill for those services. They are providing hab services, but are not getting reimbursed yet. The phone number at PAMHC is 712-792-2991, the same as it was at the Richmond Center; and their office hours have remained the same. They are open 10:00 to 8:00 on Mondays, 8:00 to 5:00 on Tuesdays and Thursdays, 8:00 to 4:00 on Fridays, and closed on Wednesdays. The office was open on Wednesdays when PAMHC first opened, and it may open again on Wednesdays later on. The after hours emergency phone number is 1-888-546-0730. The transition into Suite B has been difficult for the psychiatry clients because of all the changes, but things are more stable now and should continue to improve.

### 2. Re-Design/Regionalization Discussion- Mark Beardmore

Dawn passed out a state map of Iowa Counties in which counties are color coded to show the regionalization in process. She has recently attended meetings on regionalization and discussed how the regions are forming so far. Most counties are intending to join with a region, and some of these regions are fairly large. The regions are all different in how they are pooling their money and in how they will be administered. The intention of DHS with regionalization was to equalize mental health services across the state of Iowa; and when counties join with a region, they would be encouraged to pool their resources. Carroll County has a large mental health reserve of \$2.5 million at this time, and if we regionalize we may have to pool those reserves.

Mark Beardmore has been in contact with officials at the MHDS Commission Rules Committee this year, and he discussed his involvement with regionalization and his interest in Carroll County filing for an exemption. Since Senate File 2315, the redesign bill, was passed; the Rules Committee has been working at finalizing the rules of regionalization. They are encouraging counties to regionalize when it improves the opportunity for services at the local level and if it will provide more efficiency in providing these services. However, it is unclear where the efficiencies of joining with a region are; and it raises the question that if we can provide the core services that our residents need, why regionalize. The fund balance that Carroll County paid into was to benefit our residents, and we didn't agree to serve other counties.

DHS will allow a county to stand alone if they meet the requirements of a region, but they are making it very difficult; and the criterion for standing alone are unrealistically high. Dawn asked for thoughts on this, and there was a discussion of various points on how regionalization could impact our clients. Dawn passed out another

handout, "Requirements for Counties to be Exempted from Joining into a Regional Service System," and the group discussed standing alone. Carroll County has not decided to opt out or join with a region yet. If we opt out, the letter of intent to stand alone is due by May 1, 2013; and a plan has to be in place by June 30, 2013 as to how we can meet all of the requirements of a region. The problem is that this letter of intent will not be responded to until May 1; and if we are denied exemption, we will probably be assigned to a region. Carroll County has to do a lot of work in order for us to meet all of the 28E requirements to be our own region.

3. Next Meeting

The next meeting will be held on Wednesday, January 2, 2013, at 3:00 p.m. at the Community Services Office.

Respectfully submitted,

Jean Coats, Secretary

## CARROLL COUNTY MANAGED CARE BOARD MEETING MINUTES

7/18/12

3:00 p.m.

The Carroll County MH/DD Stakeholder's Group met on this date in the Carroll County Community Services conference room. Those in attendance were as follows: Stacey Peter, Shari Kitt and Dana Kanne from Mallard View, Inc., Justin Schieffer, Jessica Badding and Nancy Ethington, Carroll County Case Managers, Julie Belstene-consumer, Lori Christoffersen-Plains Area Mental Health Center, Chad Jensen, New Opportunities, John Winkelman, Howard Center, Neil Bock-Carroll County Board of Supervisor and Dawn Mentzer-CPC/CM Administrator.

### 1. Plains Area Mental Health Center

The Board of Supervisors awarded the Mental Health contract to Plains Area Mental Health Center at the end of May. It was determined after a walkthrough of the Richmond Center on Highway 30 that the clinical services needed to be moved to a more private location. All services are still being delivered from that location, but the therapy will be moved into Suite B in the Paul S. Fricke Building on August 7. Lori Christoffersen from PAMHC discussed the services they will offer to our clients in Carroll County and some positive changes coming. They were able to maintain the staff they had from the Richmond Center. She and Nim Knobbe will provide the outreach services, and they will stay at the present location. TelePsychiatry will continue, there will be therapy for children using a two-way mirror, and a doctor will be on staff. Neil Bock commented that the cost had been a concern; but Patrick Schmitz, director of PAMHC, cooperated in reducing those initial charges. He also said that we will need a good mental health provider that we can work with, especially with the uncertainty of the redesign.

### 2. Re-Design Update

The intention of the Mental Health Re-Design is to equalize services throughout the state, eliminate legal settlement, and define the eligibility for clients receiving services within a region to only those with Intellectual Disabilities or Mental Illness. On July 1, 2013 legal settlement is eliminated and residency rules begin. Dawn passed out several handouts, and we went over MHDS Redesign Policy Bill, SF 2315 and discussed the services and some issues that may result from it. All of the core services must be provided by the regions initially, expanded core services will be provided later, and then other services may be provided if there is money available. The question remains as to how this new system will be funded. John Winkelman from the Howard Center is very concerned about how this will affect his clients. He stated that some consumers may be better served in another region if there is no funding provided for them to work in their community. Counties have through April 2013 to submit a letter of intent to DHS to identify what region they will join, or they can request to be exempt from regionalization. A county will have to provide all core services of a region and comply with 28E if it wants to stand alone. DHS's interpretation of the legislative intent is for counties to form a region and share their reserves with the whole region, resulting in counties with a large fund balance helping to fund other counties with a lower fund balance. Carroll County has a large fund balance, which will be a concern to the tax payers.

### 3. Medicaid Take-over – Financial Impact

Beginning July 1, 2012 the state is taking over funding of Medicaid services which were previously funded by counties. We have yet to pay for May and June services, but we still have a 53% levy and are in good

financial shape at this time. The group discussed this and how we will be affected by regionalization. Dawn asked for any thoughts on standing alone, which counties to join in a region, and the size of the region to go into. Counties are already forming regions, and some of these regions are much larger than the three county minimum requirement. There seems to be no real benefit to joining with a large region, and we may prefer to go with a smaller region if we decide to regionalize.

4. Case Management Update

Tami Mills-Thomas who has been a Case Manager in Carroll County for four years resigned this month to take a new job. She had 14 clients in Carroll and 11 in Buena Vista and will not be replaced at this time because of the changes coming with regionalization. Carroll County transferred 11 clients to other counties and redistributed Tami's caseload to the four Case Managers in Carroll County. We received two referrals from Pottawattamie County and may have to hire in the future if there are a lot of new referrals.

The next meeting will be held on Wednesday, October 3, 2012, at 3:00 p.m. at the Community Services Office.

Respectfully submitted,

Jean Coats, Secretary