

Cherokee County MH/DD Services Management Plan Annual Report FY13

It is the intent of this report to summarize and measure the progress of the Cherokee County MH/DD Services Management Plan for the time period of July 1, 2011 through June 30, 2012. This report will cover the fourth year of the current strategic plan for FY10 – FY12. Legislation has allowed an extension to the strategic plan through FY13. This report will contain data on the following county information:

- ↪ Progress towards goals and objectives
- ↪ Documentation of stakeholder input
- ↪ Actual provider network
- ↪ Actual expenditures
- ↪ Actual scope of services
- ↪ Number, type, and resolution of appeals
- ↪ Quality assurance implementation, findings and impact on plan
- ↪ Waiting list information

Highlights of Fiscal Year 2012-2013

Here is a brief overview of some of the changes and highlights of the year.

- Cherokee County continues with 3 staff in its Community Services office. The CPC/Director also provides General Assistance coordination and serves as Administrator of the Targeted Case Management Program.
- Community Services Director continues to serve on the Synergy Center Advisory Board to discuss needs for inpatient substance abuse programs.
- Cherokee County Community Services Director served as a member of the Iowa Community Services Association.
- Cherokee County CPC continued her role as a board member of Cherokee County Residential Services. CCRS provides appropriate housing for individuals with disabilities. It is a separately funded board from county funding.
- Cherokee County CPC continued staying active in the Cherokee MHI Advisory Board meeting quarterly.
- Cherokee County CPC stayed active as fiscal agent reporter for the Northwest Iowa Contracting Consortium.
- Cherokee County CPC participated in the Transitional Advisory Board through the AEA.
- Member of the Cherokee County Community Services staff and Board of Supervisors attended regular Legislative Forums with our local legislators throughout legislative session.
- FY13 began the first of many meetings to discuss forming a region. Cherokee County actively pursued their interest to form a region with Plymouth, Sioux and Woodbury Counties. It was decided we would be known as Sioux Rivers Regions. A letter of intent was submitted to the Iowa Department of Human Services to request approval for our region.
- Most of the year was spent on efforts to develop our regional system to be in place by FY15.

****** The main efforts in FY13 were to develop and plan in regionalization. The goals listed below were extended into year 4 so not much effort was made on these goals this past year.**

Progress on Goals and Objectives

GOAL

The Cherokee 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:

Throughout the timeline of this plan, Cherokee County will provide, support and encourage educational opportunities for people with disabilities which will support safety decision making and opportunities for self-advocating.

ACTION STEPS:

- 1.) By June 2010 and every year after, Cherokee County Community Services Department with the help of the Self-Determination Project Team and Coaches Team, will have organized two safety sessions per year. These sessions will cover areas of sexuality, internet safety, stranger interaction, fire safety, severe weather safety and stealing. These sessions will also be open to family members and provider agency staff who are interested in attending.

Not completed during FY10. After several attempts to contact local law enforcement to ask for their assistance in providing some of these trainings it was decided to attempt these trainings differently. Our purpose was to involve individuals who are not part of the daily lives of these individuals and who may make a bigger impact during the training. Training on an individual basis has been provided by case managers and agency staff depending on the concerns and needs of the people served. This personal training will continue as needed.

Not completed in FY11. Attempts were made to contact appropriate individuals to provide training. Personal training through provider services is completed as needed and identified in their service plans. Goals are written followed for health and safety needs of the individual person.

Not completed in FY12. The majority of the year was spent looking at redesign, the effects of legislation on counties thus how it trickles down to providers and consumers.

No completed in FY13 – a focus was made on legislation in FY12 and trying to begin the process of implementing and planning.

- 2.) By June 2010 and throughout the timeline of this plan, Cherokee County Community Services Department will work with the Coaches Team and Self-Determination Project Team to discuss options for developing a consumer centered and driven self-advocacy group who would meet regularly to discuss service system issues and consumer issues.

The Coaches Team had a very difficult year meeting due to staffing changes, bad weather and overall scheduling conflicts. This was the group that would have been able to really look at the ability to do this type of self-advocacy group. At this time, it is has been difficult to locate someone who would assist consumers in this development. Efforts continue to be made.

The Coaches Team did not meet in FY11. It was difficult to get providers together and due to budgets and increased caseloads it was just very difficult to arrange meetings. The history of Cherokee County and their efforts in self-advocacy and person-centered planning continue. The Self-Determination Project Team continues to meet every other month.

The Coaches Team is no longer active. It's not because there is not a need or that there will not be one in the future, but providers are spread thin and are trying to tackle more in their busy schedules. The efforts on redesign are the biggest concerns. Updates have been provided to providers and staff as available.

Cherokee County continues to believe in the process of self-advocacy and person-centered planning however legislative changes have created a fear and concern this will not be as easy. It's imperative we continue to believe the consumers thoughts and ideas are truly listened to and that we work to get them as close as we can to what they are advocating for themselves.

- 3.) Throughout the timeline of this plan, Cherokee County Community Services Department will utilize self-advocacy opportunities through ID Action as well as locally. This may include, but not limited to, meetings with legislators, attending Advocating for Change Day at the Capitol and providing informal trainings in Cherokee on running your own staffing and making your voice heard.

Cherokee County did not utilize self-advocacy trainings. There is no longer funding available within the MHDD budget to provide funding to take individuals to Advocating for Change Day and this year we had to make the decision to focus on applying for grant dollars to help complete the new waiver home that opened in Cherokee County in December 2009. Cherokee County is very proud of this effort to be able to provide additional housing to meet the needs of individuals in wheelchairs.

Not completed in FY11 through ID Action.

This is informally encouraged individually through their case manager's efforts to endorse self-determination and advocacy. This has been a principle for Cherokee County for many years. Some of the needs not only focus on working with our consumers but also working with families and friends to help them understand the importance of allowing choice and also having them encourage self-advocacy and choice to their loved ones. This piece has really made a difference.

ID Action Staff visited Cherokee County in December 2012 to hold a community conversation regarding the 2012 legislation on redesign of the MH/DS system. Over 50 individuals attended including consumers, family members, provider staff, case management staff and leaders for Cherokee County. Consumers, CPC and agency staff worked on multiple occasions to schedule a trip to Des Moines to the Capitol with ID Action staff and have a few consumers meet with legislators to share their concerns. Due to weather related issues clear into the beginning of May, this was not accomplished. A few consumers did meet with Senator Feenstra to share their frustrations with the legislation when he came to Cherokee County to meet with residents at a community forum.

- 4.) As training is available throughout the timeline of this plan, Cherokee County Community Services Department along with the Self-Determination Project Team and Coaches Team will provide training in the area of ELP (Essential Lifestyle Plan) implementation and Person Centered Thinking Training.

In October 2009, a new assessment required by the state was mandated for all case management agencies. Cherokee County no longer participates in the ELP because this assessment has been replaced. Therefore no training will be offered. At the time this plan was written, there was no date set for the implementation of the new assessment. The Community Services Director had contacted a trainer for Person Centered Thinking and initially this person had agreed to provide more training in this area however this training was not completed in FY10 due to scheduling conflicts. At this time it is unknown if this training will be able to be provided.

Currently we have no one available to provide Person Centered Thinking Training. Cherokee County no longer uses the ELP.

Cherokee County no longer uses the ELP due to the required assessment that was mandated in October 2009.

Cherokee County no longer uses the ELP due to the required assessment mandated in October 2009.

- 5.) Throughout this plan, Cherokee County Community Services Department will look for grant opportunities to assist in funding these opportunities as needed.

Grants were written in conjunction with Cherokee County Residential Services and The Pride Group to receive funding for a wheelchair lift in a van and an accessible patio on our new waiver home.

Providers have accessed grant opportunities as needed for their own agency needs.

There were no requests for grants from our office in FY12. Providers wrote their own grants as needed.

Providers continue to write their own grants as needed. We did work with ID Action in an attempt to gain some funding to make a trip to the Capitol, however due to weather the funding was not needed.

GOAL

The Cherokee 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 2:

During FY10-FY12 Cherokee County with the help of the Self-Determination Project Team and Coaches Team will arrange training opportunities for families and others involved to understand their role as not only a support system but to also understand their legal role as a guardian, payee, conservator, etc.

ACTION STEPS

- 1.) Throughout the length of this plan, Cherokee County will provide opportunities for families, friends, providers as well as people with disabilities to learn about guardianship and the role of its intended use.
It was Cherokee County's intention to use individuals trained in Substitute Decision Making to provide these trainings. The purpose of the train the trainers was intended to be used this way. Cherokee County Community Services Director has located 2 individuals in this area who have taken the training however it has been difficult to pinpoint dates with them together to complete the training. It was intended to complete guardianship and conservatorship during FY10. Efforts were made with Social Security Administration to provide training for providers and families who are payees, but this training will be completed in FY11. Guardianship and conservatorship will also be pursued in FY11.
Accomplished. On April 20, 2011 Cherokee County hosted training on guardianship. This training was held at Cherokee County Work Services and was open to all local providers, families and consumers. Approximately 18 individuals participated in this training. The training was conducted by Pat Lange, DHS TCM Supervisor and Sharon Nieman, Plymouth County CPC who participated in a train the trainer program on Substitute Decision Making.
Completed in FY11.
Completed in FY11 however we continue to work with those legal representative and provide written information when there is a concern or when they are requesting assistance in understanding their roles.
- 2.) Throughout the length of this plan, Cherokee County will provide opportunities for families, friends and providers as well as people with disabilities to learn about being payee and the role of its intended use.
Payee training was not held in FY10 although it has been scheduled with the Social Security Administration to be held in FY11.
Accomplished. On July 8, 2011 Cherokee County hosted training on representative payee. This training was held at Plains Area Mental Health Center by Ginny Eskildsen from Social Security Administration. Approximately 12 people participated in this training including families and providers. No consumers participated.
Completed in FY11.
Completed in FY11 however we continue to work with those legal representative and provide written information when there is a concern or when they are requesting assistance in understanding their roles.
- 3.) Throughout the length of this plan, Cherokee County will provide opportunities for families, friends, providers as well as people with disabilities to learn about being conservator and the role of its intended use.
Conservator training was expected to be held in FY10 and provided by individuals trained in Substitute Decision Making. Due to conflicts on schedule, it was not completed. This will be pursued in FY11.
Accomplished. On April 20, 2011 Cherokee County hosted training on conservatorship. This training was held at Cherokee County Work Services and was open to all local providers, families and consumers. Approximately 18 individuals participated in this training. The training was conducted by Pat Lange, DHS TCM Supervisor and Sharon Nieman, Plymouth County CPC who participated in a train the trainer program on Substitute Decision Making.
Completed in FY11.
Completed in FY11 however we continue to work with those legal representative and provide written information when there is a concern or when they are requesting assistance in understanding their roles.
- 4.) Throughout the length of this plan, Cherokee County will provide opportunities for families, friends, providers as well as people with disabilities to learn about being Medical Power of Attorney and the role of its intended use.
Medical Power of Attorney training was not intended to be completed in this FY. Efforts will continue to be made throughout the timeline of this plan.
Accomplished. On April 20, 2011 Cherokee County hosted training on medical power of attorney. This training was held at Cherokee County Work Services and was open to all local providers, families and consumers. Approximately 18 individuals participated in this training. The training was conducted by Pat Lange, DHS TCM Supervisor and Sharon Nieman, Plymouth County CPC who participated in a train the trainer program on Substitute Decision Making.
Completed in FY11.
Completed in FY11 however we continue to work with those legal representative and provide written information when there is a concern or when they are requesting assistance in understanding their roles.

GOAL

The Cherokee County disability 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 abilities.

OBJECTIVE 3:

During this period of uncertainty with funding, Cherokee County will conduct efficient use of taxpayer dollars through the management of Fund 10 in order to prevent waiting lists for services and to maintain funding for a full array of services for people who have Cherokee County legal settlement.

ACTION STEPS:

- 1.) Cherokee County Community Services Director will annually maintain and supervise the MH/DD Budget.
Accomplished and ongoing. For FY10, the fund balance ended at 49% .This was in large to the proactive efforts made in changing some of the eligibility requirements lowering the income level to 150% from 200%, not subsidizing third party insurance and the change in FMAP saving the county dollars. The FMAP savings are expected to be significant savings which doesn't give a completely accurate view of the cost of services through Medicaid. Our office also did not rehire a clerical support staff after resignation in November 2009.
Accomplished and ongoing. For FY11, the fund balance ended at 13.5%. Once again, the county's non-federal share of Medicaid funded services through waiver was much lower than usual due to FMAP savings to the counties.
Accomplished and ongoing. For FY12, the fund balance was very low due to provider rates being increased 2.5% by Iowa Medicaid and Cherokee County mandated to pay a portion of that. This was not included in the budget for FY12.
Accomplished and ongoing. For FY13, Cherokee County held DHS bills in the amount of approximately \$165,000 so we had enough cash flow to get through FY13 due to changes in funding during FY12 legislative session.
- 2.) Cherokee County Board of Supervisors will oversee and approve the annual mental health budget.
Accomplished and ongoing. The Cherokee County Board of Supervisors actively monitors and provides advice on the MH/DD budget.
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Accomplished and ongoing. The Cherokee County Board of Supervisors actively monitors and provides advice on the MH/DD budget. Multiple meetings were held with the Board of Supervisors in FY13 to discuss options regarding further funding options.
- 3.) Throughout the timeline of this plan the Community Services Director will monitor levy rates and expenditures then work with the Board of Supervisors and Project Team as necessary to avoid a waiting list in Cherokee County.
Cherokee County has never had a waiting list for services and maintained that status during FY10.
Cherokee County has never had a waiting list for services and maintained that status during FY11.
Cherokee County has never had a waiting list for services and maintained that status during FY12.
Cherokee County has never had a waiting list for services and maintained that status during FY13.
- 4.) Cherokee County CPC Administrator will track funds using the CSN program in order to do future planning in the service system.
CSN was delayed so this system was not used to track funds. During FY10 the Cherokee County CoMis system was used to provide information regarding applicant information, service authorization and expenditures. CoMis was also used to assist in creating client profiles to be sent in for approval of applicant to the State Payment Program (SPP).
Cherokee County rolled out with CSN in April 2011. Funds were not tracked in CSN in FY11 as Cherokee County did not begin entering funding authorizations and paying claims until July 1, 2011. CoMis continued to be used to track expenditures for this purpose. Reporting to the state will be accomplished by using both CoMis and CSN for reporting measures. Merged data between the two systems was required for reporting purposes based on accrued payments after July 1, 2011 for services rendered in FY11.

CSN tracked the entire FY12 expenditures and revenues. While we began the process in FY11, the entire FY12 financials were tracked in CSN.

Cherokee County used CSN to track the entire FY13 expenditures and revenues.

- 5.) As funds allow, Cherokee County will continue to work diligently to fund a full array of services as well as supports that are not statutorily mandated based on the provisions of the county management plan. *Changes to the Cherokee County Management Plan were approved by the Cherokee County Board of Supervisors in a public hearing held in March 2009. These changes were also approved by the Commission. It was decided to change some of the eligibility requirements that would impact the least amount of people but try to preserve budget expenses while staying within reasonable guidelines. These changes included lowering the income level to 150% Federal Poverty Level and no longer subsidizing private insurance which has led to some savings while continuing to fund non-mandated services that are necessary to those served in Cherokee County.* *In FY11, Cherokee County continued to fund all services with no waiting lists or cuts in services to the full array already funded. Eligibility requirements did not change from previous year.* *In FY12, Cherokee County continued to fund all services with no waiting lists or reduction of services to the full array already funded. Eligibility requirements did not change however much discussion took place on how services will change as redesign moves forward and regions are put into place. There is concern that redesign will not immediately enhance services but will reduce the opportunities for services due to underfunding.* *In FY13, Cherokee County continued to fund all services with no waiting lists or reduction of services to the full array already funded. Eligibility requirements did not change however much discussion took place on how services will change as redesign moves forward and regions are put into place. There is concern that redesign will not immediately enhance services but will reduce the opportunities for services due to underfunding. As we proceeded with regional discussions there were a lot of discussions regarding what changes we would need to make in the future to be able to function as a county going into a region and ultimately as a region.*
- 6.) Cherokee County will work with providers to encourage cooperation regarding funding of services in hope to eliminate cuts in services. *Cherokee County Community Services Director and Cherokee County Case Managers have continued informal discussions regarding changes in MH/DD funding. We also continue to look at the utilization of services and change in service needs to ensure services are being authorized based on an individual's needs. Discussions have taken plan to look at services provided. This will be a continued effort to keep providers informed.* *Northwest Iowa Contracting Consortium continues to work with providers in 9 counties to negotiate rates and contract on a regional basis. Rates have been approved as appropriate to providers and based on CRIS Cost Reporting. All providers in the NICC must use CRIS for cost reporting measures. There were no cuts or elimination in services.* *Cherokee County believes in the services they have funded. Cherokee County, in conjunction with other counties in the Northwest Iowa Contracting Consortium continue to look at funding availability and the effects this will have on providers and consumers. Rates are established for providers in all 9 counties through rate negotiations held in December of 2011. Rates are negotiated by teams made up of Supervisors, CPC's and Providers from all 9 counties.* *Cherokee County believes in the services they fund. Cherokee County, in conjunction with other counties in the Northwest Iowa Contracting Consortium continue to look at funding availability and the effects this will have on providers and consumers. Rates are established for providers in all 11 counties through rate negotiations held in December of 2012. Rates are negotiated by teams made up of Supervisors, CPC's and Providers from 11 counties. Emmet and Dickinson rejoined the consortium in 2012.*

Documentation of Stakeholder Input

During the course of FY13, the Cherokee County Community Services Department has relied heavily on the Cherokee County Self-Determination Project Team for ongoing input and evaluation of services.

SELF-DETERMINATION PROJECT TEAM

Community Services Director
Cherokee County Case Managers
Cherokee County Supervisor

3 MH/DD Providers
MH Provider
Family Member
2 Self-Advocates
2 Community Members

The Self-Determination Project Team meets every other month and has given input regarding direct care staff needs, person-centered thinking implementation, case management activities, and changes in the system that may affect providers, consumers and funding as well as future program development. Specific details of this input are provided in the FY10 – FY12 Strategic Plan. The Self-Determination Project Team met on the following dates:

July 17, 2012 - - - Case Management updates were given regarding caseloads. CPC's no longer have authority to approved service plans for Medicaid Services. Case Managers are now reviewing D-4's with providers to submit to IME. Discussion about new functional assessments beginning sometime in FY13 according to 2012 legislation. Our accreditation survey is supposed to be this summer but we haven't heard anything regarding a scheduled survey yet. CPC went through a timeline of what will happen over the next few years regarding the redesign process. CPC also discussed an outline of legislation and explained some of the changes. An article was in the Des Moines Register regarding counties being accused of mispending Medicaid dollars. Counties do not receive Medicaid dollars so we are unable to mispend them. This is inaccurate information. Currently there are no changes in how Cherokee County is funding people and what services are being funded. Discussion has taken place with Cherokee County Board of Supervisors and we will continue to keep an eye on it. There will be a concern for cash flow at the beginning of each fiscal year since we will not get property taxes in until September of each year. On July 1, 2013, legal settlement will no longer be a determining factor in who pays.....it will now be where the individual resides. Cherokee County will be taking a look at the impact of this to prepare. July 1, 2014, counties will be operating in a region. Providers gave updates and questioned were asked and answered as well as any discussion. One request from members is to have an acronym sheet available for the Team.

September 11, 2012 --- One of our members is moving so we thanked him for his time spent on our team. Case Management updates were given. Not a lot of change has happened with cases. Our accreditation should be scheduled in the next couple months but nothing set in stone yet. One of the case managers discussed some issues getting people authorized for services with Magellan. CPC briefly discussed the up and coming Integrated Health Home system. While we don't know much at this time, we are understanding there will be an impact on case management services. Information was provided on our projected cost report for FY13. Actual FY12 will be due on September 30. At the July meeting a request for an acronym sheet was made. CPC handed this out to the team. An updated on regionalization took place. CPC reported regional discussions are taking place. There have been conversations with Sioux and Plymouth Counties. Nothing formal has taken place. The different targets of residency, administrative rules for regions, and equalization funding makes it difficult to plan too much. Providers gave their updates. There was some discussion and a question and answer time

November 20, 2012 - - - Still not much has changed with case management cases. Magellan still continues to make it difficult to get the needed units for people. Some individuals are being de-certed from case management so we are looking at the possibility of Habilitation case management for them. Had a great accreditation survey. We do not have our formal report back yet but the exit interview went very well. We need to work on involving providers in intervention plans more. On December 4, 2012 we will have a community meeting with ID Action who will provide us with legislation updates. It was suggested by the team to invite our legislators. Consumers, agency staff, families and county officials will also be invited to attend. There isn't much of an update on regions. We continue to meet with Sioux and Plymouth and now Woodbury is also in the discussions. Providers gave an updated and we had questions and answers.

January 15, 2013 - - - Caseloads were discussed by case managers. One case manager discussed an appeal on a case that was denied by Magellan. No accreditation report has been received at this time. We are supposed to have our report back in 30 days which is already over those 30 days. Case Managers are working very hard to give providers a 2% increase as directed in 2012 legislation. It takes a lot of time. Training for our CSN program will be done in February. On December 4 ID Action held a community conversation discussion about the redesign. Over 50 individuals were in attendance including consumers, agency staff, County Officials and families. On March 27 there is a Day at the Capitol for consumers. At this time we intend to take consumers on a separate day where they can have a more personal

conversation and not just be a number. CPC reminded providers to get their self-assessments in by February 11, 2013. Atypical code conversations will go into effect 7/1/13. It will be a different way provider's bill for services. Providers gave their updates along with questions and answers.

March 12, 2013 - - - Case Management updates were given. CPC/Case Management Director passed out copies of the accreditation report from November. We briefly discussed the changes we needed to make but are fully accredited for 3 more years. By July 1 our case management department will fully be using the new CSN system which is basically electronic health records. Staff was trained in February and we will begin uploading information in the system. We discussed the Medicaid Cost Containment Initiative set by DHS. Some of the concerns involved independent assessments being completed by someone other than the case manager. Another agency staff commented that having someone assess without knowing all their needs might be an issue. It's a concern for many. At this time we really aren't sure of the process and it's another unknown change so it is hard to understand. Another change involves transferring all Habilitation Services from IME to Magellan and moving CMI individuals from case management to Integrated Health Home care coordination. April 1 is the deadline for counties to form into regions. A Letter of Intent has already been sent to DHS for Cherokee, Plymouth, Sioux and Woodbury to join a region known as Sioux Rivers Region. CPC has met with legislators on several occasions. Our local legislators seem to understand there is some negative impact. The Consumer Advocacy Group is in the process of meeting with legislators at the Capitol. Our February trip was canceled due to weather. Our next attempt will be March 25. The consumers have worked very hard and led this group with very little assistance from staff.

May 2013 --- No meeting was held in May.

Actual Provider Network

During FY2013, Cherokee County expended county dollars from the MH/DD Services Fund to support people with disabilities to the following providers:

ASSOCIATES FOR PSYCHIATRIC SERVICES	BARRETT, CONNIE – MH Advocate
CHEROKEE COUNTY RESIDENTIAL SERVICES	CHEROKEE COUNTY SHERIFF
CHEROKEE COUNTY WORK SERVICES INC. (CCWS)	CHEROKEE REGIONAL MEDICAL CENTER (CRMC)
CONCERNED INC	DEAN AND ASSOCIATES
DHS – CASHIER	ECHO PLUS INC
HOPE HAVEN, INC	LIFE SKILLS TRAINING CENTER INC
LOUGHLIN LAW FIRM	MACK, HANSEN, GADD, ARMSTRONG & BROWN
MEINE, DEAN	MENTAL HEALTH CENTER OF NORTH IOWA
MID STEP SERVICES	MILLER LAW FIRM
O'BRIEN COUNTY SHERIFF	PATHWAYS CENTERS FOR EMOTIONAL WELL BEING
PLAINS AREA MENTAL HEALTH CENTER (PAMHC)	PRIDE GROUP, THE (FKA PLYMOUTH LIFE)
REM IOWA DEVELOPMENTAL SERVICES	SIOUXLAND MENTAL HEALTH CENTER (SMHC)
SIOUXLAND REGIONAL TRANSIT SYSTEM (SRTS)	SPENCER HOSPITAL
TREASURER, STATE OF IOWA	VAKULSKAS LAW FIRM
WOODBURY COUNTY SHERIFF	

Actual Expenditures and Actual Scope of Services

COA	Service	MI	CMI	ID	DD	Admin	CM	CPS	BI	Total
04429	Planning & Management Consultants (Non-Client Related)	\$12,001.50								\$12,001.50
11100	Direct Admin - Salary Regular Employees					\$27,715.96		\$884.97		\$28,600.93
11110	Direct Admin - FICA - County Contribution					\$2,040.11		\$87.45		\$2,127.56
11111	Direct Admin - IPERS- County Contribution					\$2,449.14		\$79.24		\$2,528.38
11113	Direct Admin - Employee Group Hlth Insurance - County Contribution					\$5,269.77		\$142.12		\$5,411.89
11260	Direct Admin - Stationary/Forms/General Office Supplies					\$207.75				\$207.75
11412	Direct Admin - Postage & Mailing					\$194.00				\$194.00
11413	Direct Admin - Mileage & Other Travel Expenses					\$2,250.65				\$2,250.65
11414	Direct Admin - Telecommunications Services					\$1,819.37				\$1,819.37
11422	Direct Admin - Educational & Training Services					\$558.15				\$558.15
11450	Direct Admin - Building (Rental)					\$3,300.00				\$3,300.00
11480	Direct Admin - Dues & Memberships Services					\$8,058.29				\$8,058.29
11636	Direct Admin - Office Equipment & Furniture					\$1,639.13				\$1,639.13
21100	Case Management - Salary of Regular Employees						\$91,906.72			\$91,906.72
21110	Case Management - FICA - County Contribution						\$7,096.24			\$7,096.24
21111	Case Management - IPERS - County Contribution						\$7,081.32			\$7,081.32
21113	Case Management - Employee Group Hlth Insurance - County Contribution						\$12,289.47			\$12,289.47
21260	Case Management - Stationary/Forms/General Office Supplies						\$453.66			\$453.66
21374	Case Management - T19 Match/ Medicaid		\$769.30	\$3,602.92	\$307.05					\$4,679.27
21400	Case Management - Publications, Notices & Advertisements						\$193.20			\$193.20
21412	Case Management - Postage & Mailing						\$194.00			\$194.00
21413	Case Management - Mileage & Other Travel Expenses						\$1,834.65			\$1,834.65
21414	Case Management - Telecommunications Services						\$1,819.51			\$1,819.51
21421	Case Management - Data Processing Services						\$3,184.95			\$3,184.95
21422	Case Management - Educational & Training Services						\$263.70			\$263.70
21444	Case Management - Office Equip. (Repair & Maintenance)						\$74.75			\$74.75
21450	Case Management - Building (Rental)						\$3,300.00			\$3,300.00
21480	Case Management - Dues & Memberships Services						\$2,515.50			\$2,515.50
21636	Case Management - Office Equipment & Furniture						\$1,262.34			\$1,262.34
31354	Transportation - General		\$18.00	\$6,606.81						\$6,624.81

32320	Support Services - Homemaker/Home Health Aid		\$9,000.00							\$9,000.00
32322	Support Services - Home Management Services (include PERS)			\$70.74						\$70.74
32325	Support Services - Respite			\$161.12						\$161.12
32329	Support Services - Supported Community Living		\$3,968.02	\$4,360.28	\$3,088.12					\$11,416.42
32399	Support Services - Other			\$521.51						\$521.51
42304	Psychotherapeutic Treatment - Acute & Emergency Treatment	\$19,345.50								\$19,345.50
42305	Psychotherapeutic Treatment - Outpatient	\$55,519.49	\$4,616.00							\$60,135.49
42396	Psychotherapeutic Treatment - Community Support Programs	\$1,843.32	\$750.00							\$2,593.32
50362	Voc/Day - Work Activity Services		\$16,158.94	\$99,379.01	\$15,531.70				\$8,427.45	\$139,497.10
50367	Voc/Day - Adult Day Care			\$7,205.88	\$3,254.16					\$10,460.04
50368	Voc/Day - Supported Employment Services			\$286.40	\$429.55					\$715.95
50369	Voc/Day - Enclave			\$129.42						\$129.42
50399	Voc/Day - Other Services		\$1,588.25	\$3,078.86						\$4,667.11
63329	Comm Based Settings (1-5 Bed) - Supported Community Living		\$14,670.37	\$46,566.33						\$61,236.70
63399	Comm Based Settings (1-5 Bed) - Other			\$10,125.00						\$10,125.00
64314	Comm Based Settings (6+ Beds) - RCF		\$66,162.09							\$66,162.09
64316	Comm Based Settings (6+ Beds) - RCF/PMI		\$43,062.70							\$43,062.70
64318	Comm Based Settings (6+ Beds) - ICF/MR			\$40,249.38						\$40,249.38
71319	State MHI Inpatient - Per diem charges	\$16,580.70	\$14,671.37							\$31,252.07
72319	State Hospital Schools - Inpatient per diem charges			\$30,140.76						\$30,140.76
73319	Other Priv./Public Hospitals - Inpatient per diem charges	\$1,638.00								\$1,638.00
74300	Commitment - Diagnostic Evaluations	\$3,240.00	\$1,025.00							\$4,265.00
74353	Commitment - Sheriff Transportation	\$1,940.82	\$751.99							\$2,692.81
74393	Commitment - Legal Representation	\$2,200.00	\$420.00							\$2,620.00
75395	Mental Health Advocate - General	\$476.14	\$107.50							\$583.64
Total	County	\$114,785.47	\$177,739.53	\$252,484.42	\$22,610.58	\$55,502.32	\$133,470.01	\$1,193.78	\$8,427.45	\$766,213.56

During FY10, there were no appeals for services.

During FY11, there were no appeals for services.

During FY12, there were no appeals for services.

During FY13, there were no appeals for services.

Quality assurance implementation, findings and impact on plan

For FY13, Cherokee County Community Services, including CPC, Case Management and General Assistance participated in many different activities to make sure services were being provided and implemented to impact the lives of people applying for services. In order to keep abreast of what is happening in the service system it is imperative staff from Community Services be as immersed in the daily system as possible.

- The CPC and Community Services staff has an excellent working relationship with their local providers. It is necessary to have this in order to provide the necessary services for people to be able to remain in the community of their choice.
- Providers participate in the Self-Determination Project Team/Advisory Board and are able to discuss their concerns in the service system as well as learn of any upcoming changes in the requirements of providing services. Consumers and families also serve on this Team and provide input in the system.
- Consistent moving of individuals out of RCF level of care and back into a community setting. We encourage community based supports over RCF care however it is often at the judge and psychiatrists discretion if the individual is capable of living successfully with supports. At the start of FY13, Cherokee County was serving 6 individuals in RCF or PMI level of care. By the end of FY13, we had 2 individuals in an RCF and 1 individual in a PMI setting.
- The Cherokee County CPC and staff believe knowledge is power in working with people of all different needs and abilities. Offering training opportunities to providers, consumers and family members is a necessity to make sure everyone understands their roles and to offer opportunities. The Community Services Staff hosted training during FY13 with staff from ID Action to discuss the redesign of the service system and have all stakeholders – consumers, agency staff, family members and county officials – have input and ask questions. This was attended by over 50 individuals.
- Due to the training with ID Action staff, 2 of Cherokee County’s consumers were chosen to be interviewed for the ID Action newsletter. This was very exciting and encourage these 2 individuals along with 2 others to meet regularly and discuss the effects of legislation on them and their services. This ultimately led to 3 attempts to go to the Capitol and meet with legislators. Unfortunately due to weather, all 3 attempts were canceled.
- Cherokee County remains invested in the Northwest Iowa Contracting Consortium to not only negotiate appropriate rates but to all provide a supportive system of care for residents of Northwest Iowa between the providers and counties. As the Northwest Iowa Contracting Consortium, we believe in the purpose of our group and the investment into our system that has worked well. We have a personal relationship with our providers which in turn provide a positive impact on the people we serve.
- In the 7 years the CPC has been in her position, there have not been any appeals on a county decision. This is because Cherokee County is open to the requests of applicants to review denial decisions or authorizations and to allow applicant to submit additional information to determine eligibility.
- Cherokee County CPC takes part in a number of committees and advisory boards locally to stay active in the community and to understand the services and needs for the services. Some of these local boards include AEA Transition Advisory Board, Synergy Center Advisory Board (substance abuse), Cherokee MHI Citizen’s Advisory Board, and serves as Treasurer on Cherokee County Residential Services which provides housing for individuals with disabilities. Our office also participated in local legislative forums during the highly discussed Mental Health Redesign so we could talk to our legislators on our needs and concerns about the system as well. The CPC was invited to take part in the Brain Injury Workgroup that was legislatively put into place to redesign the system in FY12. All of these efforts have led to increased knowledge and the ability to understand the changes taking place so information can be disseminated.
- Cherokee County Case Management was accredited for another 3 years in November 2012. This was an outstanding survey with a high score of over 97%.

- Statewide, Cherokee County CPC is also a member on the Iowa Community Services Association board. In FY13, Cherokee County CPC stepped down from this position in order to focus more on the regional activities.
- Case Management Staff participate in CCMS Support Groups for case managers and the director participates in Administrator meetings held quarterly.
- In preparation for Regional Planning and redesign of the MHDS system, Cherokee County CPC participated in Multi-Occurring Capabilities training held in Des Moines in May 2013. This is part of the Core Services requirements.

Staying active with providers and in the community is an excellent way to be able to provide quality services and understand the needs and the impact on the community, providers and especially consumers and their families. Cherokee County believes in the right for people to live in their community and to make decisions for them as best they can. It is with involvement Cherokee County has been able to do that effectively by keeping people in the community as well as having a partnership to move people back to their community.

The Cherokee County Community Services Director relies heavily on the Self-Determination Project Team to assist in quality assurance. The teams consist of providers, local citizens, family members, and consumers. Open communication allows for quality assurance checks in regards to funding, service delivery by providers, and Cherokee County Case Management services. Cherokee County Community Services also relies on the quality assurance surveys completed by providers specifically geared toward their services in order to keep from over-surveying individuals. Based on the information provided, Cherokee County will continue to focus on supporting providers within the county to assist people in living the least restrictive life they can. This includes increasing the number of individuals moving into community based employment from facility based employment as well as individual living in daily SCL services to hourly SCL. Best practices and outcome based results will continue to be evaluated. Supporting individuals in the community is the most important job we have in serving those around us. This also means working with our providers to ensure the needed supports are available.

Cherokee County joined County Rate Information System (CRIS) in FY2007. The purpose of CRIS is to establish rate setting based on actual cost, standardized service definitions, standardized units of service, uniform classification of cost and consistent reporting to enable participating counties to negotiate appropriate reimbursement rates with covered MH/DD providers. CRIS also helps facilitate effective and efficient communication among participating counties and covered MH/DD providers through technical support and training. Cherokee County will make every effort to provide fair and reasonable rates to the providers in the county network. CRIS Reports area used in conjunction with the Northwest Iowa Contracting Consortium which consists of 9 counties and involves one Board of Supervisor from each county, the CPC's from the counties and providers from all 9 counties. Negotiation Teams are developed to examine the cost reports and set fair rates for providers. Negotiations were held for FY13. During FY12, two additional counties decided to join in this process and they will begin negotiating for FY14 rates.

Waiting list information

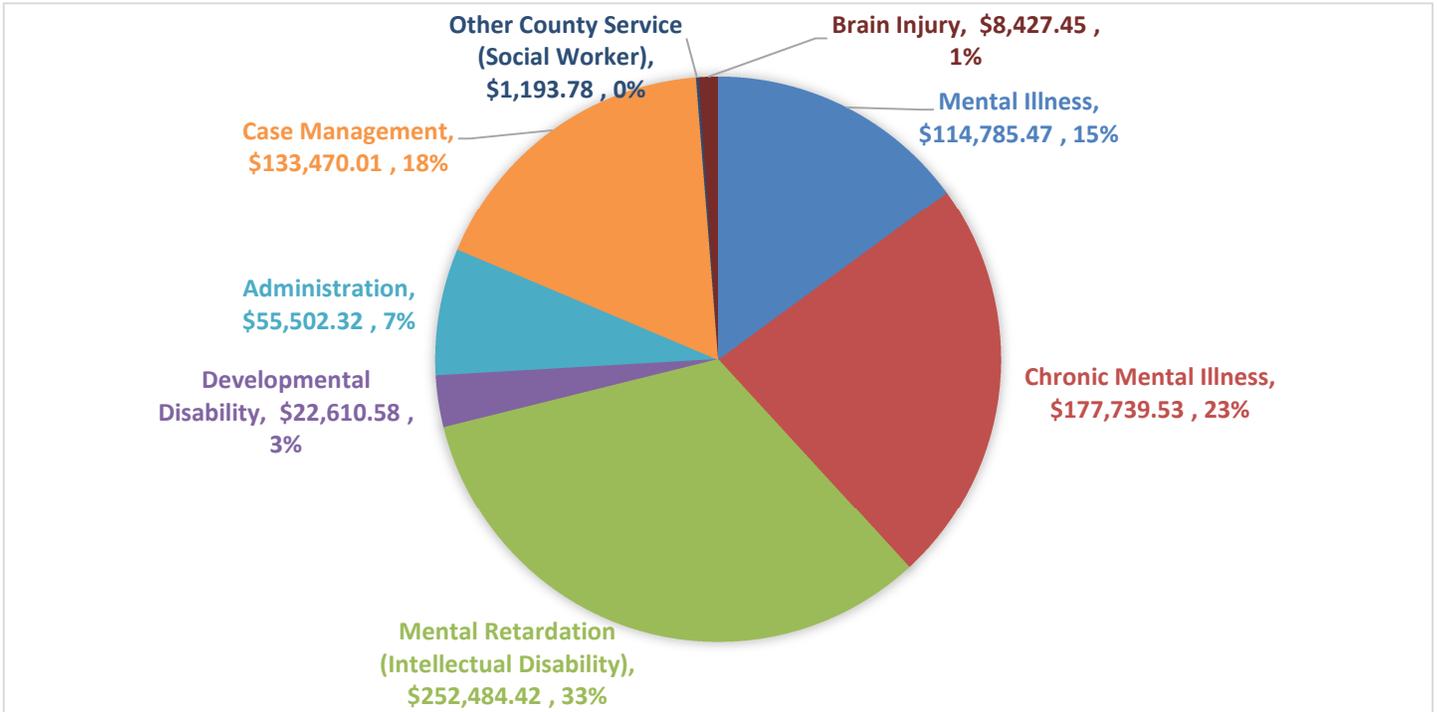
During the course of FY10 Cherokee County did not maintain a waiting list. All services were fully funded with Support Team input after applicants met eligibility thresholds.

During the course of FY11 Cherokee County did not maintain a waiting list. All services were fully funded with Support Team input after applicants met eligibility thresholds.

During the course of FY12 Cherokee County did not maintain a waiting list. All services were fully funded with Support Team input after applicant met eligibility thresholds.

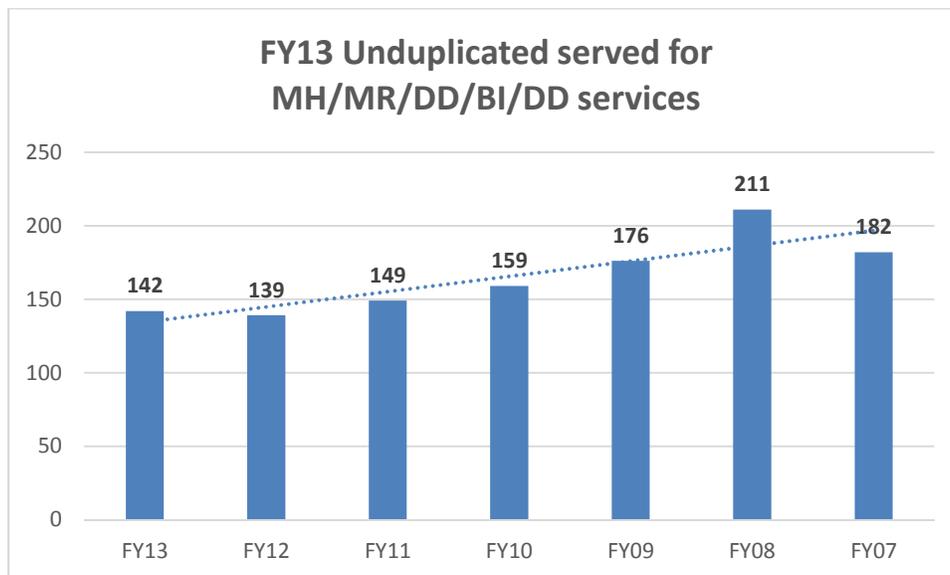
During the course of FY13 Cherokee County did not maintain a waiting list. All services were fully funded with Support Team input after applicant met eligibility thresholds.

FY13 Total Expenditures By Diagnosis

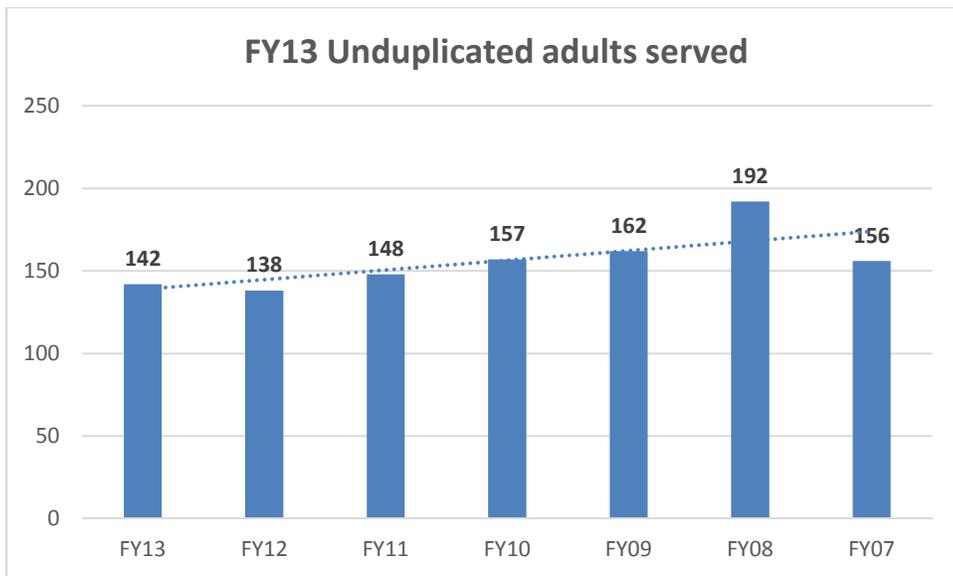
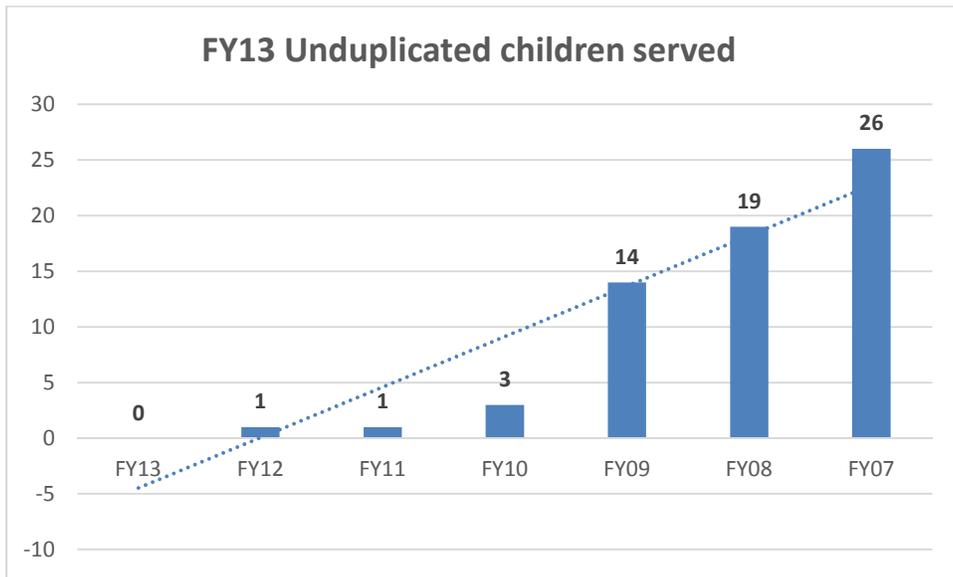


FY13 CSN Aggregate Reports

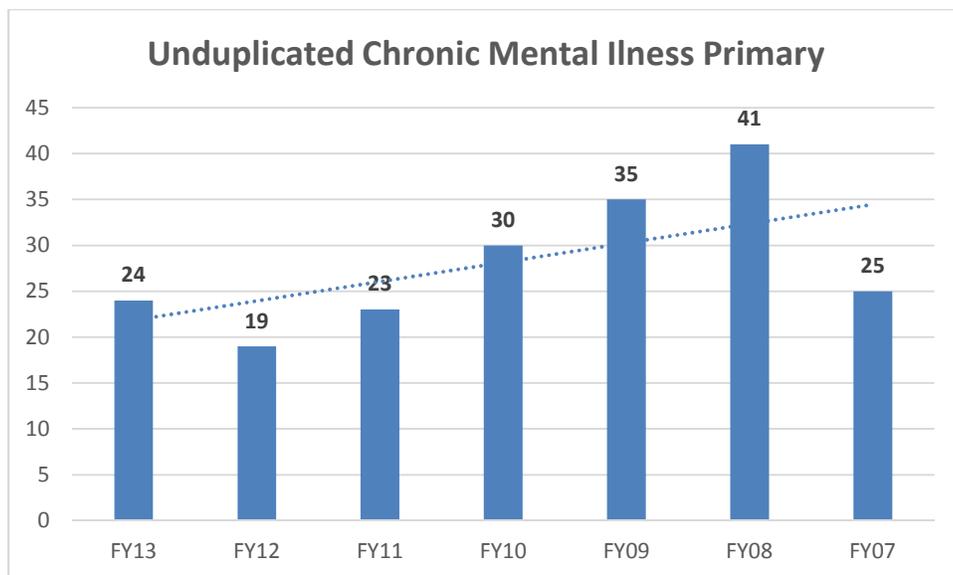
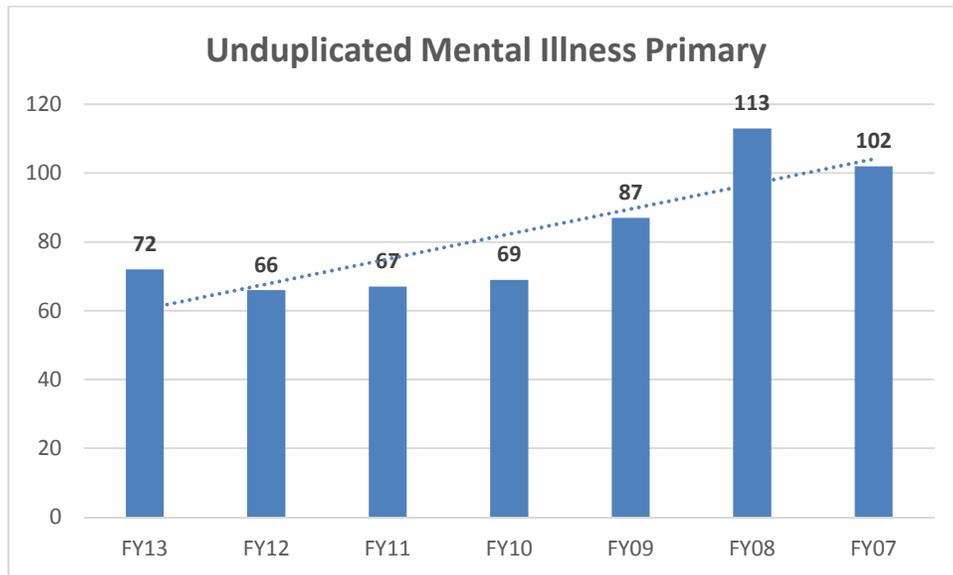
Numbers Served in FY13 compared to previous years:

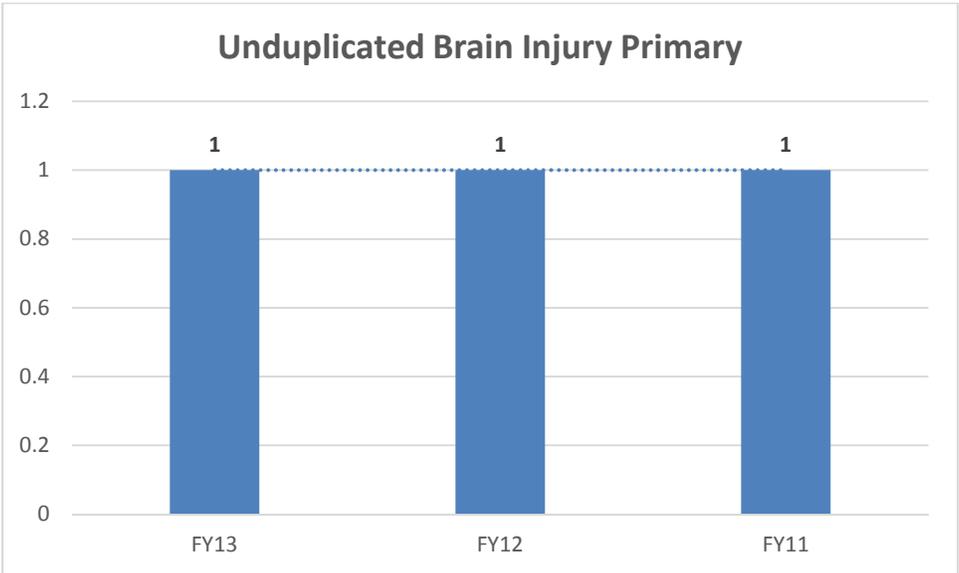
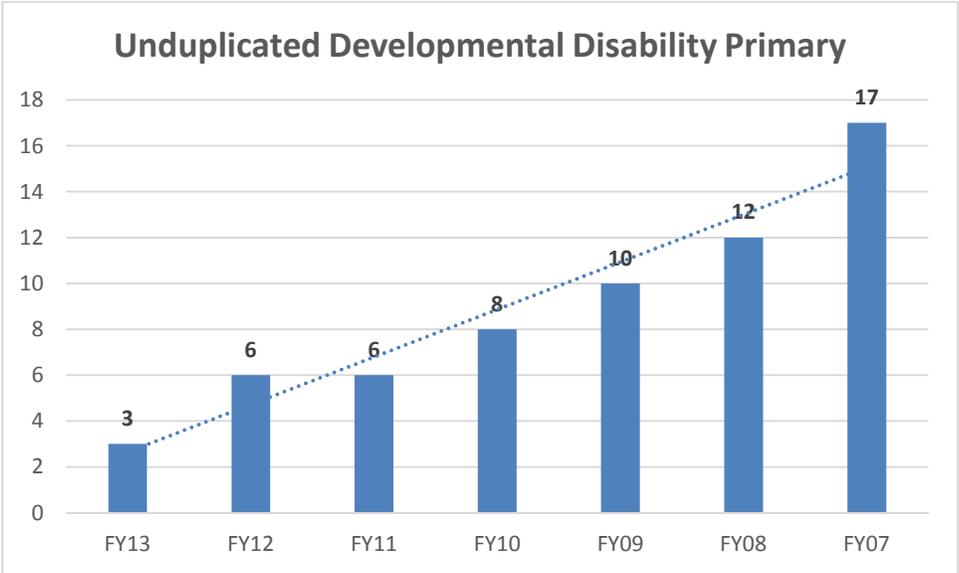
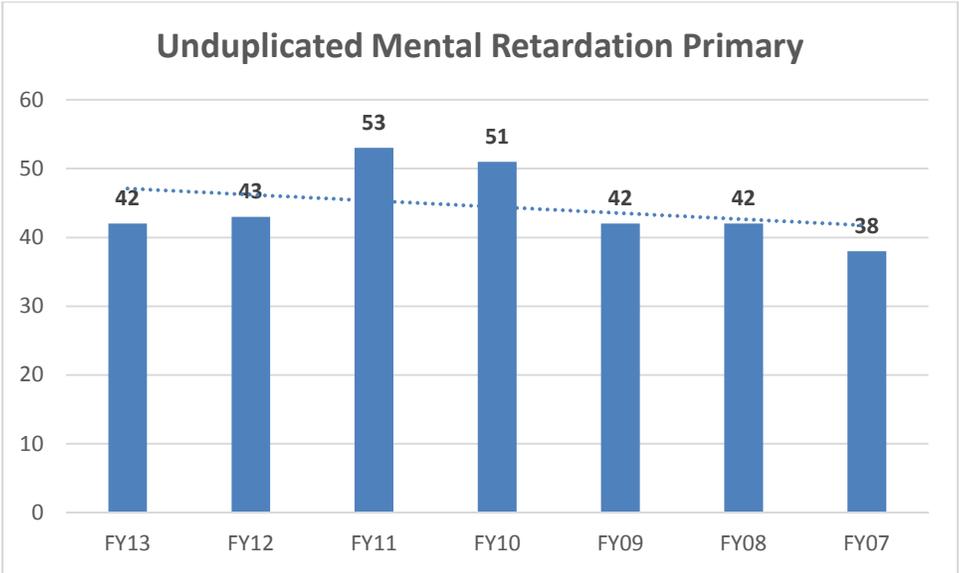


By Age



By Diagnosis





FY13 Total Expenditures

