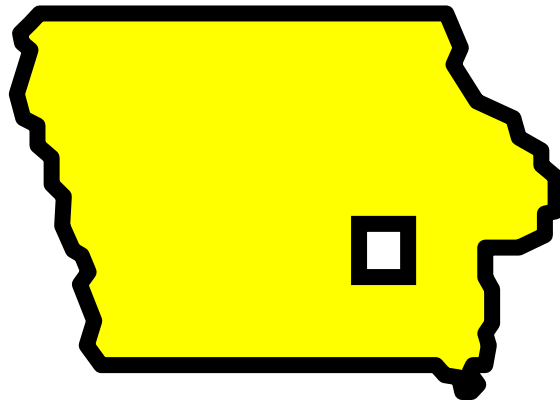


KEOKUK COUNTY



MENTAL HEALTH MANAGEMENT PLAN

EFFECTIVE JULY 1st, 2000

Updated Sections contained within:

- *Policies & Procedures – Updated 8/1/09*
- *FY 08-09 Annual Review – Updated 12/1/09*
- *FY 09-12 Strategic Plan – Updated 4/1/09*

VISION

Keokuk County will implement a process through Plan Administration, to achieve the goals and objectives listed in this plan. It is the intent of Keokuk County to meet the optimal needs of adults with disabilities on a community based integrated concept. Keokuk county intends to develop and maintain a cost effective approach to providing local, community based integrated system of services and supports that will enhance the consumers choice, empowerment and community integration.

County Covered: **KEOKUK COUNTY**

Population of area covered: **11,400**

Name of contact person for the plan: **Jesse Hornback**

Address of contact person: **Courthouse, 101 S. Main, Sigourney, IA 52591**

Telephone number: **641-622-2383**

Cell Phone number: **641-891-3356**

Fax number: **641-622-2166**

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POLICIES AND PROCEDURES
I.

SYSTEM MANAGEMENT

1.

PLAN DEVELOPMENT PROCESS

A.

Keokuk County plans to include consumers and families in program planning, operations and evaluations. Through recruitment and support of consumers and families from other sources, active participation will be assured in:

1. Development of the annual county management plan for mental health and mental retardation services
2. Review of eligibility and service access criteria
3. Development of consumer outcome and satisfaction measures
4. On site reviews of program components
5. Review of complaints and grievances, including dispositions and corrective action plan

Plan for evaluating the quality and effectiveness of provider services and supports, and for assuring that services are provided in accordance with provider contracts.

Consumers and families for the Stakeholder Planning Committee were selected through public meetings, providers and contacting possible recruits known by county personnel. The CPC discussed the stakeholder committee with consumers and providers at various meetings and also with the Board of Supervisors at the monthly report with the CPC. These meetings are open to the public and are currently held in the Keokuk County Board of Supervisor Room at the Keokuk County Courthouse, which is handicapped accessible.

Because committee members are subject to change, a list of current members is available from the CPC. Members include consumers, consumer families, providers, and other individuals and/or agencies interested.

The planning committee met two times during the management plan update. The meetings were held at the Keokuk County Courthouse which is handicapped accessible. The committee members were notified at least three weeks in advance. A Public Notice was also posted in two county newspapers (Sigourney News-Review and What Cheer Paper). The dates of the meetings were:

- 1.) December 5, 2002
- 2.) February 28, 2003

PLAN ADMINISTRATION

B.

Keokuk County will directly administer this plan.

FINANCIAL ACCOUNTABILITY PROCESS

C.

Each service provider will submit a monthly cost and utilization report to the Keokuk County CPC within thirty days of date the service was provided or as specified by the CPC. The monthly utilization report will include the following information:

1. **Name and unique identification number of each consumer served during the reporting period**
2. **Number of units of service provided to each consumer during the reporting period**

- 3. Unit rate and total cost of the units provided to each individual consumer**
- 4. Actual amount to be charged to the county for each consumer for the reporting period**

Upon receipt of this information, the CPC will check the bill and additional information against service authorizations issued by the CPC. Services delivered without authorization will be checked against county service authorization protocols to assure delivery was permitted. Any service units delivered and charged to the county not meeting these criteria will be deducted from the bill, and not included in the utilization report. Payment to providers will be initiated as soon as this review process is completed, within 30 days of receipt except those bills in dispute or due to county budget constraints.

Rates and reimbursement changes will take effect on July 1st or January 1st of each year as agreed upon by the CPC and provider utilizing the provider's annual financial cost reports where applicable. Contracts will be issued with providers serving three or more consumers. Those providers serving less than three consumers shall furnish Keokuk County a copy of their host county contract. If host county contract is not provided, the county shall not honor any new rates until it is provided with at least 30 days notification. Keokuk County shall follow the terms of the host county contract in most instances unless the terms of the host county contract is unacceptable to the county such as rates, billing, etc. In those instances, a separate contract shall be investigated and developed if possible, regardless of serving three consumers or less. If a provider serving three or less consumers wants a separate contract, one shall be provided. Rate increases will be limited to cost of living or EPI (estimated projected increase), whichever is less based on current financial reports. Providers must notify Keokuk County of any rate increases at least thirty (30) days in advance. This includes all 100% funded county services and Waiver. Payment for submitted claims by providers will not include the new rate increase without this 30 day notice.

Keokuk County will fund only those services addressed in this Management Plan. Keokuk County will fund only those services which have a current, signed funding authorization, excluding ICF-MR and Case Management.

Keokuk County recognizes the need of services for the Developmentally Disabled consumers, however, until funding other than county property tax dollars are available to fund these services, only those mandated will be funded. These mandated services are: Title 19 Case Management, ICF/MR and costs pertaining to commitment process such as transportation and attorney fees.

CONFLICT OF INTEREST POLICY

D.

Service authorization decisions shall be made by the Central Point of Coordination. It is the intent of the county that service authorization decisions will not be made by an individual organization which has a financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed in writing to involved consumer(s), counties, and other stakeholders.

PROVIDER NETWORK SELECTION

E.

Providers meeting one or more of the following criteria, will be included in the Keokuk County Service Network:

- 1. Currently licensed or certified as a service provider by the State of Iowa**
- 2. Currently enrolled as a Medicaid Provider, and/or certified as a member of the Merit Behavioral Care of Iowa provider panel**
- 3. Currently accredited by State approved accrediting bodies**
- 4. Currently a provider for Keokuk County.**

Keokuk County will make an effort to recruit and approve non-traditional providers in its

service provider network. This is particularly important in developing and enhancing natural community supports. Individuals, organizations or businesses may be identified as “non-traditional” providers. “Non-traditional” providers may not be subject to certain licensing, certification, accreditation or other state approval standards. The service outcome(s) achieved by the “non-traditional” provider must be comparable to services provided by traditional licensed providers. A contract outlining the services to be provided will be signed by the “non-traditional” provider and the county on a yearly or to be determined basis.

Keokuk County will contract with those providers serving three or more consumers. Those providers serving less than three providers will provide Keokuk County a copy of their host county’s contract or if they want, a separate contract will be negotiated. The appropriate insurance coverage will be carried by each provider. A copy of this insurance coverage may be requested by Keokuk County.

DELEGATED FUNCTIONS

F.

Does not apply to Keokuk County.

ACCESS POINTS

G.

Individuals presenting at one of the provider agencies listed below will be able to have a standard intake form filled out. This form will then be forwarded to the CPC, which will complete the intake process. If the individual meets the threshold eligibility criteria, the ICP planning as appropriate and authorization process will be initiated by the CPC. The CPC authorizing or denying services will have the proper education and/or experience to make such decisions.

Access Points are as follows:

- 1. Central Point of Coordination**
- 2. Southeast Iowa Case Management**
- 3. Department of Human Services**
- 4. Mental Health Institutes**
- 5. Mental Health Centers**
- 6. Court System**

The Access Point functions are as follows:

- **CPC Administrator:** Intake, enrollment, service planning, utilization management, waiting list management, funding authorization, approval, discharge
- **Case Management:** Intake, service planning after CPC approval, discharge planning
- **Mental Health Centers:** Intake, service planning MHC clients only, utilization management up to 6 months, discharge planning
- **Court System:** Intake, enrollment for commitments only service authorization for commitments
- **Department of Human Service:** Intake, service planning after CPC approval, planning

All access points will be instructed on the intake procedure, application form and other necessary forms that are requested by the CPC. Instruction will be ongoing as the need arises and forms change.

Once an individual or their representative has been referred for intake, the access staff will conduct a screening using the standardized application form. The application form is then forwarded to the CPC of the county of legal settlement if known or the county of residence if legal settlement is unknown.

STAFFING

H.

Keokuk County shall employ a Central Point of Coordination Administrator, who is not a county or state elected official. This person shall meet the qualifications set forth by the State.

The Keokuk County Central Point of Coordination Administrator is:

Jesse Hornback, CPC Administrator

Keokuk County Community Services, Courthouse, Sigourney, Iowa 52591

Qualifications: Appointed CPC Administrator January 10, 2003. Six and one half years experience working with MR, MI, CMI, and DD populations as a private provider and Targeted Case Manager for Keokuk and surrounding counties with the above mentioned populations.

* BA degree from Buena Vista University in Human Services *and* Sociology

* Reports directly to the Keokuk County Board of Supervisors.

APPLICATION FORM

I.

See Appendix A for Application Form. This application form will be made accessible in formats or other languages as needed.

CONSUMER ACCESS

J.

Individuals or their representatives may apply for services at any one of the designated access points. Access points may also independently identify individuals potentially eligible for county services and may offer them an intake and referral.

For Mental Health consumers, a CPC application must be submitted by the Mental Health Center or Mental Health Professional and a service authorization indicating the service, frequency of service and dates requested. Legal settlement shall be determined and financial eligibility will be determined according to the financial eligibility criteria of this plan. A Notice of Decision will be sent to the consumer approving or denying services and the service authorization will be returned to the provider indicating approval or denial of services.

Voluntary admissions and/or involuntary commitments with cost payable in whole or in part by the county, must follow the admissions process of this management plan:

For involuntary commitments for individuals without insurance of any kind and whose expenses in whole or in part are the responsibility of Keokuk County, a pre-screening may be done by the nearest available Mental Health Center as determined by the CPC. If the individual is in need of an inpatient admission, they will be admitted to UIHC if a bed is available. If no bed is available, the four state Mental Health Institutes shall be contacted in the following order: MHI-Mt. Pleasant, MHI-Independence, MHI-Clarinda, and MHI-

Cherokee. All state MHI Facilities must be exhausted before Keokuk County will pay for any other facility. If no bed is available at one of the four MHI's, then contacts will be made to the following facilities for bed availability in the following order: St. Luke's Hospital in Cedar Rapids and Ottumwa Regional Health Center in Ottumwa (bed availability at these facilities depends on the current contractual arrangements for commitment related costs between the facility and Keokuk County). For persons with Veteran's Administration benefits, one of the VA Hospitals must be contacted for placement initially. If no bed is available at a VA facility, then placement would be sought in the same order as listed above.

For involuntary commitments for individuals with third-party insurance of any kind such as private, employer sponsored Medicaid, Medicare, etc.; persons shall be admitted to a provider of choice. These may include facilities such as UIHC in Iowa City, St. Luke's Hospital in Cedar Rapids, Ottumwa Regional Health Center in Ottumwa (bed availability at these facilities depends on the current contractual arrangements for commitment related costs between the facility and Keokuk County), or other facilities with a bed available that is willing to accept the individuals insurance may also be contacted. If no bed is available, then the four Mental Health Institutes shall be contacted in the above explained order. Keokuk County is the payer of last resort and if other third-party payers are available, they must be accessed first. For persons with Veteran Administration benefits, one of the VA Hospitals may be a placement option. Keokuk County will not subsidize third-party payers.

For voluntary admissions for persons without insurance of any kind and whose expenses in whole or in part are the responsibility of Keokuk County, a pre-screening will be done by the nearest available mental health center as determined by the CPC. If the individual is in need of an inpatient admission, then UIHC will be contacted for admission. Keokuk County will only fund voluntary admissions at one of the four state Mental Health Institutes, therefore if no bed is available at UIHC then the Mental Health Institutes shall be contacted in the following order: MHI-Mt. Pleasant, MHI-Independence, MHI-Clarinda, and MHI-Cherokee. If no bed is available at one of the four Mental Health Institutes, then the individual may go to any other facility with an available bed with the understanding that all costs will be the individual's responsibility. For persons with Veteran's Administration benefits, one of the VA Hospitals must be contacted for placement initially. If no bed is available at a VA facility, then placement would be sought in the same order as listed above. Transportation to the facility, hospital, etc. shall be the individual's responsibility.

For voluntary admissions for individuals with third-party payers of any kind such as private insurance, employer sponsored insurance, Medicaid, Medicare, etc., the individual may choose any facility with an available bed in an inpatient Psychiatric Unit that is willing to accept their insurance. Keokuk County will only fund voluntary admissions at one of the four state Mental Health Institutes in the same order listed above, however again; Keokuk County is the payer of last resort and if other third-party payers are available, they must be accessed first. Any additional costs not covered by a third-party payer will be the responsibility of the individual. For persons with Veteran Administration benefits, one of the VA Hospitals may be a placement option. Transportation to the facility, hospital, etc. shall be the individual's responsibility.

The hospital or MHI will contact the CPC of the admitting county and the county of legal settlement if known within 24 hours of admission. If after hours, week-end or holiday, a message will be left on the answering machine. A CPC application will be completed and forwarded to the CPC of the admitting county or the county of legal settlement if known, the first working day following admission. In most commitment cases, a sheriff transport is needed. In some cases, an ambulance may be used only if a physician recommends an ambulance transfer due to medical reasons. No payment will be made without this recommendation from the physician and if at all possible, CPC prior approval.

If the consumer has a county of legal settlement that elects to perform the CPC functions for out-of-county consumers, then the CPC Administrator will coordinate ICP Planning with the county of legal settlement, if state cases status, CPC will coordinate services with local DHS office. However, it will be the policy of Keokuk County to assure that individuals requesting services from the county of residence, (in this case, Keokuk County), will receive the same degree of access to services contained in the county management plan as will individuals for whom Keokuk County is the county of legal settlement.

County of legal settlement or state case status will not be a factor in initiating crisis stabilization/hospital diversion services. Keokuk County will make every effort to initiate appropriate services while determining the county of legal settlement and receiving the cooperation of the CPC in the county of legal settlement. Consumers must be a citizen of the United States or a legally admitted alien.

Keokuk County reserves the right to request reimbursement for commitment related costs that may include hospitalization/evaluation fees, sheriff transportation costs, and attorney fees. Any reimbursement requirement shall be related to the ability of the individual to pay for these costs. The individual must meet the financial criteria (resources and income) explained in Consumer Eligibility section below. The individual will be required to sign a reimbursement agreement detailing the terms of the reimbursement. Collection of payments may be accomplished through a payment plan, payment in whole by individual or their representative, or other arrangements as approved by the CPC and/or the Board of Supervisors. If payment is not made, Keokuk County reserves the right to take further legal actions as specified within the Code of Iowa.

The CPC reserves the option of granting an exception in the admissions process explained above as deemed appropriate by the CPC and/or the Keokuk County Board of Supervisors.

CONSUMER ELIGIBILITY

K.

The general eligibility criteria are as follows:

1. Persons in need of mental health services: Persons who exhibit emotional symptoms, situational behavioral reactions or problems in living. These difficulties include adjusting to stress or new situations, such as the death of someone close, etc.

Persons in need of mental health services may also be experiencing a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality or ability to cope with ordinary demands of life. Mental disorders include the organic and functional psychoses, neuroses, personality disorders, behavioral disorders and other disorders defined by the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders.

Any co-payment requirement shall be related to the ability to pay for services and supports and comply with the Iowa liability law as specified in the Iowa Code.

2. Persons with chronic mental illness: refers to persons 18 years of age and older with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, arrangements or employment.

They typically meet at least one of the following criteria:

1. Have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (as emergency services, alternative home care, partial hospitalization or inpatient hospitalization.)
2. Have experienced at least one episode of continuous structured supportive residential care other than hospitalization.

They typically meet at least one of the following criteria, in a continuing or intermittent basis for at least two years.

1. Are unemployed or employed in a sheltered setting, or have markedly limited skills and a poor work history.
2. Require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
3. Show severe inability to establish or maintain a personal social support system.
4. Require help in basic living skills.
5. Exhibit inappropriate social behavior which results in demand for intervention by the mental health or judicial system.

Some variation may occur and the person still considered to be CMI. Any co-payment requirement shall be related to the ability to pay for services and supports and comply with Iowa liability law as specified in the Iowa Code.

3. Persons with Mental Retardation: A person with significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviors, manifested during the developmental period (before age 18).

1. General intellectual functioning is defined as the results obtained by assessment with one or more of the individually administered general intelligence tests developed for the purpose of assessing intellectual functioning.
2. Significantly sub-average functioning is defined as 70 or below intelligence quotient. There may a variance of 5 points above or below 70.
3. Adaptive behavior is defined as the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected for age and cultural group.
4. Developmental period is defined as the period of time between conception and eighteenth birthday.

Any co-payment requirements shall be related to the ability to pay for services and supports and comply with Iowa liability law as specified in the Iowa Code.

Financial Eligibility Criteria:

Resources should not exceed \$2,000 for a single person, \$3,000 per married couple. Persons are allowed one vehicle and a homestead. Definition of Resources and exclusions will follow Federal SSI standards excluding HCBS-MR Waiver Services.

Gross Income should not exceed 150% of current federal poverty guidelines per household.

Keokuk County is considered payer of last resort. Persons with private insurance coverage must utilize that coverage for hospitalizations prior to requesting payment from county funds. Similarly, State or Federal payment, such as Veterans, Title XIX or Vocational rehabilitation benefits must be used prior to qualifying for county payment. The county will not pay costs which private or other governmental insurers have deemed excessive. For MHAP eligible consumers the county position is that MHAP eligible persons whether voluntary or involuntary, use only those facilities approved by the MHAP provider selected by the State. This restriction only applies to MHAP authorized services. Since the state has selected the MHAP provider and has approved their guidelines for treatment, the county will no longer be responsible for consumer bills if the MHAP provider decertifies the consumer. It is understood that the MHAP provider only decertifies if a lesser restrictive treatment, with accompanying funding, is available to the consumer. The County agrees

with the MHAP provider that the institution or facility may choose to retain the consumer for treatment, but the financial responsibility for this decision will be that of the facility not the County. Nothing in this plan shall supersede the counties responsibility to pay for services under Iowa Code chapters 229, 230, 232 so long as the provisions of those statutes are otherwise complied with by DHS and its mental health subcontracts including MBC of Iowa. Consumers are required to disclose information regarding their resources for payment at time of application; failure to do so may be the basis for denial and/or require payment.

Provider costs to Keokuk County for vocational or residential services, including all HCBS-MR Waiver services, or any combination thereof, shall not exceed the ICF-MR rate as allowed by the Department of Human Services. Keokuk County will pay only the service portion of the cost for Residential facilities or CSALA (SCL) services.

***Vocational limitations are as follows:** consumers employed in the community including enclaves for 10 hours or more per week, will not be eligible for sheltered workshop or work activity services paid by the county. Those consumers in workshop services funded by the county must have community employment as a goal. Sheltered workshop services will be funded for a period of eighteen (18) months per lifetime, to prepare the consumer for community employment. If community employment has not been obtained within 18 months, Keokuk County will discontinue workshop funding. However, Pre-Vocational, Work-Activity, Adult-Daycare or other day programming may be funded. The decision to access alternative options after discontinuing funding of Shelter Workshop services shall be agreed upon by the team of the individual and as approved by the CPC Administrator. If a consumer obtains employment in the community but loses the job for any reason other than non-cooperation of the consumer, unexcused absences, or other just causes brought on by the consumer the consumer may return to the workshop for the remainder of the 18 month time frame, if the consumer has not used the entire 18 month workshop funding. Keokuk County will fund only those days actually attended by the consumer, vacation, sick leave or holidays will not be paid under work activity and adult day care. An attendance sheet or time sheet must accompany the bill each month verifying attendance.

*Non-Sheriff Transportation for employment purposes will be considered by need on a case by case basis and will only be available to those consumers with a MR diagnosis at this time as long as funding levels allow for such costs. In the case of budget constraints, as this service is not mandated by either federal or state code, this service would be evaluated and either reduced, suspended, or eliminated. At that time, the individual for which transportation would be provided would either need to fund the service privately or find an alternative. It may also be a possibility for the individual and the provider with whom they work to reach an agreement where transportation is provided by said provider. It is noted that an exception can be approved by the CPC Administrator in special circumstances.

*Job Coaching and/or Supported Employment will be funded after all other funding sources have been exhausted i.e., Vocational Rehabilitation, etc. This may continue on an on-going basis based on need and approval of the individual's team and approval of the CPC Administrator. Job development will be funded for a maximum of six months. Enclave employment will be funded a maximum of six (6) months for the purpose of obtaining job skills necessary for employment.

*Job coaching, supported employment, or Job development for MI individuals may be funded on a short-term basis up to \$500.00 maximum per lifetime. Vocational Rehabilitation or other funding sources must be accessed before any funding will be authorized as the county is a payer of last resort

**MATRIX OF SERVICE ELIGIBILITY AND
UTILIZATION MANAGEMENT CRITERIA
FOR SERVICE PAID BY KEOKUK COUNTY**

SERVICE TYPE	THRESHOLD ELIGIBILITY STANDARD	FINANCIAL ELIGIBILITY STANDARD	SPECIAL CLINICAL CRITERIA	UTILIZATION REVIEW PROCESS
MH Advocate	MI, CMI	None per statute	Chapter 229 commitment status	N/A
Legal Represent.	MI, CMI, MR	Indigent per statute	Commitment	N/A
Evaluation	MI, CMI, MR	No Restriction	Emergency	N/A
Transport-Sheriff	MI, CMI, MR	No Restrictions	Commitment	N/A
Transport-non Sheriff	MR	Income below 150% poverty	Need for special transportation	Review annually
Outpatient Treatment	MI, CMI, MR	Income below 150% poverty, no 3 rd party payer	Unable to maintain in community w/o support	Review every six months
Support. Employ. Job Coaching Work Develop.*	MI*,CMI, MR	Income below 150% poverty	Benefit from pre-vocational skill develop.	Review every three months
CSALA/SCL*	MI,CMI, MR	Income below 150% poverty	Able to live in comm. W/support.	Review every six months
RCF and RCF/MR	CMI, MR	Medicaid & SSI Eligible	Unable to live in comm. W/o supervision	Review every six months
RCF/PMI	CMI, MR	Medicaid & SSI Eligible	Unable to live in RCF-greater need	Review monthly as needed
Sheltered workshop	MR	Income below 150% poverty	Benefit from pre-Vocational skill dev. Not ready for Community Employment	Review every six months
ICF/MR	MR, DD	Medicaid eligible	Medicaid ICF/MR as applied by the Iowa Foundation for Medical Care	Review annually
HCBS-MR	MR	Medicaid eligible	Need for Service. Most cost effective	Review every six months
Sr. Program, Adult Day Care	MR	Income below 150% poverty	Alternative to workshop	Review every six months
Case Management	CMI, MR,DD	Medicaid Eligible	Medicaid & need	Review annually
Day treatment, partial hospitalization	CMI, MI	Medicaid Eligible	Need for Service Most cost effective	Review every six month
Work Activity	MR	Income below 150% poverty	Alternative to workshop	Review every six months
ARO	CMI	Medicaid Eligible	Need for Service Most cost effective	Review every six Months

SERVICES/SUPPORTS	MI	CMI	MR	DD
Mental Health Advocate (committal only)	X (m)	X (m)	X (m)	X (m)
Legal Representation (as appointed-committal only)	X (m)	X (m)	X (m)	X (m)
HCBS/MR-Waiver programs <i>NOTE: Based upon individual's need and as agreed to by the team members.</i>			X	
Adult Day Care			X	
Case Management (TXIX match or 100% County funded based on need and if no other source is available)		X (m)	X (m)	X (m)
Evaluations (related to committals)	X (m)	X (m)	X (m)	X (m)
Transportation/sheriff (committal only)	X (m)	X (m)	X (m)	X (m)
Outpatient Psychotherapeutic Treatment/Evaluations	X	X	X	
Sheltered Workshop Services			X (*)	
Work Activity Services			X	
Supported Employment Services	X (*)	X	X	
Inpatient/State MHI's (Committal & Voluntary)	X (m)	X (m)		
Inpatient/State Resource Centers		X	X (m)	X (m)
Inpatient/Private Hospital (committal only & as last resort)	X (*)	X (*)		
CSALA/SCL (1-5 beds) <i>NOTE: This service is for only 100% county funded based services. The HCBS MR-Waiver also offers a service labeled SCL although the cost is shared by the county and Medicaid.</i>	X (*)	X	X	
RCF (6 and over beds)		X	X	
RCF/MR (6 beds and over)			X	

PMI (6 and over beds)		X		
ICF/MR (1-5 beds & 6 and over beds)			X (m)	X (m)
Transportation (Non-Sheriff, non-committal)			X	
Habilitation Services- CMI Programs <i>NOTE: Based upon individual's need and as agreed to by the team members.</i>		X (m)		
Partial Hospitalizations		X (m)		
Day Treatment/Evaluations		X (m)		
<i>(*) = Limited basis (see plan for more details)</i>				
<i>(m) = Mandated</i>				

Other limitations are as follows:

*MI individuals may be funded for CSALA/SCL on a short-term basis with a maximum of \$500.00 per lifetime.

Wherever possible, other funding streams and/or sources will be accessed for services rather than those that are 100% county funded ie: SCL, RCF, Supported Employment, Workshop based services, non-sheriff transportation, etc. In any case when other funding streams become available such as HCBS, ARO, etc.; all individuals eligible for said funding streams must access immediately or as soon as possible as approved by the CPC.

Department of Corrections or Criminal Court ordered services, as a condition of parole, probation or to avoid prosecution, shall be paid through the Department of Corrections and/or Criminal Court System.

Any person with legal settlement in Keokuk County who is involuntarily committed to a county hospital with a psychiatric unit for treatment of persons with mental illness, outside of Keokuk County, the Keokuk County CPC, County Auditor and the Board of Supervisors will forward the bill for payment to the Keokuk County Hospital Trustees.

The CPC Administrator reserves the option of granting an exception to policy in any situation as deemed appropriate by the CPC Administrator and/or the Keokuk County Board of Supervisors.

CONFIDENTIALTY

L.

All information and records obtained through the Central Point of Coordination process in Keokuk County are confidential and are protected by law. All consumer information obtained for purposes of service management and data collection are considered confidential, which means this record is not available as a matter of right for examination and copying by members of the public under applicable provisions of the law. Confidential records include records or information contained in records that the agency is prohibited by law from making available for examination by members of the public, and records or information contained in records that are specified as confidential by the Iowa Code or other provision of law, but that may be disclosed upon order of a court, the lawful custodian of the record, or by another person duly authorized to release the record. CPC staff has been trained in confidential issues.

Confidential mental health information means, oral, written, or otherwise recorded information which indicates the identity of a person receiving professional services (as defined in Iowa Code Section 228.17) and which relates to the diagnosis, course, or treatment of the person's mental or emotional condition. Mental or emotional conditions include mental illness, mental retardation, degenerative neurological conditions and any other condition identified in professionally recognized diagnostic manuals for mental disorders. All confidential information will be retained in a locked file cabinet in the CPC office.

Before any information is released by the Keokuk County CPC, "Consent to Release Information" must be signed by the consumer and/or family or legal representative and documented in the individual's record.

Keokuk County Central Point of Coordination will also adhere to all HIPAA guidelines/regulations as of April 14, 2003 to assure security of Private Health Information. The CPC is considered a "Covered Entity" according to HIPAA guidelines and Keokuk County a "Hybrid Entity". Only the "minimum necessary information" will be disclosed both internally and externally to assure that only the requested information is disclosed to the appropriate person to assure security in regards to Private Health Information.

EMERGENCY SERVICES

M.

The emergency/crisis system is a reasonable and cost effective effort to provide appropriate timely and effective care to persons within and outside of the disability services system, twenty-four hour a day, seven days a week. New Directions Mental Health Center, Ottumwa Regional Health Center psychiatrists or other professionals, provide 24 hour a day, 7 days a week emergency on-call service for persons with mental health concerns. In the case of emergency service, the CPC must be contacted within 24 hours of the service and an application completed as soon as possible.

Any additions or changes in the emergency/crisis service system to respond to consumer needs will be considered.

WAITING LISTS

N.

At this time there are no waiting lists for any services for Keokuk County. However, it may be necessary to maintain a waiting list for HCBS-MR Waiver services if there are no available slots. It may be necessary to have waiting lists for services, as allowed by law, if funding levels prohibit adding new consumers to the system. If this becomes necessary, movement within the existing system to a less restrictive /cost effective service would have no waiting list, but new consumers into the system will be placed on a waiting list. It also may be necessary to implement other cost reducing measures in such a case of budget constraints. These measures are later explained in the Service Tracking and Cost Monitoring section of this report. These measures would be put into place if at all possible to avoid the use of waiting lists.

QUALITY ASSURANCE

O.

The Keokuk County Management Plan will ensure that a quality improvement process is in place and receives ongoing maintenance.

The intent of Keokuk County is to measure the quality of the established and funded system and the quality of the services and supports being purchased. Techniques to measure these are through consumer and provider satisfaction surveys presented through the CPC process and access points. The development and implementation of the quality assurance process and the ongoing evaluation of the system will be the primary role of the Keokuk County CPC and Stakeholders.

The focus will be on developing strategies to measure quality through evaluation of consumer satisfaction with accessing the system and the satisfaction of the services and supports that the consumer receives. Surveys have been developed to ascertain consumer satisfaction with services, are they being listened to and are their needs and desires being met. The survey can also measure the quality of the provider services and supports.

The CPC will keep records of the number and disposition of the appeals of County funded providers and actions and the implementation of corrective action plans through an annual report process. The CPC will accumulate data from providers to measure cost effectiveness of the services and supports developed and provided.

COLLABORATION AND COORDINATION

P.

Keokuk County consumers routinely access (or need to access) a variety of services which are not funded by or under the control of the County Community Services Department. They include:

- 1. Income assistance, such as SSI, FIP, Food Stamps, Social Security, etc.**
- 2. Housing assistance, such as for rental subsidies, access to federal public housing, etc.**
- 3. Employment assistance, such as vocational rehabilitation and job training services**
- 4. Primary medical care**
- 5. Transportation**
- 6. Education, including special education and adult education**
- 7. Court services (i.e. probate court services for guardianship, conservatorship, etc.)**
- 8. Substance abuse services**

Keokuk County has a relatively good relationship with the agencies or organizations providing these services. However, these relationships are informal and are based on personal relationships building up over time.

Keokuk County will communicate with MBCI to discuss implementation and service access issues related to the MHAP program. The primary objective of this communication will be to :

1. Assure that MBCI as the DHS agent for MHAP, pay for all behavioral healthcare services for Medicaid enrollees, and does not attempt to use county paid services as a method for managing their risk under the capitated contract.
2. Work with MBCI to engage their programmatic and financial participation in developing creative new community-based services that are cost effective alternatives to congregate or institutional services.

It is anticipated that this on-going communication will require assistance from other counties, ISAC as the representative of the counties, and other interested parties acting in concert. It is also assumed that DHS will have to continue to be involved in these discussions.

There is such significant overlap between and among the consumers, services, providers, and funding streams, that coordination at every level is essential. Keokuk County will work to assure that there is effective coordination of resources.

MBCI and its partners are now managing substance abuse services as well as mental health services under Medicaid. Thus, in terms of service access and funding for substance abuse services, the strategy for coordination with MBCI will be similar to the outline above.

Keokuk County currently interfaces with services and supports funded and provided by other service systems. Collaboration will continue by holding periodic meetings with funders, providers, consumers, family members and community representatives.

Keokuk County will deploy the existing statutory process of emergency mental health crisis intervention supplemented by the County Attorney's participation, as available during normal business hours, for purposes of screening and diverting unnecessary commitment actions to hospital facilities. Likewise, during non-business hours, Keokuk County will deploy the existing statutory process of emergency mental health crisis intervention which includes the initial contact and determination by a law enforcement officer, secondary examination and determination by a physician, tertiary consideration and determination by judicial authority for examination and determination by qualified mental health professional, and final determination by judicial authority after formal examination and hearing.

Keokuk County will build upon its already existing positive relationships with other local systems of care and develop and formalize relationships with as many agencies, organizations and funding sources as deemed appropriate for coordination for quality service delivery. Collaborative efforts will focus on insuring that authorized services and supports are responsive to consumer's needs and desires and are cost efficient.

Plan for involving consumers and families in the development of outcome and satisfaction measurement, and on-going continuous quality improvement.

ONGOING EDUCATION PROCESS

Q.

The process for completing the county management plan will have provided substantial opportunities for individuals to learn about the county management plan and services offered by the county. Keokuk County will strive to keep the public informed as to amendments to the management plan and services offered through the plan by publication in area newspapers. Access to service information is available at any access point. Thus far on going education has been and will continue to be conducted through various speaking engagements to service clubs and consumer/provider public meetings.

PLAN ADMINISTRATION

2.

INTAKE PROCEDURE

A.

You can receive services if you meet four (4) eligibility requirements. The first requirement is that you have a diagnosed disability covered by the plan. We currently cover persons with a diagnosis of

1. Mental Illness

2. Chronic Mental Illness

3. Mental Retardation

The second requirement is that you meet our income and resource financial eligibility guidelines. The third requirement is that the requested service is funded under this plan. The fourth requirement is that you are in need of the service requested.

To start the process, a written application must be completed. You can do this at our office or at any one of the access points listed in our plan. We can also mail an application directly to you. Staff members can help you fill out the applications. If you like, you can bring along a friend, family member or other person familiar with your personal matters to assist you.

You will be asked to provide information about disability, health, education, work history, income, benefits, insurance, and other matters. The application also requires us to gather information about others who live in your household or who are responsible for your support. We will also want to know where you have lived in the past, so we can determine if Keokuk County has the responsibility to pay for the services and supports for which you qualify. A copy of our Application can be found in the Appendix.

We want to assure you that your privacy will be respected and protected both in and out of our office. No personal information will be shared with others unless you give us written permission or we are required by law to do so. You will be asked to sign release forms that authorize us to talk with other persons and organizations and to freely exchange information and records about you.

In medical and psychological emergencies, however, you may be unable to give your consent to the release of information. When this happens, our first priority is to see that you receive emergency services. We will only release information that is necessary and required by law to address the crisis. We will keep track of the information disclosed. After the emergency ends, we will tell you who received the information and why they were entitled to receive the information. More information about our confidentiality and privacy policies and safeguards, and copies of our release forms, can be found in other sections of this plan.

After we review the application information, we will decide whether or not you are eligible for county services and funding utilizing the Consumer Eligibility criteria detailed earlier in this report. The elapsed time from initial request for services, to either enrollment or referral for services, will not exceed ten business days unless consumer/guardian does not cooperate by signing necessary release of information and completing a CPC application, or information needed to make an eligibility determination from individuals and/or agencies has not yet been received after being requested from other agencies, persons, or the applicant and/or guardian. In this case, your application will be considered pended until the needed information is received. If you meet our eligibility criteria, you are entitled to receive county funding. A written Notice of Decision will be sent to you, within seven (7) working days, which explains how and why we made that decision. If you are not eligible, you will receive a Notice of Decision, within seven (7) working days, which explains why we denied your request. You have the right to appeal any part of the decision. The appeals process is discussed later in this introduction. Notice of Decisions will not be sent on re-authorizations unless there is a change in services requested.

The next step is the service planning and funding. Once it is decided that you are eligible to receive services and supports, an individualized service plan is developed. To do that, we must learn more about you and assess you health care, treatment, employment, transportation, and other needs. The initial service authorization will be completed within 10 working days of enrollment. Services necessary to address immediate needs for stabilization and support will be initiated as soon as possible. The elapsed time from service authorization to service initiation, normally, will not exceed five working days, unless further delay is included in the ICP and approved by the consumer.

If the consumer is to be placed on a one or more waiting lists for services, s/he will be notified about the expected time on the waiting list. When an opening occurs s/he will be contacted.

When the plan is fully developed it will either be approved, adjusted or denied. A written notice will be initially sent within seven (7) working days, which will set forth the services and supports you requested, the cost of each service, the actions we have taken on your request, and the reasons why we were able or unable to fund your service and funding requests as well as a copy of the appeals process. A signed funding agreement will serve as the Notice of Decision at each service re-authorization thereafter except when services needs have changed. However, in any case that services are denied on a subsequent re-authorization, a copy of the appeals process will be attached to the funding agreement.

It is possible that we will not have the funds to pay for all of the services that you need. If this happens, you name may be placed on a waiting list or other cost reducing measures may be taken as detailed later in this report due to budget constraints in the Service Monitoring and Cost Tracking section. While you are on the waiting list, we will refer you to other resources or agencies that might be able to help you or

provide the services and funding that we cannot. You can appeal this or any other decision. An attorney can represent you during the appeals process, at your own expense.

Even after you begin to receive services, we will keep working with you to make sure that your services and supports continue to meet your changing needs. We are always open to suggestion and we welcome your comments on how we can better serve you and others in the community. Feel free to contact us if you have any questions, complaints or compliments about us, about your providers, or about anyone else involved in our county’s mental health and developmental disability service system.

An initial ICP/ELP/IPP will be scheduled within 30 days of enrollment except for Mental Health consumers. The CPC Administrator must give final approval of the ICP/ELP/IPP. A service authorization form will be completed and signed by the case manager and/or CPC Administrator. This authorization will indicate service(s) approved for funding, cost of for the initial authorization. Subsequent re-authorizations will be the responsibility of the case manager or if there is no case manager, the CPC Administrator, will be submitted prior to the end of the authorization period. Services will be reviewed as follows:

Inpatient Hospital	5 days
RCF/MR	6 months
RCF	6 months
RCF/PMI	Monthly
HCBS-MR	6 months
Sheltered workshop	6 months
Case Management	Annually
Outpatient treatment	6 months
Supported Employment	6 months
Work Activity/Pre-Vocational	6 months
Adult Day Care	Annually
CSALA /SCL	6 months
ARO	6 months
Non-sheriff Transport	Annually
Sheriff Transport	NA
Evaluation	NA
MH Advocate	NA
Legal Rep.	NA

CONFIDENTIALITY

B.

The purpose of this section is to describe what happens to personal information and records provided by, for and about consumers who apply for mental health and developmental disability services in our county. It explains the general rules and the practical safeguards that apply to each and every stage of the application, service delivery and appeals process. Also discussed are release of information forms, medical emergencies, and the state and federal laws that govern the disclosure of mental health, HIV/AIDS, substance abuse and other personal information.

We are committed to providing cost-effective services that match your unique strengths, circumstances, priorities, abilities and capabilities. To do so, and with your written permission, staff must obtain and exchange records, information and impressions. Our written application asks for details and disability, health care, finances, employment, living arrangements, and other personal matters. Developing a comprehensive service plan usually involves many individuals and organizations. Bringing people together is the best way we know to help you choose and begin receiving supports, referrals, case management and other services.

We are equally committed to respecting your privacy and keeping confidential the information, records, and files we compile, or that you share with us. In day-to-day terms, confidentiality means:

We will get your written consent, or your legal guardian's written consent, before we give information to others. During medical or other emergencies when you are not able to give your consent, we will only release information required by law to address and resolve the crisis.

We will only release information or records to others when they need to know the information to accomplish a specific task. This will follow the HIPAA privacy policy of disclosing only the "minimum necessary information". A disclosure log is will be kept noting all disclosures. You may request to review all disclosures as well by completing necessary form. Please see CPC for form.

We will let you, or a person designated by you, review and copy your record. At such time, you would need to contact the CPC Administrator to set up a time to do so and complete the necessary forms. Ask CPC for such forms. At that time, you will be given privacy to review such records at a secure location. The designated location is currently at the Keokuk County Jury Room, located at the Keokuk County Courthouse. if said room is not available, an alternate private area will be located. If during that review, you have questions or disputes regarding information found in your file, you may request an amendment to that information in writing to the CPC Administrator utilizing amendment forms that will be supplied to you upon request from the CPC Administrator. You will then receive a Notice of Decision regarding whether your request to amend the file is approved, denied, and why. You may only amend articles in your file that are generated from the CPC, not from other agencies. You must contact that other agency and inquire about their amendment process.

We will conduct interviews with consumers and with others in private settings where the public can not overhear any of the discussions.

Case management reviews, referrals and other discussions will be conducted in private settings. We will not discuss information about you in elevators, restaurants or other public places or at our homes

We store and maintain paper and computer files in a manner that prevents the public from seeing or having access to them. This means that records will be returned each day to a locked file cabinet.

We will remove information that identifies you, such as your name, address and social security number from various documents. These documents may include billing, quality control and other reports.

We will make sure that fax machine and E-mail electronic transmissions are directed to the proper persons. A disclaimer is placed on each fax and e-mail transmission warning that the contained material therein is confidential.

We will mark any paperwork that has your name on it or identifies you with a "Confidential" stamp.

All staff, providers, court clerks, supervisors, etc. will be trained as to the laws and safeguards relating to personal information.

AUTHORIZATIONS TO OBTAIN OR DISCLOSE INFORMATION

C.

When you apply for services, you will be asked to read, review, date and sign an Authorizations to Obtain or Disclose Information. You can always change your mind at any time and revoke these authorizations. Also, you can decide that only certain people or agencies can receive this information. Services will not be automatically denied if you refuse to sign the authorizations. However, without supporting information, it will be difficult, if not impossible for us to act on or approve any request. If you are not able to sign the form or grant your consent, your legal guardian can do so on your behalf.

A copy of the authorizations used by us can be found in the Appendix. The authorization identifies the persons and organizations that are free to share information and records about you. It also describes the types of information that can be released, the purposes for which the information can be used, and whether or not mental health, substance abuse or HIV/AIDS information can be released. It also notes that you have the right to withdraw or revoke your consent, request a list of the persons and agencies that received and used the authorizations, and inspect the materials that were disclosed. It must be signed and dated. You must sign and initial the form in two places to signify that you give us permission to release mental health, substance abuse or HIV/AIDS information or records.

In medical and other emergencies you may be unable to give your consent to authorization. When this happens, our first priority is to see that you receive emergency services. We will only disclose information that is necessary and required by law to address and resolve the crisis. We will keep track of the information we shared or obtained a disclosure log.. After the emergency ends, we will tell you who received the information and why they were entitled to receive it.

You or our authorized representative may review your mental health and developmental disability file. This can be done during office hours. You have the right to review your file during the appeals process.

A host of federal and state laws and regulations apply to the disclosure of personal information. They are far too numerous for us to mention or detail in this policy and procedures manual. The Iowa Code contains the laws of Iowa, many of which touch upon these matters. Keokuk County will adhere to all HIPAA guidelines/regulations by April 14, 2003 as discussed in previous sections of this report.

All of these laws and regulations can be found in your public library and are available on the Internet.

SERVICE MONITORING AND COST TRACKING

D.

Each service provider will submit a monthly cost and utilization report to the CPC. The monthly utilization report will include the following information:

- 1. Name and unique identification number of each consumer served during the reporting period.**
- 2. Number of units of service delivered to each consumer during the reporting period.**
- 3. Unit rate and total cost of the units provided to each individual consumer.**
- 4. Actual amount to be charged to the county for each consumer for the reporting period.**

Upon receipt of this information, the CPC will check the bill against service authorization issued by the CPC. Service delivered without service authorization will be checked against county service authorization protocols to assure delivery was permitted (i.e. crisis service). Any service units delivered and charged to the county not meeting these criteria will be deducted from the bill, and not included in the utilization report. Payment to contractors will be initiated as soon as this review process is completed, within 30 days of receipt except those bills in dispute or due to county budget constraints.

As stated previously in this report, it may be necessary to implement cost reduction measures along with waiting lists due to budget constraints. There is a procedure set into place that will address such a situation

if it were to occur. However, it is noted that exceptions can be made by the CPC Administrator during extreme special circumstances. They are as follows:

A. Review those services not mandated by either federal or state code for reduction, suspension, or elimination. Those services likely to be affected would be Work Activity, Sheltered Workshop, Transportation/ non-sheriff, Adult Daycare/Sr. Program and other 100% county funded services. If and when funding levels increase to include more or all of these services, the “team” would then re-evaluate said services for re-implementation. The individual may pursue the appeals process if dissatisfied with the above process.

B. The CPC along with individuals, guardians, providers, etc. and other members of the “team” would review and evaluate service authorizations based upon “needs” versus “wants” or “growth” versus “survival” skills. This would entail reviewing each individual served by Keokuk County and separating what services or portions of services are needed for survival services and what services or portions of services are needed for growth services if any. That information would be taken and a percentage of or all of the growth services may be reduced if agreed upon by the individual and his or her “team” which will include the individual, CPC, providers, guardians, parents, or whomever the individual wishes to take part. If reductions are made, the CPC will make any possible referrals that could replace reduced services if any known. If and when funding levels increase to include more or all of the growth services, the team will re-evaluate such services for re-implementation. The individual may pursue the appeals process if dissatisfied with the above process.

C. A waiting list would be instituted and maintained if necessary. This would be only if funding levels prohibited new individuals from entering the system. Movement within the system to a less restrictive/cost effective service would have no waiting list, but new consumers would be placed on the waiting list. And as before, the individual may pursue the appeals process if dissatisfied with the above process. Keokuk County wishes to provide services to all those that are in need and to assist as many individuals as possible. Therefore, to avoid having to institute waiting lists, the above previous (1&2) steps would first be followed through with first.

The monthly utilization report will be presented to the Board of Supervisors monthly and will be used for management of the fixed county service budget.

APPEALS PROCESS

E.

The initial decision regarding eligibility, service or funding and/or any subsequent changes in services or funding will be issued in writing using a Notice of Decision form. The reverse side of the Notice of Decision summarizes the Appeals Process. We recommend that you review the Notice of Decision the day you receive it. Read both sides of the document carefully. It is important that you act quickly to preserve your right to challenge the decision.

If a dispute arises over the implementation or denial of eligibility, service or funding and/or any subsequent changes in services or funding of County funded services, a consumer, advocate, family member or legal representative may enter the following appeal procedure:

- A. An appeal, in writing, dated and signed, stating the disputed issues may be filed with the Central Point of Coordination Administrator for Keokuk County. The appeal must be post marked or received within five (5) working days of the occurrence of the dispute or receipt of the Notice of Decision. The CPC shall set a meeting date, within ten (10) working days of the receipt of the appeal, with all concerned parties. The CPC, upon hearing all relevant information, shall issue a written statement to the concerned parties of the decision regarding the dispute, within five (5) working days of the meeting.

- B. If the dispute is not satisfactorily resolved at Step A, the dispute may go to the next step in the appeal process. An appeal, in writing, dated and signed, state the disputed area, and a copy of the decision and statement from Step A, may be filed with the Chairman of the Keokuk County Board of Supervisors. The appeal must be filed within ten (10) working days of receiving the decision from Step A. Upon receiving the appeal, the Chairman shall:

Call full meeting of all concerned parties within ten (10) working days and have the Board review and evaluate the presented information. The applicant shall be allowed to present any evidence desired in support of the appeal by personal testimony, witness testimony, documentary evidence, and by reasonable cross examination of other witnesses, if present. The Board may question the applicant the CPC Administrator shall present the Board with reasons for determination. The appeal shall be tape recorded. If the applicant so requests, the hearing shall not be an open hearing under Chapter 21, Code of Iowa, since the confidential files of the applicant shall be in evidence. When the Board deliberates on the appeal, no persons other than the Board members, County Attorney and the County Auditor shall be present.

The Board shall make a decision on the appeal within ten (10) working days after the hearing. The Board's findings of fact and decision shall be based only on the evidence submitted during the hearing. Immediately after making the decision the Board shall mail the applicant at his/her last known address, by ordinary mail its decision in writing. The decision shall state the reasons for the action and shall also state that an appeal may be made to the Multi-County Appeals Board (Step C)

- C. If the dispute is not satisfactorily resolved at Step B, the dispute may go to the final step in the appeal process. An appeal, in writing, dated and signed stating the disputed issue and a copy of the decision and statement from Step B, may be filed with the Chairperson of the Multi-County Appeals Board*. The appeal must be post marked or received within five (5) working days of receiving the decision from Step B. Upon receiving the appeal, the Chairperson of the Multi-County Appeals Board ** shall call a full meeting of the Multi-County Appeals Board, to be held within ten (10) working days, and have the Board review and evaluate the presented information. The appellant may have an attorney or other advocate accompany and represent them, but at their own expense. The appellant will be permitted to present any evidence desired in support of the appeal. The Board may question the appellant and the CPC Administrator shall present the Board the reasons for the determination. The appeal shall be tape recorded. When the Board deliberates on the appeal, no persons other than the Board members shall be present. The Board's deliberations shall not be tape recorded and shall be confidential.
- D. The Board shall make a decision on the appeal within ten (10) working days of the hearing. The Board's decision shall be based on the evidence submitted during the hearing. The Board's decision will be mailed to the appellant at their last known address by ordinary mail. The decision shall state the reasons for the actions and shall also state that an appeal can be made to the District Court from the Board's determination. The Multi-County Appeals Board makes the final administrative decision at the county level, except for state cases. Responsibility for final administrative decision on a state case rests with the Department of Human Services, following the procedures established in Iowa Administrative Code 441 – Chapter 7.
- E. The County hosting the appeal will reimburse the board members for their mileage at the approved county rate.

*Multi-County Appeals Board consists of three (3) members, one each from Jefferson, Keokuk and VanBuren Counties who are appointed by the Board of Supervisors as represented by each county. The Board of Supervisors shall select its representative from among the following members: consumers, family members, provider, businessperson, citizen volunteer. Appointments are made for a three year term with staggered start.

**The Multi-County Appeals Board is a governmental body subject to Chapter 21 of the Code of Iowa Open Meetings Law and as such shall comply with the agenda, notice, recording, documenting and meeting

regulations thereof. The Board shall be advised and assessed by the County Attorney of the county from which the service/funding dispute arises.

ANNUAL REVIEW

F.

Keokuk County plans to issue an annual report each year in conjunction with the annual review of the county management plan, which is assumed to be April 1st of each year. The annual report will address the following topics:

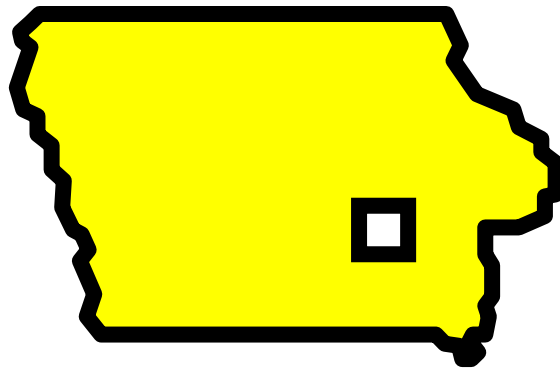
- 1. Overview of the past year's activities**
- 2. Assessment of progress made on each of the past year's goals & objectives.**
- 3. Annual statistic report: unduplicated consumers served, by category of consumer and category of service; service units and costs per consumer, service units and costs per provider or program component;**
- 4. Annual report of appeals, grievances and plan for correction**
- 5. Recommendations for revising the county management plan.**

STRATEGIC PLAN

G.

The three year strategic plan will be developed by having meetings with the stakeholder committee and developing goals and objectives and assessing the needs of the consumers. If new services are needed, they would be incorporated into the three year strategic plan. Upon the completion and approval of the plan by the stakeholder committee, the plan would be presented to the Board of Supervisors for approval prior to submitting it to the Department of Human Services.

KEOKUK COUNTY



FY 2007-2008
(7/1/07 to 6/30/08)

MH/DD MANAGEMENT PLAN **ANNUAL REVIEW** **II.**

Due December 1st, 2008

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DEMOGRAPHIC INFORMATION

Keokuk County is a rural county located in southeast Iowa (third tier of counties up from Missouri and third county over from Illinois). Its population according to the most recently available census is approximately 11,400 people. Its rural location and relatively small population is both a strength and barrier at the same time. It allows for a local presence/contact which promotes personalization with and accessibility between the county and its individuals, as well as guardians, family members, and provider and/or other interested agencies. On the other hand, it also creates challenges in both the type and frequency of services. Two of the more common services (but not limited to) affected by these challenges includes limited employment options and reliable public transportation for individuals and for the general public at large that do not have access to transportation independent from others. Keokuk County's population is widely dispersed amongst its 16

incorporated cities and rural areas with the county seat and most populous city being Sigourney comprised of approximately 2,200 people. It also can create limitations in regards to other areas like housing, social service programs, leisure/socialization opportunities, and access to such services as a Community Mental Health Center that can not sustain an in-county presence. In fact, many needed services must be accessed by individuals driving out of the county to another that has those services available in that county.

1. PROGRESS TOWARDS GOALS AND OBJECTIVES

Keokuk County developed the current Strategic Plan for dates of 7/01/06 to 06/30/09. The Strategic Plan's purpose is to establish goals and objectives that the county would like to accomplish and/or strive toward during a three (3) year time frame. Each year, all counties are required to submit an Annual Review to its Mental Health Stakeholders and other interested persons and agencies; to report the county's activities in regards to the Goal's and Objectives developed for the Strategic Plan. The report is required to report on the following information including but not limited to:

- ☛ Progress toward goals and objectives (from those identified in the Strategic Plan)
- ☛ Documentation of stakeholder involvement
- ☛ 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

In addition, the report is also submitted to the Iowa Department of Human Services for review purposes. This will be the third and final report for the current Strategic Plan. The next Strategic Plan that is to be developed for the time span beginning 7/1/09 to 6/30/12 is due by the Iowa Department of Human Services by 4/1/09. The Strategic Plan is developed in conjunction with its stakeholders and other interested persons, service providers, and agencies and is guided keeping in mind the system principles of choice, empowerment and community.

Keokuk County chose to focus on one broad goal for the current Strategic Plan with five different objectives that address a variety of areas. This was done to allow for flexibility and perhaps creativity where needed. Since the system focuses on people and not simply numbers and statistics, flexibility and creativity is extremely important. A very carefully crafted Strategic Plan with the best of intentions can be established but the individuals

and their immediate needs are a top priority for Keokuk County. We do, however; make any and all attempts to balance the two whenever possible for the betterment of the individuals and the county.

On another note, while Keokuk County has tried to implement successfully all objectives and thus overall goal; our resources continue to dwindle year after year while the demand increases. Those resources include staff time and revenue. While the workload and administrative requirements increase, staffing remains the same and due to small size of Keokuk County; that isn't likely to improve as it's not feasible at this time. The CPC program is a part of the county's Community Services office and it has several other programs in addition to the CPC program. The Administrator wears many hats. In addition, our yearly expenditures continue to increase while our ability to raise revenue stagnates. Increasing expenditures are due to factors such as additional individuals into our system and provider rate increases whether they are between the county and the provider or due to mandated increased required of the county and negotiated by the state and the provider. Because of these two major factors; it just wasn't possible to devote either time or financial resources fully to the goal and subsequent objectives. Both of these two factors will remain major driving-forces in the near and far future of progress made on our Strategic Plans. Keokuk County is not unique in this though as a majority of the counties in Iowa face both of these factors and more with the list of counties affected increasing each year. While Keokuk County has not had to implement a waiting list or cut any services, we fear that it is only a matter of time before we are faced with that circumstance. With all that being said; directly below is the goal and specific objectives that were established for the current Strategic Plan in effect. Immediately after the specific objectives is a summary of activities that were completed and/or addressed over the past year.

Goal 1: Keokuk County would like to expand the type & quality of services provided to Keokuk County individuals to enhance individual's independence, choice, and empowerment while also observing ongoing evaluation of service appropriateness and cost-effective measures.

Objective A: Explore the feasibility of expanding Outpatient type Mental Health services such as Psychiatry, individual & group Therapy, purchase of medications for emergencies (x1 only), etc. within/out of Keokuk County for Keokuk County individuals & implement if feasible. No specific costs or provider(s) are known at this time. This may include assisting provider(s) with up-front and/or overhead expenses during initiation of said services and then an ongoing fee-for-service as agreed upon by Keokuk County and provider(s).

Progress: Since the last Annual Review; Keokuk County has been successful with one aspect of expanding outpatient treatment. Last year, the county's contracted Community Mental Health Center, New Directions; chose to no longer offer in-county treatment due to accreditation rules. Another mental health provider, First Resources; hired the Therapist that had been traveling to Keokuk County from New Directions and that has increased the availability of in-county treatment to twice per week as opposed to just every other week. We are also looking forward to River Hills Community Health Center offering a behavioral health component in their satellite clinic located in Keokuk County.

That agency provides sliding-fee access to needed health services in an eight-county region in southeast Iowa; although the clinic is open to anyone regardless of income. Its headquarters is in Ottumwa, Iowa in Wapello County. Keokuk County is the only county besides Wapello to have a satellite clinic due to a federal report that shows Keokuk County is within the top four poorest counties in Iowa and within the top 200 poorest counties in the nation based upon a percentage of residents being at or below the established Federal Poverty Guidelines. Because of this, that agency applied for and was awarded a grant to open a clinic in Keokuk County. We have discussed in the past with that agency contracting for behavioral health services once they have those services offered in the county that will expand outpatient treatment options.

We will continue to investigate the possibility of expanding outpatient treatment within the county and most likely will carry this objective on to the next Strategic Plan. It should be noted that Keokuk County is not alone in this challenge. Many counties if not most are experiencing the same issues across Iowa. Another challenge we face along with other smaller counties is that many mental health providers can not sustain a local presence within our county financially due to our small population. This is not likely to change within the near future although we will continue to investigate and entertain ideas which could lessen the challenge.

Objective B: Explore and implement if feasible the expansion of Quality Assurance practices such as reviewing provider files for compliance, direct meetings with percentage of clients/guardian(s) and/or family members during annual satisfaction surveys, etc. This would include utilizing the Stakeholder Committee in developing a check-list of items to be reviewed during provider-file audits as well as developing other beneficial Quality Assurance practices through Stakeholder opinion, past experiences, recommendations, etc. No costs anticipated, only time of staff and Stakeholders needed.

Progress: Quality Assurance remains a struggle. We have continued our use of surveys over the past year. Surveys are sent to individuals served and their family/guardian if applicable about overall satisfaction with the “system” within Keokuk County. Surveys are also sent to provider agencies and other interested parties/agencies about the overall “system” in Keokuk County and its subcontracted Case Management provider, Southeast Iowa Case Management (and any other agency as needed that provides Case Management for a select few individuals based upon their location and choice). In past Annual Reviews, the county worked in conjunction with a variety of partners to develop other feasible quality assurance practices that have included audits for provider agencies. That has turned out not to be very feasible after all. Administratively, Keokuk County employs a full-time CPC Administrator and a part-time Office Assistant that works for 10 hours weekly on a seasonal basis working three months and then off for three months throughout the year. Currently, that includes the working months of May through August and then November through January. The CPC Administrator also serves as the Community Services Director which encompasses not only the MH/DD program but also the county General Assistance, Substance Abuse, and local Salvation Army unit. Over

the past year, for one reason or another; the Community Services office seems to have increased it's time spent on administrative functions which leaves less time for other activities such as expanded quality assurance activities. The CPC does continue to provide year-round less formal Quality Assurance activities in dialogue while attending meetings with individuals and guardian/families and provider and other interested parties/agencies. This allows for the CPC to be accessible in person as needed to discuss issues and areas of concern or areas that need improvement. That will be continued on an ongoing basis regardless of other Quality Assurance activities. To see the results of the Quality Assurance Surveys for the previous year, please see Section 7 further down within this report.

Objective C: Simplify the Mental Health commitment process by implementing more Outpatient Evaluations during committals as an alternative to automatic Inpatient Evaluations. This would include the initial/ongoing education as needed for CPC and all involved agencies and/or persons such as Clerk of Courts, Mental Health Center, Judges, etc. on that process. Costs anticipated are those of the Outpatient Evaluations however additional fees may be recognized at a later time as this goal is addressed. New Directions currently provides this service to Keokuk County. Other provider(s) may be considered however those are unknown at this time.

Progress: This goal was met successfully during the first year of the Strategic Plan. Last year, we suffered setbacks in that the judicial system and specifically the Clerk of Court's office in each county in the state irresponsibly excused themselves for part of the commitment process. They have made the county and specifically the CPC in most counties as the sole party responsible for finding and arranging for placements during committals. The Clerk's office simply processes the paperwork at this time. No changes have occurred since then and most likely will not unless the legislature intervenes and clarifies the roles of the judicial system and the county. The county believes that cooperative collaborative teamwork is required for this process to make any further progress.

Objective D: Explore and implement if feasible and cost-effective non-traditional services such as a Chore Service, taxi service, etc that may or may not be 100% county funded by Keokuk County Provider(s) of choice. This might include development of a new service that will replace a currently funded service that the client might need part of but not all of. This would most likely begin as a "Pilot" program initially to evaluate cost-effectiveness, impact on individual, provider(s), and the county and if warranted, expand to others if the need exists and is found to be a valuable service. At this time no specific anticipated costs are known, however; costs could include assistance with initiation such as overhead, etc. and then an ongoing fee-for-service unit as agreed upon by Keokuk County and provider(s).

Progress: Progress has been made in this objective. The county has funded or continues to fund more non-traditional services including rental subsidy's, fitness memberships, and basic necessities like utilities, household supplies, etc. that was proven to be beneficial to the client's well being in that we provided something very simply and at low cost that would have required a more expensive service to complete. For example, rather than provide for ongoing staff time to instruct an individual on coping skills

without any guarantee that those skills would improve; we provided for a membership to a fitness center that the individual identified as an effective coping mechanism to stress that he uses. His financial circumstances would not allow for the purchase of the membership. We paid for the membership and the individual has had a significant decrease in hospitalizations which the individual has attributed in part as due to having that as a coping option rather than self-mutilating as they had done in the past. The individual was hospitalized almost monthly for an extended period of time up until the fitness membership was provided. In addition, we have continued to provide two non-traditional services that we have provided for many years that are similar to the now available “Consumer Choice” option in the MR Waiver. For example, we provide for an individual to reside with his or her parents as opposed to a more traditional waiver or ICF/MR placement. The individual was placed in several of these types of placements and failed each time due to aggression and safety reasons. The individual clearly wanted to remain in the family home but the parents could not do so and provide the type of supervision the individual needed and work at the same time out of the home. The parents became CDAC certified through the waiver but that still did not include several areas of the individual's needs to remain successful in the home. The county provides above and beyond the CDAC waiver services that are not provided through the CDAC waiver services so that one of the parents can remain home to provide the needed services to the individual at all times. The individual has now been successful in his current non-traditional service environment for well over 6+ years well ahead of the “Consumer Choices” program. We may retain this goal in the upcoming Strategic Plan.

Objective E: Explore and implement if feasible and cost-effective the possibility of pooling resources with other counties, providers, other agencies for such areas as trainings, collaboration, service sharing, 28E agreements between government entities, standardizing of paperwork, etc. that will allow the Keokuk County Mental Health system to be as efficient as possible while providing quality needed services to Keokuk County individuals. No specific costs anticipated at this time but may be recognized at a later time as this goal is addressed.

Progress: This goal has been met successfully overall. Keokuk County along with 12 other southeast Iowa counties have begun using standardized forms. While there remain some differences from county to county; the basic framework for standardization is there. Keokuk County pioneered and led this effort and uses many of the forms that Keokuk County developed and implemented years ago. In our efforts, we simplified and streamlined many of our forms. In addition, Keokuk County also developed and facilitated a training for several of the same 12 counties in the area in conjunction with Southeast Iowa Case Management and several area providers on goals and objectives so that the entire “system” would be operating on the same page and to bring everyone to the same level. The training consisted of allowing for a forum of all attendees to discuss their particular role and find out where other parties struggle within their own roles. This promoted understanding and a common goal which is the betterment of our mutual individuals. Keokuk County continues with a 28E with Jefferson County and Van Buren County to share CPC Administrators when the local CPC is absent due to illness, sickness, etc. This has been implemented several times over the previous year successfully. In fact, Keokuk County and Van Buren County shared one CPC

Administrator for approximately two months in the spring of 2008 when the Van Buren County CPC took another employment offer. It was the intention to combine the CPC programs for both counties and operate as such but that arrangement proved too difficult due to the distance between the two counties. One way to either CPC office was an hour and that diminished the ability of the CPC to cover both adequately. A CPC was hired with the assistance of Keokuk County for Van Buren which has been in place since late in FY 2007-2008. In addition, Keokuk County and Washington County both passed ordinances to allow for something similar when the Washington County CPC was on maternity leave and the interim CPC staff left employment with Washington County. Keokuk County became available for consultation and emergencies. While this was used quite less than the 28E mentioned above, nonetheless; it allowed our two counties to pool our resources. It should also be noted that many of the same standardized forms used by several southeast Iowa counties have been adopted in draft form by the Community Services Affiliate (CSA) within the Iowa State Association of Counties (ISAC) for the same purpose of streamlining county forms and processes. This remains a process in the works so to speak but is another example of pooling resources.

2. DOCUMENTATION OF STAKEHOLDER COMMITTEE INPUT

The Stakeholder Planning Committee was initially and continues to be recruited through public meetings, providers and mostly by word-of-mouth solicitation. Recruitment continues to be an ongoing effort. It is open to any members of the community and is subject to change frequently. Any new member wishing to join or may do so at anytime. These meetings are open to the public and are currently held in the Keokuk County Board of Supervisors Room on the first floor of the Keokuk County Courthouse or (depending on availability) the 3rd Floor Jury Room of the Courthouse, both of which are handicapped accessible. The current members are:

Deb Gillum	Individual
Leonard George	Individual
Laura Hahn	Individual
Sabra Herbert	Individual
Rita Fowler	Family Member
Joni Foster	Family Member
Herb Mohr	Family Member
Sue Mohr	Keokuk Co. Public Health/HHA & Family Member
Mary McCammant	Family Member
Harlan Spain	Family Member
Elayne Campbell	Keokuk Co. Area NAMI & Family Member
Marsha Steinhart	Division of Vocational Rehabilitation-Counselor
Marquette Huffman	8 th Judicial Court Advocate
Sandy Stever	Jefferson Co. CPC
Karen Riggle	Van Buren Co. CPC
Richard Denny	Keokuk Co. Board of Supervisors-Chairperson
Jesse Hornback	Keokuk Co. CPC & General Assistance Director
Stephanie Faulkes	Provider- Director of New Directions MHC

Tammy Burlingame	Provider-Vice-President of WCDC/AES
Nancy Van Patten	Past Provider & interested county citizen
Southeast Iowa Case Management	Provider Agency & contracted TCM entity
-Karen Schroeder	Team Leader/Case Manager
-Jenny Hahn	Case Manager
-Rose Fisher	Case Manager
-Teri DeGeest	Case Manager
First Resources Corporation	Provider Agency
-David Wilson	Executive Director
-Lori Ledger	Director of Residential Services
-Chris Ridenour	HCBS-TXIX Coordinator
-Cindy Kurtz-Hopkins	Director of Vocational Services
-Hal Fritchen	Program Manager of Vocational Services
-Robert Stillwell	Vocational Services employee & Individual

During FY 07-08, Stakeholder Committee meetings were held only in December 2007. The committee did not meet in June 2008 for various reasons including scheduling conflicts, administrative obligations, etc. We do anticipate holding a meeting in December 2008 or January 2009 and then again in June 2009 thus bringing us back to our bi-annual schedule. For the past previous two years; meetings were held bi-annually in December and June. Previous to that for several years; meetings were held quarterly. Due to low attendance; the committee opted to hold them quarterly but if the need arose, a meeting can be called at any time of the year. In addition, communication with committee members (and team members at individual's meetings) on an informal basis continues to address needs and/or concerns that might arise between meetings. Members are given reminders of meetings in advance sent by mail to encourage attendance. Attendance at the last meeting held in December 2007 was well attended by a majority of the members. Our committee has chosen a casual, informal atmosphere when given the choice in regards to the meetings and therefore no minutes are taken.

3. ACTUAL PROVIDER NETWORK

The below Provider Network includes all providers and contact information that Keokuk County provided payment to for FY 07-08. This does not include administrative expenses such as supplies, mileage, etc. We have to the best of our ability tried to include each provider and any omission otherwise is not known during preparation of this report.

PROVIDER NAME	CONTACT INFO.	SERVICES PROVIDED
Abbe Center for Community Mental Health	520 11 th Street NW Cedar Rapids, Iowa 52405 319-398-3562	CMHC RCF
Associates for Behavioral Health Care	3150 East Avenue NW Cedar Rapids, Iowa 52405	Psychiatric Evaluation & testimony (committals only)
Black & Hinshaw, P.L.C. (Joan M. Black)	132 ½ East Washington Iowa City, Iowa 52240 319-360-0198	Court-Appointed Attorney (committals only)

Body Works Gym & Fitness Center	100 East Industrial Park Drive PO Box 306 Clarence, Iowa 52216 563-452-2424	Non-Traditional Service Fitness Membership Fee
Cedar County Case Management	400 Cedar Street Tipton, Iowa 52772 563-886-1726	TCM
Center Village	RR#2, Box #149 Keosauqua, Iowa 52565 319-293-3107	RCF HCBS-TXIX
Centerville Community Betterment	1111 Haynes Ave., Centerville, Iowa 52544 641-437-1051	HCBS-TXIX
Chandler & Sons, Inc.	19845 55 th Street Ottumwa, Iowa 52501 641-683-9157	Rent Subsidy
Charles E. Perdue, Landlord	701 2 nd Ave. East PO Box 824 Oskaloosa, Iowa 52577 641-673-7635	Rent Subsidy
Chatham Oaks	4515 Melrose Avenue Iowa City, Iowa 52240 319-887-2701	RCF CSALA
Christian Opportunity Center (COC)	1551 Broadway Pella, Iowa 50219 641-628-1162	Habilitation Services-TXIX
Community Care Inc.	1611-330 th Avenue Charlotte, Iowa 52731 563-677-2231	RCF PMI HCBS-TXIX Habilitation Services-TXIX ICF/MR
Community Mental Health Center for Mid-Eastern Iowa	507 E. College Iowa City, IA 52240 319-338-7884	CMHC
Choice, Inc.	2168 US HWY 34 PO Box 409 Corning, Iowa 50841	RCF Habilitation Services-TXIX
Conrad Law Office (Edward Conrad)	PO Box 254 Sigourney, Iowa 52591 641-622-3060 (no longer in business)	Court-Appointed Attorney (committals only)
Country Life Health Care	2554 Ford Avenue Oskaloosa, Iowa 52577 641-673-4447	RCF
Country Living Care Center	2840 K Ave. Toledo, Iowa 52342 515-484-3561	RCF

Crest Services (American Baptist Homes)	433 North Weller Ottumwa, Iowa 52501 641-682-4624	HCBS-TXIX
C.R.I.S / ISAC (County Rate Info. System)	501 SW 7 th Street, Ste Q. Des Moines, Iowa 50309	Purchased Administrative
Dallas County Care Facility	2581 N. Avenue Adel, Iowa 50003	RCF
East Central Iowa Acute Care	Po Box 359 Des Moines, Iowa 50302 800-747-3039	Psychiatric Evaluation & testimony (committals only)
First Resources Corporation	110 East Washington Sigourney, Iowa 52591 641-622-2543	HCBS-TXIX Habilitation Services-TXIX 100% CSALA 100% Supported Employment 100%-Sheltered Workshop, Adult Day Care, Work Activity Outpatient Treatment
Glenwood State Resource Center (SRC)	711 N. Vine Glenwood, IA 51534 712-527-4811	ICF/MR
Goodwill Industries of the Heartland	1410 1 st Ave. Iowa City, Iowa 52244 319-337-4158	HCBS-TXIX Habilitation Services-TXIX
Vernon Hammes	29273-292 nd St. Richland, Iowa 52585 641-456-2612	HCBS-TXIX Non-traditional service (For care above & beyond HCBS)
Hillcrest Family Services	449 Hwy 1 West Iowa City, Iowa 52246 319-337-4204 Highland Place 13011-120 th Ave. Ottumwa, Iowa 52501 641-684-6692 Wash. Co. Mental Health Center 2175 Lexington Blvd. Washington, Iowa 52353 319-653-6161	RCF PMI Habilitation Services-TXIX CMHC
Hillside Estate, Inc.	2227 225 th St. Williamsburg, Iowa 52361 319-668-1659	RCF HCBS-TXIX Habilitation Services-TXIX

Honohan, Epley, Braddock & Breneman LLC	330 E. Court Street PO Box 3010 Iowa City, Iowa 52244 319-351-8100	Court-Appointed Attorney (committals only)
Hope Haven	501 East Harlan Mt. Pleasant, Iowa 52641 319-385-9980	HCBS-TXIX
Imagine the Possibilities	204 6 th Ave. East Oskaloosa, Iowa 52577 641-673-9447	ICF/MR
Iowa Dept. of Human Services	3817 W. Locust, Suite #2 Davenport, Iowa 52804 563-388-1098	TCM
Johnson County Sheriff	PO Box 2540 Iowa City, Iowa	Court-Appointed Sheriff fees (committals only)
Keokuk County Sheriff	224 S. Stone Sigourney, Iowa 52591 641-622-2727	Court-Appointed Sheriff fees (committals only)
Knoxville Residential	205 N. Iowa Street PO Box 287 Knoxville, Iowa 50138 641-842-4618	RCF
Krysillis	905 HWY 69 South Forest City, Iowa 50436 515-582-3050	ICF/MR
Liberty Pharmacy	555 W. Cherry St. North English, Iowa 52317 319-626-6195	Medications (Per county of residency only)
Linn County Sheriff	PO Box 74740 Cedar Rapids, Iowa 52407	Court-Appointed Sheriff fees (committals only)
Lloyd, McConnell & Davis LLP	211 W. Washington Washington, Iowa 52353	Court-Appointed Attorney (committals only)
Mahaska County Sheriff	Courthouse-Box 1 Oskaloosa, Iowa 52577	Court-Appointed Sheriff fees (committals only)
Mahaska Drug	205 North E. Street Oskaloosa, Iowa 52577 641-673-3439	Medications (Per county of residency only)
Mediapolis Care Facility, Inc.	142 N. Orchard PO Box 129 Mediapolis, Iowa 52637 319-394-3432	RCF

<p>Mental Health Institutes (MHI)</p> <p><i>*Note: Over the past year, only MHI-Mt. Pleasant was utilized as our catchments MHI although all four of the MHI's are included for this report.</i></p>	<p>MHI-Cherokee 1251 West Cedar Loop Cherokee, Iowa 51012 712-225-1698</p> <p>MHI-Clarinda 1800 N. 16th St. Clarinda, Iowa 51632 712-542-2161</p> <p>MHI-Independence PO Box 111 Independence, Iowa 50644 319-344-2583</p> <p>MHI-Mt. Pleasant 1200 E. Washington Mt. Pleasant, Iowa 52541 319-385-7231</p>	<p>MHI Inpatient Hospitalization (Committals & Voluntary)</p>
<p>New Choices, Inc.</p>	<p>2501 18th St., Suite #201 Bettendorf, Iowa 52722 319-327-8088</p>	<p>HCBS-TXIX CSALA Non-traditional Service (office supplies for individual)</p>
<p>New Directions CMHC</p>	<p>1229 C. Ave. East Oskaloosa, Iowa 52577 641-672-3159</p>	<p>CMHC</p>
<p>Nishna Productions</p>	<p>PO Box 70 Shenandoah, Iowa 51601 712-246-1242</p>	<p>Habilitation Services-TXIX Transportation (Per county of residency only)</p>
<p>Ottumwa Regional Health Center</p>	<p>312 E. Alta Vista Ottumwa, Iowa 52501 641-684-2320 (Main Hosp. #)</p>	<p>Inpatient Hospitalization (committal only)</p>
<p>Patrick Pomfrey, PSY.D.</p>	<p>306 West Stone Avenue Fairfield, Iowa 52556 641-469-3170</p>	<p>Outpatient Treatment</p>
<p>Poweshiek Co. Community Mental Health Center</p>	<p>200 4th Avenue West Grinnell, Iowa 50171</p>	<p>CMHC</p>
<p>REM, Iowa.</p>	<p>507 Third St. Kalona, IA 52247 319-656-2142</p> <p>2205 Heritage Blvd. Hiawatha, Iowa 52233 319-294-0264</p>	<p>ICF/MR HCBS-TXIX</p>
<p>ResCare, Inc.</p>	<p>Life Solutions Behavioral Health 301 West Burlington Fairfield, Iowa 52556 641-472-5771</p>	<p>HCBS-TXIX RCF Habilitation Services-TXIX CMHC</p>

	<p>Ottumwa Community Services 226 W. Main Ottumwa, Iowa 52501 641-684-6441</p> <p>Washington Co. Community Services 2175 Lexington Blvd. Washington, Iowa 52353 319-653-6571</p> <p>Iowa Co. Community Services 1069 Court Ave. Marengo, Iowa 52301 319-642-3913</p>	
Rural Employment Alternatives, Inc. (REA)	495 4 th Ave. Conroy, IA 52220 319-662-4043	Habilitation Services-TXIX 100%-Supported Employment
Sanders, Gail	816 North I. Street Oskaloosa, Iowa 52577 641-672-2693	Non-Traditional Service (For care provided)
SEIBUS	200 Front St., Ste. 400 Burlington, Iowa 52601 319-753-5107	HCBS-TXIX (Transportation only)
Southeast Iowa Case Management	101 N. 16 th PO Box 1103 Fairfield, Iowa 52556 641-472-3523	TCM
Southern Iowa Mental Health Center	110 E. Main Ottumwa, Iowa 52501 641-682-8772	CMHC
Stravers Law Firm	110 N. Market Street Oskaloosa, Iowa 52577 641-673-9451	Court-Appointed Attorney (committals only)
Successful Living	409 Hwy 1 West Iowa City, Iowa 52246 319-356-0947	Habilitation Services-TXIX CSALA
Ten-Fifteen (10-15) Area Transit Authority	P. O. Box 1287 Ottumwa, Iowa 52501 641-83-0695	HCBS-TXIX (Transportation only) 100% Transportation
Tenco Industries	710 Gateway Ottumwa, IA 52501 641-682-8114	HCBS-TXIX

Tindal & Kitchen, PLC	305 West Main Street Washington, Iowa 52353 319-653-2159	Court-Appointed Attorney (committals only)
Tipton Fitness	313 Cedar Street Tipton, Iowa 52772 563-886-1541	Non-Traditional Service (Fitness Membership Fee)
Vinton Counseling Services	203 East 4 th Street Vinton, Iowa 52349 319-472-4499	Outpatient Treatment
Walsh Law Firm (Shannon K. Walsh)	PO Box 1455 Iowa City, Iowa 52244	Court-Appointed Attorney (committals only)
Wapello County Auditor (reimbursement for Court Advocate)	101 W. 4 th Ottumwa, IA 52501 641-683-0020 or 641-683-4576	Court Advocate
Wash. Co. Mini-bus	1010 W. 5 th Washington, Iowa 52353 319-653-2853	HCBS-TXIX
Washington County Public Safety (sheriff)	2175 Lexington Blvd. Washington, Iowa 52353	Court-Appointed Sheriff fees (committals only)
WCDC/Advanced Employment Services (AES)	PO Box 61 Washington, Iowa 52353 319-653-7248	HCBS-TXIX Habilitation Services-TXIX
Sarah Wenke	205 East Main Street Ottumwa, Iowa 52501 641-682-9510	Court-Appointed Attorney (committals only)

4. ACTUAL EXPENDITURES

This information is taken from the County Dollars Spent by COA Code & Disability Type report from the COMIS system for FY 07-08. The CoMIS Aggregate Report has already been submitted at the time of preparation of this report. You will note that there is an increase of \$141,539.28 in expenditures from the previous FY. This is due to a variety of factors which included additional individuals into our system, increase in needs for existing individuals, increase in provider rates (for both county negotiated rates and rates set by the state), and the largest increase comes from funding the majority of Work Activity services at 100% county rates rather than through the HCBS-MR Waiver which was a Medicaid match for the past several years. This is due to a change in interpretations as to what qualifies individuals for that Pre-Voc. All of these factors contributed toward the significant increase.

COA	SERVICE	40-MI	41-CMI	42-MR	43-DD	44-Other
11000	Direct administrative				\$52,882.76	
12000	Purchased Administrative (CRIS/ISAC)				\$959	

COA	SERVICE	40-MI	41-CMI	42-MR	43-DD	44-Other
21374	Case Management - T19 Match		\$6,848.30	\$23,536.83	\$613.57	
31000	Transportation (non-Sheriff)		\$551.39	\$5,158.98		
32325	Respite			\$1,880.76		
32328	Home/Vehicle Modification			\$574.05		
32329	Supported Community Living (HCBS-T19)		\$1,128	\$220,826.62		
32399	Other (Non-Traditional Services)		\$270.74			
33345	Ongoing Rent Subsidy		\$2,681			
41306	Prescription Medications (Per county of residency only)		\$703.37			
42305	Psychotherapeutic Trmt. Outpatient	\$11,541.97	\$4,955.23			
43000	Evaluation	\$1,090	\$918.16			
50362	Work Activity Services & Pre-Voc. (HCBS-T19)		\$4,307.11	\$73,388.49		
50367	Adult Day Care & Day Habilitation (100% & HCBS-T19)			\$36,685.13		
50368	Supported Employment included Job. Development, Job Coaching		\$3,783.96	\$2,953.56		
63310	Comm Supervised Apt Living –CSALA (Comm. 1-5 Bed)	\$3,636.53	\$9,015.81	\$511.33		
63329	Sup. Comm.Living(1-5 Bed) & Hourly/Daily ARO & Habilitation Services-TXIX		\$58,022.80			
63399	Other (Non-Traditional Services)			\$19,280.40		
65314	RCF (Comm. 16+ Beds)		\$94,918.58	\$65,391.84		
65318	ICF/MR including State Resource Centers (Comm. 16+ Beds)			\$218,678.69		
71319	Inpatient (State MHI)		\$12,359.15			
73399	Other Hosp. (private/public hospital)	\$6,975				
74353	Sheriff Transportation	\$1,297.47	\$1,552.14	\$74.05 (committal)		
74393	Legal Representation (committal court costs/legal fees)	\$1,002.03	\$491.30			
74395	Mental Health Advocates				\$7,832.71	
TOTAL EXPENSES PER DIAGNOSIS		\$27,844.89	\$200,645.57	\$669,254.29	\$62,288.04	
TOTAL COUNTY EXPENSES FOR FY 07-08						\$960,032.79
PREVIOUS FY 06-07 TOTAL COUNTY EXPENSES						\$818,493.51
INCREASE TOTAL FROM PREVIOUS FY 06-07						\$141,539.28

5. ACTUAL SCOPE OF SERVICES

Below is a table that includes the scope of services for Keokuk County for FY 07-08.

SERVICES/SUPPORTS	MI	CMI	MR	DD
Mental Health Advocate	X	X	X	X
Legal Representation (court-appointed committal only)	X	X	X	X
HCBS-TXIX			X	
Adult Day Care			X	
Case Management (TXIX match)		X	X	X

Evaluations	X	X	X	
Transportation/sheriff (Court-appointed committal only)	X	X	X	
Outpatient Psychotherapeutic Treatment	X	X	X	
Sheltered Workshop Services		X	X*	
Work Activity Services		X <i>Per county of residency only</i>	X	
Supported Employment Services	X*	X	X	
State Institutions (SRC) & Hospitals (MHI)	X	X	X	
CSALA/SCL (1 to 5 beds)	X*	X	X	
RCF (6 and over beds)		X	X	
RCF/MR (6 beds and over)			X	
PMI (6 and over beds)		X		
ICF/MR (6 and over beds)			X	X
Transportation (Non-Sheriff, non-committal)		X <i>By an Exception to Policy only and/or per county of residency only</i>	X	
Habilitation Services-TXIX		X		
Rental Subsidy		X <i>Part of Pilot Program</i>		
Day Treatment/Partial Hospitalization	X	X		
*limited basis (see plan for more details)				

6. NUMBER, TYPE & RESOLUTION OF APPEALS

During FY 07-08 there were no appeals or grievances for Keokuk County. For historical reporting purposes, Keokuk County has not had any appeals or grievances for the past six years with the current CPC Administrator.

It should be noted that Keokuk County is in the process of reviewing and changing our appeals process to be in compliance with DHS requirements following a recommendation by the Iowa Attorney General's Office that Board's of Supervisors can not be part of the appeals process due to a possible conflict of interest as they have a financial stake in these matters.

7. QUALITY ASSURANCE IMPLEMENTATION, FINDING & IMPACT ON THE PLAN

Quality Assurance continues to be an ongoing effort throughout the year. We continued with our annual as our main source of quality assurance activities. The surveys were

completed in the spring of 2007 and we continued for the second year to send out surveys based upon a percentage of each survey rather than to each and every recipient. There were four surveys sent including surveys sent to providers on the quality of our Case Management services; provider agencies and/or individuals, Case Managers, and other involved agencies on the quality of the county services as a whole; and to clients in regards to the quality of the services they receive paid by the county on their behalf and with the county as a whole in offering needed services. In surveys to our individuals; also for the second year following recommendations from the Stakeholder Committee; we sent one survey to persons receiving only Outpatient Treatment and then one to persons receiving case-management, residential, vocational, transportation, and other longer-term, ongoing types of services. Those surveys included an explanation of the percentage of surveys sent versus how many were returned, a summary of what each survey was looking for in regards to information, and of course a summary of the results. Please read on for additional information and results.

SURVEY #1-CPC/KEOKUK COUNTY SURVEY:

Keokuk County works with a wide variety of agencies and/or providers throughout the state. Some of these include providers that we provide funding, Targeted Case Management Agencies, DHS, MHI's, DVRS, private hospitals, schools, AEA's, etc. A total of 25 agencies were randomly selected to receive surveys this year with a total of 18 returned or 72%. Below are the responses represented in both number and percentage form.

KEY	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Not Applicable	Unsure			
	A	SA	SD	D	NA	U			
				A	SA	SD	D	NA	U
1	The county provides access to individuals needing services.			18-100%					
2	The county updates its Mental Health Managed Care Plan as needed to accommodate changes and service needs.			17-94%					1-.06%
3	The county needs to add additional services to be funded to its Mental Health Managed Care Plan.			4-22%	3-2%	1-.06%	2-1%	2-1%	6
4	The time from application for services to start of services occurs in a timely manner.			15-83%	1-.06%				2-1%
5	The CPC Application and other requested paperwork is easy to understand and complete.			13-72%	2-1%			1-.06%	2-1%
6	The overall CPC Application process is easy to follow.			13-72%	3-2%				2-1%
7	The CPC is accessible and provides assistance as needed for questions, concerns, issues, etc.			15-83%	2-1%	1-.06%			
8	The CPC is approachable.			16-89%	1-.06%		1-.06%		
9	The CPC responds to phone calls and/or messages and other various types of communication in a timely manner.			16-89%	1-.06%	1-.06%			
10	The CPC attends meetings and/or staffings regularly or as needed.			13-72%	2-1%	1-.06%		1-.06%	1-.06%
11	The CPC provides opportunity for individuals and other team members to give input i.e. concerns, suggestions, ideas, etc.			15-83%	1-.06%	1-.06%			1-.06%
12	The CPC understands the needs of individuals.			16-89%	2-1%				
13	The CPC is knowledgeable.			16-89%	2-1%				
14	The CPC is approachable.			15-83%	1-.06%		1-.06%	1-.06%	
15	The CPC is a valuable team member with valid input and ideas.			16-89%	1-.06%	1-.06%			

16	There is good communication between the CPC and service providers, Case Managers, individuals, and team members.	16-89%	1-.06%		1-.06%		
17	The current Keokuk County Provider Network is adequate. (The Network consists of those service providers that the county contracts with and/or funds for specific services).	13-72%	1-.06%	2-1%	2-1%		2-1%
18	The appeals process is adequate (only if you have filed an appeal).	4-22%	1-.06%			9-5%	4-22%
19	The transition process from child to adult services in Keokuk County is a smooth process (if you have been involved in such a transition).	5-28%				8-4%	5
20	Keokuk County is fiscally responsible with the tax dollars that it is charged to oversee in regards to the Mental Health program.	13-72%	2-1%			1-.06%	2-1%
21	Overall, the CPC process is consumer friendly.	14-78%	3-2%	1-.06%	1-.06%		
22	Overall, the CPC process is service provider friendly.	13-72%	4-22%				
23	Overall, Keokuk County is meeting the needs of its individuals for whom it provides funding and support.	14-78%	3-2%				1-.06%
24	Do you support a change in the current Iowa Mental Health system such as eliminating legal settlement, etc? Are there other changes you would like to see Iowa implement in regards to the current system? <i>*THESE RESPONSES ARE NOT INCLUDED IN THIS SURVEY AS SOME COMMENTS CONTAIN CONFIDENTIAL INFORMATION.</i>						
25	Are there any areas that Keokuk County is doing well and/or any strengths that you can identify? <i>*THESE RESPONSES ARE NOT INCLUDED IN THIS SURVEY AS SOME COMMENTS CONTAIN CONFIDENTIAL INFORMATION.</i>						
26	Are there any areas that Keokuk County needs to improve upon and/or any barriers that you can identify? <i>*THESE RESPONSES ARE NOT INCLUDED IN THIS SURVEY AS SOME COMMENTS CONTAIN CONFIDENTIAL INFORMATION.</i>						
Additional Comments: <i>*THESE RESPONSES ARE NOT INCLUDED IN THIS SURVEY AS MOST COMMENTS CONTAIN CONFIDENTIAL INFORMATION.</i>							

SURVEY #2-INDIVIDUAL (LONGER-TERM) QA SURVEY:

Keokuk County provides funding for a variety of individuals for a variety of services. At the time of this survey, Keokuk County was actively providing funding for 88 individuals. Out of that total, surveys were sent to 49 individuals or 56% through random selection. Of those surveys sent, 18 were returned or 37%. Below are the responses represented both in number and percentage form.

		Yes	No	Unsure	NA
1	Do you have the type of services you need to be as independent as possible?	17-94%		1-.06%	
2	Do you find it easy to get the services and supports that you need?	16-89%	1-.06%	1-.06%	
3	When you applied for services, was the paperwork easy to understand and complete?	10-56%	3-2%	2-1%	3-2%
4	Was the time from application for services to the actual start of services timely?	13-72%	1-.06%	3-2%	1-.06%
5	Do you have the amount of services that you need?	14-78%	1-.06%	3-2%	
6	Are your questions (if any) answered quickly?	15-83%	1-.06%	2-1%	
7	If you had had concerns, have they been addressed quickly?	12-67%	2-1%	3-2%	1-.06%
8	Do you live where you want to live?	17-94%		1-.06%	
9	Do you work where you want to work?	11-61%			7-39%
10	Do you feel safe in your home, at work, in your community?	17-94%		1-.06%	
11	Do you feel that you are able to make your own choices in your life?	16-89%		1-.06%	1-.06%
12	Do you know what your goal(s) that you work on during service time(s)?	16-89%	2-1%		

13	Did you choose those goal(s)?	15-83%		2-1%	1-.06%
14	Are you happy with those goal(s)?	15-83%		2-1%	1-.06%
15	Do you think you are making progress on your goal(s)?	16-89%	1-.06%	1-.06%	
16	Do you feel that your goal(s) are a waste of time?	3-2%	14-78%	1-.06%	
17	Do you think that your staff works with you on those goal(s) during your service time(s)?	17-94%	1-.06%		
18	Did you choose the provider agency that you work with?	9-50%	3-2%	5-28%	1-.06%
19	Did you choose the staff that you currently work with?	10-56%	5-28%	3-2%	
20	Do your service times that you work with staff fit your schedule (if applicable)?	16-89%		1-.06%	1-.06%
21	Does the staff that you work with you with respect and dignity?	18-100%			
22	Overall are you happy with the provider(s) you work with?	17-94%	1-.06%		
23	If you have a Case Manager, do they contact you regularly?	12-67%	4-22%		2-1%
24	Are you happy with the amount of contact you have with your Case Manager?	14-78%	2-1%		2-1%
25	Does your Case Manager offer you choices about your services and goals?	14-78%	1-.06%	1-.06%	2-1%
26	Does your Case Manager treat you with respect and dignity?	16-89%			2-1%
27	Does your Case Manager answer your questions and/or concerns quickly?	14-78%	1-.06%	1-.06%	2-1%
28	Do you feel that your Case Manager is a good advocate for you?	15-83%	1-.06%		2-1%
29	Overall, I am happy with the type, amount, and quality of the services I receive?	16-89%	1-.06%	1-.06%	

Additional Comments:

****THESE RESPONSES ARE NOT INCLUDED IN THIS SURVEY AS MOST COMMENTS CONTAIN CONFIDENTIAL INFORMATION.***

SURVEY #3-OUTPATIENT MENTAL HEALTH SERVICES (SHORT-TERM) SURVEY:

At the time this survey was sent; Keokuk County provided funding for 21 individuals for Outpatient Treatment through various providers. Examples of outpatient treatment are psychiatry, therapy/counseling, psychiatric-nursing, psychological testing, etc. A total of nine (50%) individuals were sent surveys through a random selection. Out of those, 10 were returned or 48%. Below are the responses represented in both number and percentage form.

		Yes	No	Unsure	NA
1	When I applied for funding, the county application process and the paperwork was easy to understand and complete.	2-20%			
2	The time from application to start of treatment was short.	1-10%	1-10%		
3	If I have questions or concerns, county staff answers those in a timely manner.	2-20%			
4	The county staff is professional.	2-20%			
5	The county staff is helpful.	2-20%			
6	I am satisfied with the amount of treatment that the county funds on my behalf.	2-20%			
7	The mental health center staff treats me with respect.	2-20%			
8	The mental health professional (such as psychiatrist, psychologist, nurse, therapist, counselor) I see is approachable with questions, concerns, etc.	2-20%			
9	It is easy to schedule my appointments when I need them.	2-20%			
10	The mental health professional I see understands my problem, issues, etc. that I sought help for to begin with.	2-20%			
12	I am better able to deal with the aforementioned problem, issue, etc. since I have been receiving treatment.	2-20%			
13	I am better off for seeking treatment.	2-20%			
14	Did the mental health center professional explain my given diagnosis clearly?	2-20%			
15	If prescribed medication, do you feel it was prescribed accurately and was it	2-20%			

	explained to you clearly?				
16	I would recommend the mental health center to others.	2-20%			
17	Overall, I am happy with the quality of treatment I receive.	2-20%			
18	Did you choose the provider agency that you work with?	2-20%			
19	Overall, I am happy with the type, amount, and quality of the services I receive and would like to continue?	2-20%			
20	The treatment I have been receiving is not helping me.		1-10%		1-10%
21	I am dependent upon my mental health professional.	2-20%			
22	I have access to medications.	1-10%	1-10%		
23	The mental health center gives me free samples.	1-10%	1-10%		
24	The mental health center helped me sign up for medication assistance programs.	2-20%			
25	I am ordered by the courts, DHS, probation officer, etc. to attend the treatment that the county pays for. If so, what agency ordered you?		2-20%		
26	Are there additional treatment services that you need? If yes, what types?		1-10%		1-10%
Additional Comments: *THESE RESPONSES ARE NOT INCLUDED IN THIS SURVEY AS MOST COMMENTS CONTAIN CONFIDENTIAL INFORMATION.					

SURVEY #4-CASE MANAGEMENT SURVEY:

Keokuk County provides TCM (Targeted Case Management) services for a many of the individuals for whom it provides funding. Keokuk County, along with 12 other counties in southeast Iowa; subcontracts those services to a private agency called Independent Case Management, Inc. Together, our counties and Independent Case Management, Inc. form a 28E consortium called Southeast Iowa Case Management. Keokuk County also has two other TCM providers with whom it works with for two individuals based upon individual choice. Those providers are the Iowa Dept. of Human Services in Scott County and Cedar County Case Management. We sent surveys to some of the agencies and/or providers that work directly with the TCM providers. There are a total of 10 agencies and/or providers that we sent surveys to this year chosen through random selection. Out of that total, there were unfortunately only 4 surveys returned or 40%. Below are the responses represented in both number and percentage form.

KEY	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Not Applicable			Unsure	
	A	SA	SD	D	NA			U	
				A	SA	SD	D	NA	U
1	Case Managers understand your role as a provider or other agency in providing services.			3-75%	1-25%				
2	Case Managers advocate adequately for individuals.			3	1-25%				
3	Case Managers adequately participate as a team member.			2-50%	2-50%				
4	Case Managers adequately communicate with your agency.			2-50%	2-50%				
5	Case Managers adequately coordinate services for individuals.			3-75%	1-25%				
6	Case Management requirements i.e. forms, etc. are easy to understand and complete.			3-75%	1-25%				
7	Case Managers adequately coordinate team meetings?			1-25%	2-50%				1-25%
8	Case Managers adequately facilitate during team meetings.			3-75%					1-25%
9	Case Managers have adequate contact with your agency and individuals regularly.			3-75%	1-25%				
10	Case Managers return phone calls, letters, etc. in a timely manner.			3-75%	1-25%				
12	Case Managers are accessible and adequately respond to questions, issues, concerns, etc.			4-100%					

13	Case Managers are approachable.	4-100%					
14	Case Managers are knowledgeable.	3-75%	1-25%				
15	Case Managers are professional.	3-75%	1-25%				
16	Case Managers treat individuals with dignity and respect.	4-100%					
17	Case Managers are a valuable team member and offer valid input.	4-100%					
18	Case Managers help individuals become more independent in their lives.	2-50%	1-25%			1-25%	
19	Case Managers completes reports in a timely manner.	3-75%		1-25%			
20	Case Managers get paperwork to me as needed such as funding agreements, etc.	3-75%	1-25%				
21	Overall, are you satisfied with Case Management services?	3-75%	1-25%				
22	Do Case Managers need more training? If so, what areas (list in comments below if any).	3-75%					1-25%
23	Are there areas that Case Managers doing well? <i>*NO RESPONSES.</i>						
24	Are there areas that need improvement? <i>*NO RESPONSES.</i>						
25	What Case Managers do you work with regarding Keokuk County individuals? <i>*THE RESPONSES ARE NOT INCLUDED AS THEY INCLUDE NAMES OF CASE MANAGERS.</i>						
Additional Comments: <i>*NO RESPONSES.</i>							

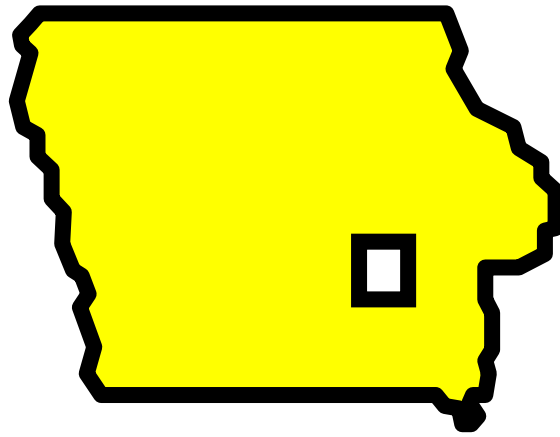
How has all of this information impacted the county plan? All of the results were reviewed by the CPC thus far. It would have been our hopes as we have done in past years to have reviewed this information with the Board of Supervisors, and the Stakeholder Committee and any other interested agencies. However; as reported in the first section of this report; our office has had increases in administrative tasks that have quite honestly; not allowed for a full-focus and review of the surveys. It is our intention to begin review with the Stakeholders Committee and the Board of Supervisor's this upcoming month at which point a summary will be developed and we will take any suggestions, recommendations, or popular trends found in the surveys and implement them in our everyday practices if at all possible. Besides the more formal review of the surveys I have described; our office took any specific and individual concerns noted on the surveys that were returned and addressed them with the either the individual, provider, and case management or all of them if applicable and where appropriate. If any action was needed, it was addressed immediately at that time.

Along with the more formal Quality Assurance practices such as surveys, etc.; The CPC continues, whenever possible; to attend Annual, Progress, or Quarterly Team meetings and discusses any issues or concerns with clients, guardians/family members, providers, case management, and other interested agencies. We maintain an open-door policy and invite anyone to contact us with concerns throughout the year and that in itself is the best quality assurance activity that we can provide.

8. WAITING LIST INFORMATION

For FY 07-08, there were no waiting lists for services in Keokuk County.

KEOKUK COUNTY



THREE-YEAR STRATEGIC PLAN III.

Effective 7/1/2009 – 6/30/2012

"Balancing Act"



**Approved by Stakeholders Committee on 3/18/2009*

**Approved by Keokuk County board of Supervisors during Public Hearing on 3/23/2009*

VISION

A.

It is the intent of Keokuk County to meet the optimal needs of the individuals it works with on a community based integrated concept, whenever possible. Keokuk County intends to develop and maintain a cost-effective approach to providing local, community based integrated system of services and supports that will enhance the individual's choice, empowerment, and community integration.

NEEDS ASSESSMENT

B.

Needs Assessment is an ongoing process throughout the year to evaluate current and future needs that is done formally and informally on both a broad and individual basis. Formally, the Mental Health Stakeholders Committee meets bi-annually (or more often as needed) consisting of individuals, individual's families, providers, and other interested community agencies and/or persons. These meetings are typically held in June and December of each year for ongoing Needs Assessment along with other issues, concerns, and other current events. When needs are identified, the Stakeholder Committee will discuss the cost-effectiveness and feasibility for adding additional services and/or programs and for future planning. In addition, Keokuk County also utilizes satisfaction surveys to serve as Needs Assessments. These satisfaction survey's are sent annually to a variety of recipients including all individuals (and/or guardians) funded by Keokuk County, as well as providers in the Keokuk County Network and other interested persons/agencies in the community. Informally, the CPC continuously gathers information during attendance at Individual Comprehensive Planning (ICP) meetings and Progress Report (PR) meetings and other scheduled meetings throughout the year. This gives individuals and/or guardians, family members, providers, or other interested agencies and/or persons to voice any concerns or needs currently not being met. The CPC also meets with the Keokuk County Board of Supervisors on a monthly or more often as needed basis to review/discuss any ongoing needs, issues, etc. As stated before, all needs identified in all of the above situations are taken into consideration during current and future planning. Over the last three years, there have been a variety of needs identified that are being implemented as goals and objectives to investigate and implement if possible over the next three years (see goals in the following section).

GOALS AND OBJECTIVES

C.

In these uncertain times both economically and in regards to the future of the current delivery system for persons with disabilities in the State of Iowa; Keokuk County is adopting a basic theme for our Three-Year Strategic Plan. We have chosen the theme “BALANCING ACT”. We arrived at this theme because we are opting to develop and implement one basic goal of balancing both meeting the needs of the individuals we serve while also maintaining fiscal responsibility. In order to do so, there are several objectives that we have identified that will help us meet this goal. All this being said, however; while Keokuk County intends to work hard toward our goals and objectives, it also understands that some of our ideas may not be feasible throughout the next three years. In utilizing the Needs Assessment process described in the previous section, we have identified the following goal and objectives:

GOAL 1: KEOKUK COUNTY WILL BALANCE MEETING THE NEEDS OF THOSE WE SERVE WHILE ALSO MAINTAINING FISCAL RESPONSIBILITY.

OBJECTIVE A:

Identify needs versus wants in regards to service provision increased communication and collaboration with those we serve and their team members including but certainly not limited to families, guardians, service providers, Case Managers, and other interested agencies. This will be done by continuing to review and identify appropriateness of individual goal planning at team meetings as well on ongoing throughout the year. We will also alternate funding streams available to individuals locally, in Iowa, and on a national level. While there is no cost identified for this particular objective, there could be a lot of time spent by everyone involved through discussions and research.

OBJECTIVE B:

Identify more non-traditional type of services that meet the needs of individuals but may be more cost effective. This may look like Keokuk County’s version of the “Consumer Choices Option” which has been introduced by the State of Iowa over the last few years. Keokuk County provides on a limited basis for these types of services but would like to Pursue more options when it’s beneficial for everyone involved including the individual, the team members for the individual, and the county. Cost projections are unknown at this time due to the open-ended nature of this objective. The creativity in this goal allows For a “sky’s the limit” type mentality. Initially, time is the only projected resource that will be utilized. We would like to include existing service providers in addition to persons and/or agencies within our communities that could provide these types of non-traditional services. We do realize that perhaps there may be upfront costs that may be more than a traditional service but in the long run meets the needs better and at a lesser cost.

OBJECTIVE C:

Identify ways to improve efficiency for the Keokuk County Community Services department that could include but is not limited to investigating ways to reduce paperwork both internally and externally for our community partners, reviewing

procedures and policies identified in our Mental Health Mgmt. Plan where efficiency could be by improving procedures done both everyday and annually through streamlining and/or simplifying such as service authorization procedures such as service-span timelines for services, application process, contracting, Quality Assurance, Utilization Review/Mgmt., etc. Initially, time is the only projected resource that will be utilized.

OBJECTIVE D:

This objective is a continuation from the previous Strategic Plan. We are planning to continue our exploration and implement, if feasible and cost-effective pooling resources with other counties, providers, other county departments, and other agencies for such areas as trainings, collaboration, service sharing, 28E agreements between government entities, standardizing of paperwork Mental Health Plans, etc. This may allow the Keokuk County to be more successful with the “Balancing Act” that we know we are facing in the years to come. No specific costs known at this time other than the resource of time.

OBJECTIVE E:

This objective is also a part continuation from the previous Strategic Plan is a tool that may be utilized and related to many of the already identified Objectives above. We felt that because the very effective nature of this tool, it should be listed as an Objective itself. We would like to continue to investigate and implement if feasible and cost-effective; “Pilot Programs”. During the investigation period before implementation; we would initially evaluate cost-effectiveness, impact on individual, provider(s), and the county and if warranted, expand to others if the need exists and is found to be a valuable service to our service matrix (for one or all of our diagnostic groups subject to limitations). These “Pilot Programs” could be either non-traditional type of services identified earlier in Objective B, but also traditional services that other counties may offer that we may discover through working with other entities such as counties, agencies, etc. identified in Objective D. At this time no specific anticipated costs are known, however; costs could include assistance with initiation such as upfront costs, etc. and then an ongoing fee-for-service unit as agreed upon by Keokuk County and provider(s).

SERVICES AND SUPPORTS
D.

The CPC and/or Board of Supervisors reserves the right to grant an exception to policy in any situation regardless of those services indicated below. To the best of our ability, we have tried to include all services that are included within the services and supports provided for within the Keokuk County Mental Health Plan. Any omission thereof is not intentional.

SERVICES/SUPPORTS	MI	CMI	MR	DD
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Mental Health Advocate (committal only)	X (m)	X (m)	X (m)	X (m)
Legal Representation (as appointed-committal only)	X (m)	X (m)	X (m)	X (m)
HCBS/MR-Waiver programs <i>NOTE: Based upon individual's need and as agreed to by the team members.</i>			X	
Adult Day Care			X	
Case Management (TXIX match or 100% County funded based on need and if no other source is available)		X (m)	X (m)	X (m)
Evaluations (related to committals)	X (m)	X (m)	X (m)	X (m)
Transportation/sheriff (committal only)	X (m)	X (m)	X (m)	X (m)
Outpatient Psychotherapeutic Treatment/Evaluations	X	X	X	
Sheltered Workshop Services			X (*)	
Work Activity Services			X	
Supported Employment Services	X (*)	X	X	
Inpatient/State MHI's (Committal & Voluntary)	X (m)	X (m)		
Inpatient/State Resource Centers		X	X (m)	X (m)
Inpatient/Private Hospital (committal only & as last resort)	X (*)	X (*)		
CSALA/SCL (1-5 beds) <i>NOTE: This service is for only 100% county funded based services. The HCBS MR-Waiver also offers a service labeled SCL although the cost is shared by the county and Medicaid.</i>	X (*)	X	X	
RCF (6 and over beds)		X	X	
RCF/MR (6 beds and over)			X	
PMI (6 and over beds)		X		
ICF/MR (1-5 beds & 6 and over beds)			X (m)	X (m)

Transportation (Non-Sheriff, non-committal)			X	
Habilitation Services- CMI Programs <i>NOTE: Based upon individual's need and as agreed to by the team members.</i>		X (m)		
Partial Hospitalizations		X (m)		
Day Treatment/Evaluations		X (m)		
(*) = Limited basis (see plan for more details)				
(m)= Mandated				

PROVIDER NETWORK

E.

The Keokuk County Provider Network consists of those providers that Keokuk County would refer applicants to on a regular basis. As Keokuk County is a fairly small, rural county; there are times when applicants must travel beyond Keokuk County to access certain types of services. For example but certainly not mean to be all-inclusive; Keokuk County currently does not have any sort of RCF or PMI facilities, Community Mental Health Centers, or Inpatient Psychiatric Hospitals located within it's boundaries. Because of this reason and also to encourage consumer choice whenever possible, the below list of providers would be provided as potential referral possibilities to applicants depending on their specific situation that could include such variables as choice, location, proximity of provider to residence, cost, etc. These variables are again, dependent on various situations and Keokuk County would make every possible attempt to be as accommodating as possible considering all of these items if feasible.

PROVIDER NAME	CONTACT INFORMATION	SERVICE(S) PROVIDED
Center Village	RR#2, Box #149 Keosauqua, Iowa 52565 319-293-3107	RCF-MR & CMI HCBS-MR
Centerville Community Betterment	1111 Haynes Ave., Centerville, Iowa 52544 641-437-1051	HCBS-MR

Community Care Inc.	1611-330 th Avenue Charlotte, Iowa 52731 563-677-2231	RCF-MR & CMI HCBS-MR Habilitation Services- CMI
Country Life Health Care	2554 Ford Avenue Oskaloosa, Iowa 52577 641-673-4447	RCF-MR
Crest	433 North Weller Ottumwa, Ia 52501 641-682-4624	HCBS-MR
First Resources Corporation	110 East Washington Sigourney, Iowa 52591 641-622-2543	HCBS-MR Habilitation Services- CMI 100% MI, CMI, & MR residential & vocational related services 100% Therapy- MI,CMI
Vernon & Melody Hammes	29273-292 nd St. Richland, Iowa 52585 641-456-2612	MR-100% Residential related Service <i>*Non-Traditional Provider of Services</i>
Hillcrest Family Services	Highland Place 13011-120 th Ave. Ottumwa, Iowa 52501 641-684-6692 Washington County Community Mental Health Center 2175 Lexington Blvd. Washington, Iowa 52353 319-653-6161	PMI & RCF-CMI Outpatient Mental Health Treatment/Evaluation s-MI & CMI
Mediapolis Residential Care Facility	142 N. Orchard PO Box 129 Mediapolis, Iowa 52637 319-394-3432	RCF-MR & CMI

<p>MHI <i>* MHI-Mt. Pleasant is primary catchment area, MHI-Independence is secondary.</i></p>	<p>MHI-Cherokee 1251 West Cedar Loop Cherokee, Iowa 51012 712-225-1698</p> <p>MHI-Clarinda 1800 N. 16th St. Clarinda, Iowa 51632 712-542-2161</p> <p>MHI-Independence PO Box 111 Independence, Iowa 50644 319-344-2583</p> <p>MHI-Mt. Pleasant 1200 E. Washington Mt. Pleasant, Iowa 52541 319-385-7231</p>	<p>Involuntary & Voluntary Inpatient Psych. Hospitalization MI,CMI,MR</p>
<p>Community Mental Health Center for Mid-Eastern Iowa</p>	<p>507 E. College Iowa City, IA 52240 319-338-7884</p>	<p>Outpatient Mental Health Treatment/Evaluation s-MI & CMI</p>
<p>New Directions Community Mental Health Center</p>	<p>1229 C. Ave. East Oskaloosa, Iowa 52577 641-672-3159</p>	<p>Outpatient Mental Health Treatment/Evaluation s-MI & CMI</p>
<p>ResCare, Inc.</p>	<p>Life Solutions Behavioral Health 51 W. Washington Fairfield, Ia 52577 641-472-5771</p> <p>Corporate Headquarters 301 West Burlington Fairfield, Ia 52577 641-472-1684</p> <p><i>*There are several satellite offices located in various counties such as Davis, Iowa, Jefferson, Mahaska, Wapello, Washington Counties.</i></p>	<p>Outpatient Mental Health Treatment/Evaluation s-MI & CMI</p> <p>HCBS-MR</p> <p>Habilitation Services- CMI</p>
<p>River Hills Community Health Center</p> <p><i>*Not yet a provider as does not yet provide this service but Keokuk County intends on</i></p>	<p>Keokuk County Clinic 100 West Main Richland, Ia 52585 319-456-2045</p>	<p>Outpatient Mental Health Treatment</p>

<i>investigating.</i>		
Rural Employment Alternatives (REA)	495 4 th Ave. Conroy, IA 52220 319-662-4043	HCBS/MR Waiver Habilitation Services -CMI 100% MI, CMI, & MR residential & vocational related services
Southeast Iowa Case Mgmt. (SICM)	101 N. 16 th PO Box 1103 Fairfield, Iowa 52556 641-472-3523	Case Mgmt. & Targeted Case Mgmt -MR, DD, CMI
Southern Iowa Community Mental Health Center	110 E. Main Ottumwa, Iowa 52501 641-682-8772	Outpatient Mental Health Treatment/Evaluations-MI & CMI
State Resource Centers	Glenwood Resource Center 711 N. Vine Glenwood, IA 51534 712-527-4811 Woodward Resource Center 1251 334 th St. Woodward, IA 50276 515-438-2600	ICF-MR Evaluations-MR
Ten-Fifteen Ottumwa Area Transit Authority	P. O. Box 1287 Ottumwa, Iowa 52501 641-83-0695	HCBS-MR 100% Transportation-MR
Tenco Industries	710 Gateway Ottumwa, IA 52501 641-682-8114	HCBS-MR
University of Iowa Hospitals & Clinics (UIHC)	200 Hawkins Ave. Iowa City, Iowa 52240	Involuntary & Voluntary Psych. Hospitalizations -MI, CMI, & MR

Wash. Co. Mini-bus	1010 W. 5 th Washington, Iowa 52353 319-653-2853	HCBS-MR
WCDC/AES	PO Box 61 Washington, Iowa 52353 319-653-7248	HCBS-MR Habilitation Services - CMI

ACCESS POINTS

F.

Access points and their functions include the following:

ACCESS POINTS	FUNCTIONS
<p>CPC Administrator <i>*Jesse Hornback or designee</i></p>	Intake, enrollment, service planning, funding authorization utilization Mgmt., waiting list Mgmt.
<p>Case Mgmt. <i>* All Case Mgmt. providers are potential access points although Southeast Iowa Case Mgmt. is Keokuk County's primary Case Mgmt. entity.</i></p>	Intake, Service planning after CPC approval, discharge Planning.
<p>Mental Health Centers/Providers</p>	Intake, service planning for MHC clients only, utilization Mgmt. up to 6 months, discharge planning
<p>Court System</p>	Intake, enrollment for commitments only, service authorization for commitments as approved by CPC
<p>Iowa Dept. of Human Svs. (DHS)</p>	Intake, service planning after CPC approval, discharge planning

