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APPENDIX

## ACRONYM LIST

ACSW	Academy of Certified Social Workers
BIP	Budget and Information Processing Dept. (Scott County)
CMI	Chronic Mental Illness
CPC	Central Point of Coordination
CSALA	Community Supported Apartment Living Arrangements
CSD	Community Services Dept. (Scott County)
DD	Developmental Disability
DHS	Department of Human Services
DSM IV	Diagnostic and Statistical Manual, Fourth Edition
DVRS	Division of Vocational Rehabilitation Services
FY	Fiscal Year, running July 1 - June 30
HCBS-MR	Home and Community Based Waiver Services
HDC	Handicapped Development Center
ICF-MR	Intermediate Care Facility for the Mentally Retarded
ICF-PMI	Intermediate Care Facility for persons with Persistent Mental Illness
ISAC	Iowa State Association of Counties
LPS	Local Purchase of Services
LBSW	Licensed Bachelor Social Worker
LISW	Licensed Independent Social Worker
MBC	Merit Behavioral Care of Iowa
MH	Mental Health
MH/DD	Mental Health/Developmental Disability
MR	Mental Retardation
MR/DD	Mental Retardation/Developmental Disability
MSW	Masters degree in Social Work
O/C	Out of County
RCF	Residential Care Facility, licensed facility in State of Iowa
RCF-MR	Residential Care Facility for persons with Mental Retardation, licensed facility in State of Iowa
RCF-PMI	Residential Care Facility for persons with Persistent Mental Illness, licensed facility in State of Iowa
SSA	State Supplemental Assistance
SSI	Supplemental Security Income
VF	Vera French Community Mental Health Center

## **SECTION I: PLAN DEVELOPMENT**

The Scott County Management Plan for MH/DD Services is developed in compliance with Iowa Administrative Rules 441, Chapter 25, Division II, to meet the requirements of Iowa Code Section 331.439.

The Scott County Management Plan for MH/DD Services is developed with the advice and recommendations of the Scott County MH/DD Advisory Committee. This committee consists of representatives of provider organizations, consumer organizations, advocacy groups and funders. The membership was established to attempt to ensure as inclusive a representation of stakeholders as possible while maintaining a size that is functional for problem solving. The MH/DD Advisory Committee is lead by a professional facilitator.

All recommendations by the MH/DD Advisory Committee are reviewed by the Scott County Board of Supervisors for final acceptance and approval prior to submission to the State of Iowa Dept. of Human Services.

The Policies & Procedures Manual was reviewed and recommended by the MH/DD Advisory Committee, adopted by the Scott County Board of Supervisors for submission to the Iowa Dept. of Human Services by April 1, 2000. Following acceptance of this Manual, all provisions shall remain in effect unless amended by the same review and adoption process. The Scott County Board of Supervisors held a public hearing on March 16 , 2000, in relation to the adoption of the Policies & Procedures Manual. Public hearings will not normally be held for purposes of amendment, but may be held at the option of the Scott County Board of Supervisors.

Scott County had previously adopted a Five-Year Plan, which was be reviewed, and recommended by the MH/DD Advisory Committee to assure that it meets the requirements of the Three-Year Strategic Plan. Recommendations of this review were forwarded to the Scott County Board of Supervisors for adoption as the required Three-Year Strategic Plan for submission to the Iowa Dept. of Human Services by April 1, 2000. At subsequent three year intervals the MH/DD Advisory Committee will develop and recommend a Three Year Strategic Plan to the Scott County Board of Supervisors. Any Strategic Plan will include information on needs assessment; goals, objectives, action steps and projected costs; a matrix of services; a listing of providers and access points. The Scott County Board of Supervisors will hold a public hearing prior to adoption of any three-year Strategic Plan to provide for additional input and comments. Three Year Strategic Plans will be adopted by the Scott County Board of Supervisors and submitted to the Iowa Dept. of Human Services at required three-year intervals.

Scott County will annually develop a Management Plan Review as required by the provisions of Iowa Administrative Rules for submission to the Iowa Dept. of Human Services by December 1 of each year which will address the prior fiscal year. The Management Plan Annual Review shall address progress towards goals and objectives, stakeholder involvement, providers used, expenditures, services provided, appeals, quality assurance and any waiting lists. The MH/DD Advisory Committee will review this information and any other deemed necessary for consideration in development of recommendations of budget initiatives for the next succeeding fiscal year and in development of Strategic Action Plans.

## **SECTION II: PLAN ADMINISTRATION**

Due to the projected cost to hire a managed care company to provide administrative functions, Scott County has determined that it will directly administer this plan through its staff and through contracts with providers.

### **GEOGRAPHICAL AREA COVERED**

Scott County, Iowa

### **DISABILITIES COVERED**

Mental illness, chronic mental illness, mental retardation, and other developmental disabilities. (See Attachment A for definitions.)

### **FUNDING POLICY**

Scott County shall be responsible for funding only those services and supports as identified and authorized in accordance with the process described in this Scott County Management Plan for Mental Health and Developmental Disability Services (including those that are required by law).

### **BENEFITS COVERED**

#### **SCOPE OF SERVICES**

Section X: Scope of Services describes each covered service and lists criterion to be applied. Specific service necessity (clinical) criteria must be met to approve authorization of funding for a requested service. Disability group(s) eligible for individual services are identified in the Covered Service List. It should be noted that consumers may receive services based on either a primary or a secondary diagnosis. Scott County reserves the right to request review of service requests and clinical criteria by an appropriate professional.

#### **EMERGENCY SERVICES**

##### **A. 229 Commitment Services:**

Emergency services are available for acute psychiatric crises. Emergency hospitalization services related to 229 commitment procedures are available for funding under this plan. Emergency hospital services are those provided under an “immediate pick-up” or “48 Hour

Hold” order of the court. Upon order of the court, consumers may be admitted to or held at Genesis Medical Center for evaluation relating to 229 commitment procedures.

For these emergency services, enrollment may be determined retroactively. Scott County expects to be notified of admissions under these emergency provisions as soon as possible and no later than the end of the first working day following admission. Upon notification, the Mental Health Coordinator will begin the process of enrollment.

For those consumers who are not Medicaid eligible and are known to the court to have legal settlement in another county that provides payment for such services only at the Mental Health Institute, or are known to the court to meet the definition of “state case”, the court is encouraged to order these emergency hospitalization services be provided at the Mental Health Institute.

It is expected that those persons who are eligible under the Iowa Plan will receive emergency services in locations that are eligible for Iowa Plan reimbursement.

**B. Other Crises Response Availability:**

Other crisis response capabilities are imbedded in specific funded services or are available to the community as a whole, such as:

1. Case management services through the Vera French Community Mental Health Center provides a 24-hour telephone crisis contact for persons receiving case management services. Dept. of Human Services Case Management uses the regular Dept. of Human Services channels.
2. Providers of specific services also have emergency crisis response capacity, including a psychiatric crisis line at Genesis Medical Center.
3. The Dept. of Human Services adult abuse and neglect services should be accessed for those consumers who do not fit any of the above categories.

**CENTRAL POINT OF COORDINATION**

Name of Organization: Scott County Community Services Dept. (CSD)

Address: 428 Western Avenue  
Davenport, IA 52801

Telephone Number: 319-326-8723

FAX Number: 319-326-8730

Staff: Administrator, Mental Health Coordinator, Mental Retardation/Developmental Disabilities Coordinator

The Scott County Community Services Dept., a department of Scott County government, is ultimately responsible to the Scott County Board of Supervisors. The Community Services Dept. Director (Central Point of Coordination Administrator) reports to the Scott County Administrator. The Community Services Dept. employs two staff persons who act as the Mental Retardation/Developmental Disability Coordinator and the Mental Health Coordinator. All staff employed to carry out duties under this plan shall meet the Iowa Administrative Rule qualifications for a Central Point of Coordination Administrator. The Coordinators provide the day-to-day client specific interaction within the Central Point of Coordination.

## **ACCESS TO SERVICES**

Access to services will be provided through contracts with local service providers (Authorized Agencies) operated in a capitation by program methodology. Access to services outside the local provider network will be through specific contact and application with the Community Services Department acting as the Central Point of Coordination.

## **LEGAL SETTLEMENT**

Scott County expects that legal settlement information should be obtained during the application process and a determination made as to the consumer's legal settlement. Scott County prefers to act as the Central Point of Coordination for persons with legal settlement in Scott County, regardless of residency. In turn, Scott County prefers that persons with legal settlement in another Iowa county or with state case status will have coordination services provided by that entity.

Authorized Agencies are expected to pursue state payment approval through the local office of the Dept. of Human Services when such is appropriate. Scott County will assist Authorized Agencies in obtaining coordination and approval for billing from other counties of legal settlement if possible. If such approval is not forthcoming, Scott County will pursue repayment for services from other counties of legal settlement. In no instance will service be denied due to disputed legal settlement. However, when legal settlement is known to be with another entity, all attempts will be made to provide services in such a manner that meets the requirements of that entity.

In instances in which a resident of another Iowa County has legal settlement in Scott County, Scott County expects to be notified as soon as possible so that we may be involved in coordination of services. When such a consumer is accessing Community Mental Health Center traditional outpatient services in another county, Scott County will use the payment rates, consumer financial participation guidelines, and other eligibility criteria established by the county of residence. (See Attachment H)

## **CONSUMER FINANCIAL PARTICIPATION**

Consumer financial participation will vary by service. Section X: Scope of Services gives specific information related to each service. Financial participation in services falls within several discrete areas. For acute care hospitalization services and commitment or court ordered services, liability will be assessed and pursued (See Attachment B, Financial Liability Collection Procedures). For Medicaid services, the county is precluded from

collecting for match provision. For residential services (24 hour services), consumers who are not eligible for the SSA program, are expected to contribute financially to care in any amounts exceeding the SSA guidelines. For Authorized Agency non-residential services, an approved sliding fee scale will be used. If a sliding fee scale is applied, the determined participation under that scale is the full liability of the consumer. In general, consumer financial participation should balance the positive aspects of consumer responsibility with the community's desire that lower level services be very accessible and thus avert use of higher level, more expensive services.

## **ON-GOING EDUCATION**

The Scott County Management Plan, including the Policy Manual and any current Strategic Plan, will be available for review at the Scott County Community Services Dept. and at the Authorized Agencies. Upon request Scott County will assure that this plan will be provided in accessible formats. Scott County has developed a web site and consideration will be given to including the Management Plan documents as a link in the web site. Staff of the Community Services Dept. is available to speak to groups who express an interest in hearing more about the Management Plan.

## **CONFLICT OF INTEREST**

Service authorization decisions made under this plan shall be made by individuals or organizations which have no financial interest in the services or supports to be provided, or such individuals or organizations which do have a financial interest shall fully disclose such interest to consumers, the county, and other stakeholders. Authorized agencies with delegated authority for decision making will include a statement on the Notice of Decision issued to consumers disclosing the financial interest. The Scott County Personnel Policies: Employee Conduct (see Attachment C) contains the county's conflict of interest policies and applies to county staff authorizing services.

### **SECTION III: FISCAL ACCOUNTABILITY PROCESS**

Due to the funding limitations imposed by the special services fund legislation, Scott County will monitor actual and projected expenditures on an on-going basis until the encumbrance system is reinstated.

In order to maintain the fiscal viability of this limited expenditure system, entrance to programs may be closed when it is determined that a full expenditure of budgeted funds has been committed. The fiscal viability will be maintained first of all by creating waiting lists for all covered services that are not: 1) designated as emergency services, or 2) unable to be controlled due to state and/or federal restrictions.

In the event that control of entry to programs/services/supports is unable to maintain the fiscal viability of the limited expenditure system, programs/services/supports will be reduced in a planful manner based on the principles developed within this plan.

Authorized Agencies with program capitated contracts will be expected to maintain waiting lists for all covered programs and allow entry to programs/services/supports only in such a manner that the capitated funding can be expected to provide coverage for the full contract period. Network providers will provide any waiting lists to the Community Services Dept. on a quarterly basis with the submission of quarterly performance indicators. In such instance that control of entry to capitated programs is not sufficient to provide funding throughout the contract period, the network provider will develop a plan for reduction of services based on the principles developed in this plan. Any such proposed planned reduction of services must be submitted to the Community Services Department. No such reduction of services shall occur without prior approval of Scott County.

The Scott County Board of Supervisors will receive and review a quarterly report of expenditures and use of services in the MH/DD Service System through the Quarterly Performance Indicator reports.

#### **WAITING LISTS**

Waiting lists may be used for all programs/services/supports provided under this plan which are not: 1) designated as emergency services or 2) designated as unable to be controlled by state and/or federal restrictions.

Waiting lists will be implemented at any time that projected current usage indicates that funding allocated to a specific program/service/support will be fully utilized during the contract year. All waiting lists will be reviewed on a quarterly basis. Waiting list data will be reviewed and considered in the annual report and future plan development.

The waiting list for HCBS slots is maintained by the Community Services Dept. Waiting lists for other services are maintained at the authorized agencies and information on such is provided to the Community Services Dept. with quarterly performance indicators.

## **PRINCIPLES OF SERVICE REDUCTION**

Scott County recognizes that the costs incurred for the following services are mandated and must be paid by Scott County: Mental Health Institute services other than as provided for through the Iowa Plan and legislation, attorney's fees related to 229 commitment procedures; sheriff's transportation related to 229 commitment procedures; services of a mental health advocate; certain charges at the Iowa Medical and Classification Center; charges at a county public hospital; 50% of the non-federal share of the cost of Medicaid Case Management, Medicaid Day Treatment and Partial Hospital services for adult non-Iowa Plan eligible persons with a diagnosis of chronic mental illness and Medicaid Case Management for persons with mental retardation or another developmental disability; the non-federal share of ICF-MR charges for adults; the non-federal share of HCBS-MR charges for adults.

The above mandated costs are uncontrollable by Scott County and such costs above the budgeted level must be paid from the limited expenditure funds. In any instance in which it is projected that such mandated costs will exceed the budgeted levels for the fiscal year, and that an institution of waiting lists cannot correct such projected over-expenditure prior to the end of the fiscal year, a plan for reduction of services will be developed using the principles outlined in this management plan. Services will be reduced to the extent necessary to assure that an over-expenditure of the limited expenditure fund does not occur during any fiscal year.

The following Principles of Reduction will be used in developing any plan for reduction of services during the year:

1. Mandated Services (State Hospital Schools, Mental Health Institutes, Mental Health Advocate, specific 229 costs, Iowa Medical and Classification Center, HCBS-MR, ICF-MR) will not be decreased.
2. Emergency service interventions (48-hour holds and 229-commitment order, along with related costs) will not be decreased.
3. Core services (residential and/or residential support and medicinal) will not be decreased.
4. Consumers willing to reduce services voluntarily will be utilized in a first reduction (providing protective situations would not develop).
5. Consumers receiving Out of County services will be returned to Scott County to receive services under contract, as is possible.
6. All other services may be considered in development of a plan for reduction.

## ANNUAL BUDGET

The Scott County FY96 Levy amount determines the base level of the MH/DD Special Services Fund. The FY96 Levy was as follows:

Property Tax Relief:	\$2,580,766		
Property Tax:	<u>\$4,909,435</u>		
MH/DD Base:	\$7,490,201		
		MH/DD Base:	\$7,490,201
		Non-Tax Revenue:	<u>\$2,279,910</u>
		Total FY96 Budget:	\$9,770,111

All budgets shall be developed based on the assumption that the combined amount of property tax relief and property tax revenue cannot exceed \$7,490,201. Allowable growth as projected by the Iowa Dept. of Human Services will be included as projected revenues in development of budgets. The Scott County Board of Supervisors reserves the right to approve a deficit budget at such times as the fund balance allows and the service need requires.

Specific program allocations are developed and adopted by the Scott County Board of Supervisors as a part of budget adoption for each fiscal year. It should be noted that allocations within each Cost Center may be shifted to provide the most effective funding coverage of all programs or line items. Shifts of allocations must be approved by Scott County and follow all applicable Budget and Information Processing Dept. procedures and policies.

## FUND BALANCE

On July 1, 1996 Scott County transferred fund balance in the amount of \$500,000 to the MH/DD fund. As a part of the Scott County Fiscal Policies, the Scott County Board of Supervisors has determined that a fund balance of 10% of the current year's operating budget should be available to allow for cash flow and unexpected expenditures. The Scott County Board of Supervisors will review the current and projected fund balance during each year's budget development and will determine appropriate action if any is needed.

## ADMINISTRATIVE COSTS

Limited administrative costs are included in the MH/DD Services Fund. Only specific direct staff costs are attributed to the MH/DD Fund. Based on the definition of allowable direct costs to be included in the FY96 levy amount, there are additional administrative expenses, which are not able to be included in the MH/DD Fund. These costs relate to personnel who are also assigned duties outside of the MH/DD Services Fund. At present, allocation of time for these personnel is estimated and thus not able to be included in the base year levy. Additionally, the David M. Griffith Report attributes indirect costs to the Mental Health Service Area. These

costs are paid through the General Fund. Administrative costs, which are payable from the MH/DD Services Fund but not included in the base, may be paid from the MH/DD Services Fund at any time that the Scott County Board of Supervisors deems that such is appropriate.

## **RATE SETTING & REIMBURSEMENT METHODS**

For Authorized Agencies, rates and reimbursement methods are delineated in applicable contracts. For Other Designated Providers, rates and reimbursement methods vary. See Covered Services List, Section X, for specific payment information.

For Out of County providers, rates established by the Dept. of Human Services through the Purchase of Service system and/or Medicaid rates will be used. In those instances in which an Out of County provider has not established any such rates, the requested charge (rate) will be considered on an individual basis by the Community Services Dept. and must be reviewed and approved by the Director based on recommendation by the Coordinator. Such service charges (rates) may not be approved if they exceed the level of county expenditure that would be expected if the consumer is served in the state institution for which such Out of County service is an alternative.

## **TRACKING SYSTEM**

The current Scott County mental health data system will be used for tracking of expenditures, providing an unduplicated client count and maintaining statistical information. Currently, the encumbrance system is not available to provide projected expenditure levels on an on-going basis. This will be re-developed in the future.

A minimum data set has been adopted through the Administrative Rules process. Scott County will maintain the required data through a combination of data entered into the Scott County data system and information maintained at the Authorized Agencies. Authorized Agencies are delegated the responsibility to maintain and make available, if requested, the minimum data set information on persons for whom they are authorizing and re-authorizing services. Scott County will maintain the minimum data set information on persons who are authorized or re-authorized for services by the Community Services Department. Authorized Agencies will forward to Scott County the required information and other information required for establishment of the individual consumer in the Scott County data system. See Attachment D, Data.

## **SECTION IV: PROVIDER NETWORK**

Scott County currently operates a modified preferred provider system within the network service area and with out-of-county service (treatment of covered persons outside the network service area) requiring pre-admission certification and prior authorization by the Scott County Community Services Dept.

### **AUTHORIZED AGENCIES**

The Scott County Board of Supervisors has designated the Vera French Community Mental Health Center, the Handicapped Development Center, and the Iowa Dept. of Human Services Case Management Unit as Authorized Agencies of Scott County. These agencies are the preferred providers of community based residential, outpatient, habilitative, and rehabilitative services. As Authorized Agencies, these providers have delegated responsibilities under this plan. The Authorized Agencies and the services provided by each are as identified below:

Handicapped Development Center: Home and Community Based Waiver Services, ICF-MR, RCF-MR, Employment Services, Personal Independence Services, Respite, Wraparound.

Vera French Community Mental Health Center: RCF-PMI, Outpatient, Community Support, Consultation & Education (Community Services), Day Treatment, Inpatient Physician, Case Management (CMI), Case Monitoring, Wraparound.

Dept. of Human Services: Case Management (MR/DD)

### **OTHER DESIGNATED NETWORK PROVIDERS**

Scott County has also designated Genesis Medical Center as the preferred community based provider of acute care mental health services for persons with legal settlement in Scott County being provided services under court orders related to Chapter 229 of the Iowa Code. Inpatient evaluation prior to hearing and forty-eight hour hold inpatient services are considered emergency services. Authorization for such services is detailed in the Covered Services List, Section X. Acute level treatment services following hearing may be authorized by the Community Services Dept. Mental Health Coordinator at the time of hearing.

Genesis Medical Center is also the preferred provider for voluntary inpatient hospitalization as detailed in the Covered Services List, Section X. Voluntary inpatient hospitalization funding requires the authorization of the Community Services Dept. through the Mental Health Coordinator.

Genesis Medical Center, through its Home Health Care Division, also provides Home and Community Based Waiver Services. See Covered Services List, Section X.

New Choices, Inc. provides Home and Community Based Waiver Services.

Scott County will continue to use the state facilities for services as may be determined most appropriate and cost effective. The state operated facilities most commonly used by Scott County are the Glenwood State Hospital School, the Woodward State Hospital School, and the Mental Health Institute at Independence. Other Mental Health Institutes are used when appropriate based on Dept. of Human Services criteria. Admission to the state facilities requires authorization of the Community Services Dept. through the appropriate coordinator. The Iowa Medical and Classification Center at Oakdale is also paid through this plan.

The providers identified below are considered Designated Network Provider. The services provided by each entity are also listed.

Genesis Medical Center: Psychiatric Nursing Evaluation related to Outpatient 229 Evaluations; Psychiatric Inpatient for 1) Evaluation prior to hearing for 229, 2) 229 48-hour hold, 3) Voluntary admissions; and Home and Community Based Waiver-MR.

New Choices, Inc.: Home and Community Based Wavier Services.

Mental Health Institute: Psychiatric Inpatient for 1) Evaluation prior to hearing for 229, 2) Acute treatment under 229 commitment order, and 3) Voluntary admissions.

Glenwood & Woodward State Hospital Schools: ICF-MR

Iowa Medical and Classification Center: District Court ordered services.

## **OUT OF COUNTY PROVIDERS**

Providers outside of the community will be considered “out of network plan” providers and may be used by Scott County when such are considered to be the most appropriate and cost effective. Funding for any “out of plan” services require the authorization of the Community Services Dept. through the appropriate Coordinator. (See Out of County in the Covered Services List, Section X: Residential, Vocational, Medical, and Other. NOTE: Strict limitations apply.)

Scott County recognizes that current law and interpretations regarding legal settlement may mean that another county will provide services under that other county’s plan for persons with legal settlement in Scott County. Scott County hereby expresses a preference that notification of the proposed initiation of service be provided to Scott County prior to initiation of service or as soon as possible (within two working days following initiation) for emergency services. Any other county aware of requests for initiation or initiation of such services should make contact with the Scott County Community Services Dept.

Scott County will normally initiate the process for enrollment in the Scott County MH/DD Service System and will take coordination responsibility for such persons. Such services are considered to be out of network plan (Out of County) services and Scott County will be responsible for funding only those services and supports that are authorized through the processes described in the applicable county management plan. (See Covered Services List, Section X for specific requirements for out of county services).

For consumers having residence but not legal settlement in Scott County, Scott County prefers that the county of legal settlement or the state provide services through that entity's Central Point of Coordination or the State Payment Program. Scott County will make every effort to notify the jurisdiction of legal settlement prior to initiation of services. Scott County reserves the right to attempt to collect any service funds expended from the jurisdiction of legal settlement.

## **QUALIFICATIONS OF PROVIDERS**

All providers are expected to meet the currently applicable licensing and/or accreditation criteria as determined by the State of Iowa, and be so licensed and/or accredited for the services to be provided by the State of Iowa. Scott County reserves the right to request that verification of accreditation or certification is provided.

All providers of RCF, RCF-MR, or RCF-PMI services must participate in the Dept. of Human Services State Supplemental Assistance (SSA) program. Exceptions will be made for out of network (Out of County) providers who are currently providing services to Scott county consumers for the duration of stay of the current consumer. However, no new placements will be approved in such non-participating facilities.

Providers of ICF-MR, ICF-PMI, and HCBS-MR services are expected to maintain enrollment in Medicaid.

In no instance will a provider's decision to not enroll in Medicaid or to not participate on the Iowa Plan provider panel create an eligibility for funding under this plan for services which would/could have been covered through Medicaid.

Hospitals providing service under this plan are expected to hold current accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Any new Out of County Provider must additionally provide the Community Services Dept. with information regarding previous or current service provisions to other counties. References will be checked with other Central Points of Coordination and/or Case Management providers who have previously purchased or monitored services from the agency. Scott County will not initiate services with a new Out of County provider until the appropriate Community Services Dept. Coordinator has reviewed written program and financial information, made an on-site visit to the facility, and/or checked references.

At the current time, all providers will be required to hold licensure or accreditation as discussed in this section. This will be reviewed in the future to determine if a satisfactory method of including non-licensed/accredited providers can be developed.

## **SECTION V: APPLICATION & APPROVAL PROCESS**

### **FUNCTIONS**

The Scott County Board of Supervisors will maintain responsibility for overall administration of this plan. The Community Services Department (Central Point of Coordination) is designated to act for the Scott County Board of Supervisors in administering this plan, including direct administration activities and monitoring of delegated and contractual activities. The Community Services Dept. will determine eligibility for enrollment in the Scott County MH/DD System, make referrals to a service coordinator, make referrals for a clinical assessment, and authorize and re-authorize service and supports, unless otherwise specified in this plan. The Community Services Dept. will maintain responsibility for service and cost tracking, and for collection and reporting of data relating to the services system, unless otherwise specified in this plan.

In applying to the Scott County MH/DD Service System, an applicant will be considered for both enrollment and service authorization.

ENROLLMENT: Enrollment in the Scott County Mental Health System indicates that an individual is eligible on his/her own behalf to receive the services provided under this plan. Only enrolled consumers may be considered for services. However, enrollment does not grant any entitlement to any service provided through the Scott County MH/DD Service System.

SERVICE AUTHORIZATION: Service authorization is a separate and distinct process that requires the determination that a “service necessity” exists for any specific service requested.

Application should be made at the Authorized Agency providing the desired service. If desired services are not provided through an Authorized Agency, application should be made through the Community Services Department.

Authorized Agencies making decisions under this plan will comply with the conflict of interest policy as stated in Administrative Code Section 441 and will provide information on financial interest on the Notice of Decision provided to consumers.

Providers who are not designated as Authorized Agencies under this plan are required to forward any enrollment and service funding request to the Community Services Dept. or to the Authorized Agency with delegated responsibility for determination of eligibility.

Application information may be taken on a standardized application, in another agreed upon format, or through telephone contact with the Community Services Dept. Coordinator. Application information will include the minimum data set information and sufficient other information to allow determination of compliance with General Eligibility Criteria and Service Eligibility Criteria. Legal settlement information should be included in the application information.

If an Authorized Agency determines that there is an issue of legal settlement in another county or state case status, the individual will be immediately referred to the Community Services Dept. The process of gathering sufficient information will continue in consultation with the Community Services Dept. Coordinator.

Consumers meeting the General Eligibility Criteria may be considered for covered services to be funded through this plan. Completion of the request for and authorization of funding of services will vary and should be determined from the Covered Services List, Section X. This plan provides for completion of the request for and authorization of funding at Authorized Agencies in most instances. The Covered Services List, Section X, provides detailed information regarding the process to be followed for any particular service requested.

## **APPLICATION REVIEW PROCESS**

Completed applications for enrollment and service authorization will be reviewed within ten working days of receipt by the Community Services Dept. or an Authorized Agency with delegated functions. Coordinators or Authorized Agency staff will screen the information received and make a determination. The decision may be to approve the application as meeting the eligibility criteria, reject the application as not meeting the eligibility criteria, or pend the application to gather additional information.

## **AUTHORIZATION/RE-AUTHORIZATION OF SERVICE**

Authorization/re-authorization criteria for each service or support are identified in the Covered Services List, Section X. No funding for service will continue beyond the authorization/re-authorization time. The authorization/re-authorization time frame is to be considered the maximum time allowed, and any receipt of funding for any service may be determined to have a shorter authorization time frame based upon the individual situation of the consumer. At the time of authorization/re-authorization, the general eligibility criteria, the service eligibility criteria, financial eligibility criteria and any service specific criteria will be reviewed for initial/continued eligibility. Determination of initial/continued eligibility will be made and the consumer will be informed of the determination through a Notice of Decision.

## **CHANGES IN STATUS**

1. Any changes in consumer's situation that would affect eligibility should be reported to the Authorized Agency determining eligibility or the Community Services Dept.
2. Any determination of further information affecting eligibility will be reviewed at the time of receipt.
3. If it is determined that continued eligibility does not exist, the consumer will be so informed through a Notice of Decision.

## **NOTICE OF DECISION**

A written notice of decision which explains the action taken on the consumer's application and the reasons for that action will be sent to the consumer or authorized representative, or in the case of minors, to the family, by the entity making the determination (Community Services Dept. or Authorized Agency) as soon as a decision is made but no later than thirty working days following completion of the application. The written notice of decision will explain the eligibility determination decision and the criteria that the decision is based on. It will explain the consumer's right to appeal and how to initiate the appeal process.

A copy of the required application information and the notice of decision will be forwarded to the Community Services Dept. by any Authorized Agency making that determination.

If the consumer meets criteria for the service but funding is not available for entry to the service, the consumer will be added to the waiting list for that service. If a waiting list is used, the consumer will be informed of the projected start date of service and how information can be obtained regarding the consumer's status on the waiting list.

## **DIRECTOR'S EXCEPTION**

The Director of the Community Services Dept. shall have the authority to authorize services to a consumer who does not meet service eligibility criteria, financial eligibility criteria, or service specific criteria in instances of extraordinary circumstances. Any service authorization provided through the Director's exception mechanism will be so noted on the Notice of Decision provided to the client.

## **CONFIDENTIALITY**

All applicable state and federal statutes relating to confidentiality will be adhered to by persons performing actions identified in this plan. Training will be provided to assure knowledge of such statutes. In instances of delegated functions, only sufficient information to assure that service was provided and eligibility for financial support will be required by the Community Services Dept. See Attachment E for additional information.

## **DELEGATED RESPONSIBILITIES & ACCESS POINTS**

### **AUTHORIZED AGENCIES:**

Those agencies designated by the Scott County Board of Supervisors as Authorized Agencies will perform specifically delegated functions of the Central Point of Coordination as delineated in contractual arrangements with each Authorized Agency. Authorized Agencies may determine enrollment and service eligibility and may initiate services as delineated in contractual arrangements, within budgeted limits, implementing the eligibility and clinical criteria as adopted in the County

Management Plan. Services outside of the contractual arrangements with Authorized Agencies require specific authorization by the Community Services Dept. Coordinator.

Individuals presenting at these agencies will be able to provide standardized intake information in an agreed upon format. The Authorized Agency will be responsible for forwarding required information to the Community Services Dept. regarding enrollment and service determinations. Any service authorization completed by an Authorized Agency requires transmittal of the required standard consumer information and a copy of the Notice of Decision to the Community Services Dept. prior to transmittal of any request for payment or statistical billing information. The Authorized Agencies will maintain the minimum data set information on any consumer provided service through this process.

The Authorized Agencies employ staff who have special expertise in the contract areas and meet licensing and/or accreditation standards.

Following is the listing of Authorized Agencies and the contractual services for which they will have delegated functions:

1. Handicapped Development Center  
3402 Hickory Grove Road  
P. O. Box 2450  
Davenport, IA 52809  
Ph: 319-391-4834  
Hours of Operation: 7:30 a.m. – 4:00 p.m., M – F

Contractual Services: Community Residential Services ( including RCF-MR, Home and Community Based Waiver-MR, respite), Employment Services (work evaluation, workshop, extended employment, supported employment), Personal Independence Services, ICF-MR.

2. Vera French Community Mental Health Center  
1441 Central Park Avenue  
Davenport, IA 52804  
Ph: 319-383-1900  
Hours of Operation: 8:00 a.m. – 5:00 p.m., M – F

Contractual Services: Outpatient Services, Community Support Services, Community Services, Case Management, Day Treatment, Partial Hospital, Inpatient, Residential, Case Monitoring

3. Dept. of Human Services, Case Management Unit  
3817 W. Locust Street, Suite 2  
Davenport, IA 52806  
Ph: 319-388-1098  
Hours of Operation: 8:00 a.m. – 4:30 p.m., M – F

Contractual Services: Medicaid Case Management Services for persons with mental retardation or other developmental disabilities, including time limited assessments.

## OTHER DESIGNATED NETWORK PROVIDERS:

These providers may gather application and service request information in any agreed upon format and should forward the completed application to the Community Services Dept. or the appropriate Authorized Agency by the close of the first business day following completion of the required application information. Applications may be forwarded by mail or fax. Additionally, these providers may convey completed application information to the Community Services Dept. through telephone contact with the appropriate Community Services Dept. Coordinator.

Following are the designated Other Network Providers and the services for which they may gather application information:

1. Genesis Medical Center: Psychiatric Nursing Evaluation related to Outpatient 229 Evaluations; Psychiatric Inpatient for 1) Evaluation prior to hearing for 229, 2) 229 48-hour hold, 3) Voluntary admissions; and Home and Community Based Waiver-Mr.
2. Mental Health Institute: Psychiatric Inpatient for 1) Evaluation prior to hearing for 229, Acute treatment under 229 commitment order, and 3) Voluntary admissions.
3. Glenwood & Woodward State Hospital Schools: ICF-MR
4. Iowa Medical and Classification Center: District Court ordered services.

## **SECTION VI: ELIGIBILITY**

### **ENROLLMENT ELIGIBILITY CRITERIA**

Persons applying for enrollment in the Scott County MH/DD Service System must meet each of the below listed eligibility criteria.

- A. Only persons with a diagnosis of mental illness, chronic mental illness, mental retardation, or other developmental disability are eligible for enrollment and consideration for services under this plan. See Attachment A for disability definitions. See Section X for benefit list available to each disability.
- B. In addition, a consumer must meet one of the following:
  - 1. The applicant is a resident of Scott County. A resident is defined as a person who is currently living in Scott County and intends to continue to live in Scott County. Any person who arrives in Scott County and enters a residential/acute care living arrangement within 30 days of arrival will be assumed to have entered Scott County to receive services and will not gain residency.
  - 2. The applicant resides in another Iowa County but is found to have legal settlement in Scott County. Scott County prefers to act as the Central Point of Coordination for persons with Scott County legal settlement and residence in another county.
- C. The applicant believes he/she is in need of one of the covered services provided under this plan and he/she plans to make application for a covered service within a reasonable period of time.
- D. The applicant believes he/she will not have sufficient personal resources or funding from other sources to provide coverage for services needed.

NOTE: For applicants who are found to have legal settlement in another Iowa county or are found to have no known or unknown legal settlement in Iowa, Scott County reserves the right to arrange with any provider direct billing to the appropriate county or state for the cost of services or to pursue repayment of expended funds from any such financially liable entity.

### **SERVICE ELIGIBILITY CRITERIA**

- A. Service requests should be reviewed using the following general criteria. All criteria must be met.
  - 1. The consumer meets general enrollment eligibility criteria under this plan.
  - 2. The service requested is a covered service under this plan.
  - 3. The values identified in this plan are reflected in the service.

4. Funding is available under the plan for the service requested.
5. The service requested is the least costly service that meets the needs of the consumer.
6. All other available funding outside of this system has been fully accessed by the consumer prior to request for funding under this plan.
7. The consumer or consumer household's income meets financial eligibility criteria as described in this Section and the consumer does not have sufficient resources to cover the cost of the service requested. Special protective service situations may have this criteria waived as outlined in the Financial Eligibility Criteria.
8. The service necessity criteria specific to the service requested is met.
9. Any other special requirements of the specific service requested are met.
10. The service is age appropriate.

B. The following circumstances can result in denial or discontinuation of funding for a specific service:

1. Resources are available to meet needs at the service level standard.
2. The consumer chooses to discontinue or withdraw from voluntary services.
3. There is a transfer of property or other assets within five years of the time of application, with the intent to qualify for assistance.
4. The consumer refuses to cooperate in providing required information or refuses to participate in offered services.
5. The consumer knowingly provides false information on an application for enrollment or request for service funding, or provides false information to the Community Services Dept. Coordinator or the Authorized Agency during the determination of eligibility for enrollment or service funding.
6. The consumer or consumer household, through action or inaction, has created an ineligibility for assistance or a reduced level of assistance from any federal/state financial assistance program, which would, absent the consumer or consumer household's action or inaction, provide financial assistance to fund the service requested.
7. The consumer refuses to provide payment of client participation amounts as may be determined under this plan when he/she has the ability and means to do so.

8. The consumer refuses to participate in programming as deemed necessary for rehabilitative effect.
9. The consumer is not benefiting from programming and/or the services provided.
10. Secondary behaviors and/or actions of the consumer prevent rehabilitative effects from the services provided, i.e., substance abuse; criminal acts, disruptive behaviors requiring a higher intensity service.
11. The specific service necessity criteria are no longer met and/or the specific discharge criteria for a service are met.
12. The service requested is under the purview of another entity for funding and determination of need.

C. Service Specific Criteria

The Covered Services List, Section X, describes each covered service and lists criterion to be applied. Specific service necessity (clinical) criteria must be met to approve authorization of funding for the requested service.

D. Clinical Review

Scott County may, at any time, request review of service requests and clinical criteria by an appropriate professional.

**FINANCIAL ELIGIBILITY CRITERIA**

Scott County has identified specific service situations for which financial eligibility guidelines have been developed or adopted. These service situations and the financial eligibility and client participation required are as follows:

A. MEDICAID SERVICES

Medicaid Services, in these guidelines, are those services included in the county plan for which the county provides payment of the non-federal match share of a Medicaid (Title XIX) payment. Eligibility for these services under the county plan requires that state Medicaid eligibility guidelines are met. The consumer must be eligible for Medicaid to be eligible for these services. These services include ICF-MR, HCBS, certain Case Management, Day Treatment, and Partial Hospitalization Services.

B. TWENTY-FOUR HOUR SERVICES

These services are normally provided in a licensed or certified setting. In order that persons receiving such twenty-four hour services are eligible for the state supported maintenance services and the accompanying medical (Medicaid) coverage, the state's SSA guidelines will apply.

Persons in such twenty-four hour settings must apply for and accept SSA, if available. Persons who are approved for SSA and meet the client participation as determined through the SSA program would be considered eligible for twenty-four hour service with no additional client participation.

Those persons in such twenty-four hour settings who are ineligible for SSA due to income or resources, may still be eligible for financial assistance under this plan through determination and payment of client participation above the SSA guidelines. Income and resources above the SSA limits (currently \$2,000) must be applied as follows. Prior to determination of client participation in the service payments, the following deductions from income and/or resources available are allowed. 1) The consumer may retain a personal allowance equivalent to the personal allowance allowed under the SSA program. 2) The consumer shall provide the room and board payment at the SSA equivalent. 3) The consumer shall provide payment for medical expenses for which he/she is financially responsible. (Most consumers in twenty-four hour settings should be eligible for the Medically Needy Program and must apply and accept such assistance.)

Following deduction of the above approved expenses, any remaining income and resources would be considered the required client participation toward the service in that twenty-four hour setting. Such client participation should be paid toward the service cost up to 100% of that service cost. For any consumer whose client participation does not equal 100% of the service cost, the county would participate in payment to the facility up to that level. At any time that required client participation equals 100% of the service cost and no county subsidy is needed, that consumer should be considered a private pay consumer and would not be considered to be served under this plan.

NOTE: Income earned in a supported employment, sheltered workshop, or developmental services program would not be considered income in determination of client participation for twenty-four hour settings.

#### C. ACUTE CARE HOSPITALIZATION SERVICES

Consumer liability for acute care hospitalization services will be determined according to the provisions as allowed in the Iowa Code and in accordance with the Liability procedures as outlined in Appendix Attachment B.

NOTE: For acute care hospitalization services provided by Genesis West in accordance with the contract between Scott County and Genesis West, Scott County will exempt the consumers homestead from consideration in liability determination.

#### D. COMMITMENT/COURT RELATED SERVICES

Consumer liability for commitment related services will be determined according to the provisions as allowed by the Iowa Code and in accordance with the liability procedures as outlined in Appendix Attachment B.

## E. SLIDING FEE SCALE SERVICES

In that Scott County believes that 1) community based, lower level, less intensive (and less expensive) services should be made easily accessible to our citizens; and, 2) that it is important that those citizens with income and resources should participate in the payment for services at an appropriate level, for services not falling into the above categories, a sliding fee scale will be in effect.

### Purpose:

To establish guidelines that determine eligibility for financial assistance for services identified in the Scott County Management Plan as Sliding Fee Scale Services.

### Sliding Fee Schedule:

Persons who are provided services under the Scott County Management Plan may request financial assistance from Scott County under the sliding fee schedule. Persons who have been determined eligible for SSI or SSA will be considered eligible under this sliding fee scale with zero additional client participation. The sliding fee schedule determines the percentage of charges each person is required to pay and is based primarily on two factors:

#### 1. Annual gross household income

Definition: Annual Gross Household Income: All income received by the consumer's household shall be considered, including but not limited to wages, retirement benefits, disability benefits, investment income, rental income, and income from trust funds. Gross income from earnings should be considered. The total should correspond to the amount reported on a federal income tax return.

#### 2. Number of dependents in the household

Definition: Household: For consumers age 18 and over: The consumer's household would be defined as that consumer, the consumer's spouse, and any children, stepchildren or wards under the age of 18 residing with the consumer.

For consumers under the age of 18: The consumer's household would be defined as the consumer, the consumer's parents, stepparents or guardians and any children, stepchildren, or wards under the age of 18 of the consumer's parents, stepparents, or guardians residing with the consumer.

If other payment sources are available, consumers are required to provide information to the service provider necessary for billing purposes. Charges not paid by other sources will be applied to the sliding fee schedule to determine the financial assistance to be received from Scott County.

The sliding fee schedule shall be developed annually for implementation at the beginning of each fiscal year, using the current federal poverty guidelines in effect at that time. The sliding fee schedule shall provide that no consumer participation is required at 100% or less of the federally determined poverty level.

### Resource Guidelines

Definition: Resources shall include liquid assets including but not limited to savings accounts, stocks, bonds, IRS's or other investments. All real property shall be considered a household resource other than as exempted below. Any property not excluded below, such as rental property will be included at net value. (Net value = value of properties – remaining mortgage.)

### Resource Exemptions:

1. The homestead: equity in a family home or farm is excluded.
2. Automobiles: For a household of one, the net value of one automobile is excluded up to \$5,000. For a household of two or more persons, the net value of two automobiles will be excluded up to a combined total of \$10,000. (Net value = Blue book price – remaining loan balance.)
3. General household furnishing and personal items.
4. Tools of an actively pursued trade.
5. The first \$5,000 in resources over and above the aforementioned exclusions is also excluded.

For most persons requesting financial assistance from Scott County through the sliding fee schedule, eligibility will be based on annual gross family income and family size. However, persons who have resources in excess of the exclusions identified in the resource definitions, must include these resources under the annual income section of the sliding fee schedule by adding the value of the countable resources to the annual gross income when determining the level of consumer participation required and the level of assistance Scott County will provide.

### Protective Service Situations

Occasionally a consumer requiring services will not meet established financial eligibility criteria or will be unable to provide sufficient information to establish eligibility, however, that consumer is believed to be in need of services and could come to significant harm without receipt of services. This could include consumers who are unable or unwilling to participate in the application process. The Exemption Manager shall be authorized to determine if a service applicant should be considered a Protective Service Case and provided needed services as an exception to these policies.

### Application of Sliding Fee Schedule to Long Term Programs

In recognition of the long-term nature of certain programs and services and the potentially high charges involved, the sliding fee schedule will be adjusted as follows for the following programs:

Vera French:

Community Support Program	Add three additional dependents
Case Monitoring	Add three additional dependents
Day Treatment	Add five additional dependents

Handicapped Development Center:

Vocational Day Programs:	Add four additional dependents
Supported Employment:	Add three additional dependents
Developmental Day Programs:	Add five additional dependents

100% County Funded Waiver Services: Add four additional dependents

Exemption Manager:

Individual consumers who believe they have special circumstances that affect their ability to pay the determined fee may request an exception. Exceptions to this policy will be reviewed by the Exemption Manager.

A management level staff person as designated by the Authorized Agency will carry out the responsibilities of the Exemption Manager. For services not provided by an Authorized Agency, the Director of Community Services will act as the Exemption Manager.

The Exemption Manager is given authority by Scott County to respond to appeals made by applicants for financial assistance for services at the Authorized Agencies. Appeals may be made by persons who do not meet eligibility criteria for assistance or who, because of special circumstances such as significant health care expenses, request assistance beyond the established guidelines. The Exemption Manager will not consider appeals until the service applicant provides information reasonably necessary to support their request.

The Exemption Manager will communicate all decisions on requests for exception to policy to the consumer in writing within five working days of receipt of such request.

In addition, the Exemption Manager shall be authorized to approve services for those individuals identified as Protective Service Cases.

The Exemption Manager shall report exemption decisions to the Scott County Dept. of Community Services, but shall not be required to release privileged information, such as patient identifying information, without a properly executed release of information.

An appeal of the decision of an Exemption Manager may be made to the Scott County Dept. of Community Services, 428 Western Ave., Davenport, IA 52801, in accordance with the appeal procedures set out in the Scott County Management Plan for MH/DD Services.

## **SECTION VII: APPEALS/GRIEVANCE PROCEDURE**

In all instances, concerns regarding decisions made under this plan should attempt to be mediated through discussion with the persons involved in the decision making. If mediation is unsuccessful, any consumer has the right to appeal such decisions as follows:

### **LEVEL I APPEAL:**

The first level of appeal is available to consumers who are challenging a decision made by an Authorized Agency through delegated functions. Level I appeals should be made to the entity that made the decision being appealed. The Level I Appeal will follow the internal policies of the Authorized Agency of origin using that agency's appeals/grievance procedures. See Attachment E.

If resolution cannot be obtained through a Level I Appeal then a Level II Appeal can be initiated to the Community Services Dept. Applicants/consumers will be informed orally and in writing by the Authorized Agency at the time of their decision regarding the following:

1. The decision made, including written notice of the basis of the decision.
2. Their right to an appeal to the Community Services Dept. and that a written communication to the Community Services Dept. Coordinator requesting a review of a decision shall constitute an appeal, and where to send the appeal request.
3. That they may be represented by themselves or a representative of their choice, at their own expense.
4. The availability of community legal services to assist them.

### **LEVEL II APPEAL:**

1. The right to a hearing; applicants are entitled to a review by the Community Services Dept. Coordinator based on the following criteria for appeal:
  - a. Denial of enrollment and/or eligibility to the County Management Plan.
  - b. Certification or denial of certification of a service requested, including intensity of service.
  - c. Discontinuation or denial of recertification of a service requested, including intensity of the service.
  - d. Discontinuation of enrollment and/or eligibility to the County Management Plan.

2. Process for appeal:
  - a. Any clear written communication to the Community Services Dept. Coordinator by or on behalf of an applicant/consumer requesting a review of a decision shall constitute a request for an appeal hearing if made within fifteen days of the decision for which the review is requested. The written communication shall specify the applicant's position as to why their application merits review.
  - b. The request for an appeal hearing cannot be denied except where the applicant/consumer has abandoned or withdrawn the request in writing.
    1. A request shall be considered withdrawn only upon receipt of a written statement before or on the day of the appeal hearing.
    2. A request may be considered abandoned if neither the appellant or representative appears at the agreed time and location for the appeal hearing.
    3. If appellants inform the Community Services Dept. Coordinator or Authorized Agency that they are satisfied and no longer wish to pursue their request for an appeal hearing, they will be advised that a written withdrawal of the request must be submitted. Assistance may be provided or identified as available to complete the written request for withdrawal.
  - c. Appeals will be heard and reviewed by the appropriate Community Services Dept. Coordinator as promptly as possible and always within seven (7) working days unless a greater period of time is required by the appellant and/or their representative.
  - d. The appellant and/or representative will be notified of the determination of the Community Services Dept. Coordinator verbally at the time of the appeal and also in writing within five (5) working days.

### **LEVEL III APPEAL: COMMUNITY SERVICES DEPT. DIRECTOR'S REVIEW**

Requests for an appeal/review with the Community Services Dept. Director must be submitted to the Community Services Dept. Coordinator as a written communication. In the absence of the Community Services Dept. Coordinator, a request for an appeal/review may be submitted directly to the Community Services Dept. Director.

1. Appeals will be heard as soon as possible and always within seven (7) working days unless a greater amount of time is required by the appellant. At that review, the Community Services Dept. Coordinator's decision will be reviewed with the appellant. If the decision is reversed, the appellant and/or representative, the Authorized Agency, and the Community Services Dept. Coordinator will be notified verbally and in writing within five (5) working days.

2. If the Community Services Dept. Director upholds the previous determination, the appellant has an option of continuing the appeals process by requesting an appeal to the Board of Supervisors within fifteen (15) days of the Community Services Dept. Director's determination.

#### **LEVEL IV APPEAL: BOARD OF SUPERVISORS HEARING**

1. Written notice of the hearing shall be issued to the appellant upon receipt of the request for continuance of the appeal. The notice shall inform the appellant:
  - a. Of the date and place of the hearing and the appellant's right to change them if necessary.
  - b. Of the specific issues which are the subject of the hearing.
  - c. Of the manner in which the hearing should be conducted, including means by which adjournment may be requested and granted, and the right to present evidence, witnesses, and the right to cross examine adverse witnesses.
  - d. Of the right of parties to be represented by legal counsel or another person of their choice, at the appellant's expense, and the right to bring pertinent information with them.
2. Appeals shall be heard by the Board of Supervisors at the regular Committee of the Whole sessions, which occur every other Tuesday. Appeals received by the Community Services Dept. Director before 5:00 p.m. of the Wednesday immediately preceding the Committee of the Whole session shall be heard on the following Tuesday. In those instances where appellants require more time to prepare an appeal, the hearing may be moved to the next Committee of the Whole session if requested by the appellants or their representatives.
3. The Community Services Dept. Director shall provide, at the appellant's request, all available pertinent information that the Director intends to use at the hearing. The aforementioned information will also be made available to the appellant's representative upon receipt of a request and presentation of a signed release of information by the appellant.
4. Conduct of Hearing: Rights of Parties
  - a. The Board of Supervisors shall preside. An opening statement describing the nature of the proceeding, the issues and the manner in which the hearing will be conducted shall be made by the Board chair.
  - b. All parties have a right to be represented by legal counsel or a person of their choice, at their own expense, to testify and to bring pertinent information with them.
  - c. Technical rules of evidence shall not apply but evidence must be relevant and material.
  - d. Appellants and their representatives (at the appellant's request and presentation of a signed release of information by the appellant) shall have the right to examine the case

record and any other available pertinent information which Community Services Dept. intends to use at the hearing.

- e. The Board, when called upon to render a decision, shall not communicate directly or indirectly in connection with any issue in the case, or with any person or party except upon notice and opportunity for all parties to participate.
- f. The Board's findings shall be based solely upon evidence openly presented at the hearing. The written decision of the Board shall include a statement of the basis and legal or policy authority upon which the decision is based.
- g. Appeal Level IV hearings before the Board of Supervisors shall be tape-recorded. The hearing recording shall be maintained in the Community Services Dept. Director's office for at least two (2) years following the decision.
- h. The appeal hearing before the Board is a public meeting and shall be conducted as an open meeting unless the appellant requests that the meeting be closed.

5. Decision After Board Hearing

- a. The decision shall be made in writing by the Board, and shall be issued as promptly as possible and within five (5) working days of the hearing date.
- b. A copy of the decision shall be mailed to each of the parties involved (including representatives when the appellant has signed a release of information providing for such) by the Community Services Dept. Director.

6. Decision Without Board Meeting

- a. Appellants have the option to request that their appeal be decided by the Board without a hearing. In such cases, opportunity shall be afforded each party to submit written evidence and review and comment on evidence submitted by the other party.
- b. If at any stage of an appeal it clearly appears to the Board that the Director's action is contrary to law, Board rule, or policy, the Board may issue a decision directing specific actions for the benefit of the appellant.
- c. When the appellant has emergency needs resulting from a Director's decision, the Board may issue an immediate decision directing action for the benefit of the appellant.

7. Responsibility for the final administrative decision on an appeal shall rest with the Scott County Board of Supervisors. The decision rendered by the Scott County Board of Supervisors is final.

## **SECTION VIII: QUALITY ASSURANCE**

### **EVALUATION INFORMATION**

Scott County has operated a performance based budgeting system for a number of years. For each program, which is funded through county dollars, a series of performance indicators have been developed and are a part of the Scott County Budget. Indicators are reported in four domains: Demand, Workload, Productivity, and Effectiveness. Performance indicator information is provided to Scott County on a quarterly basis in a cumulative form. The Scott County Board of Supervisors receives and reviews these quarterly reports on expenditures and use of services in the MH/DD Service System.

Currently, all funded services are being reported to the Community Services Dept. by the individual consumer, with an established fee or a billable value. This allows inclusion of all programs in the statistical reporting required by the state.

Performance indicators will be continued as written. Additionally, the process of review of these indicators will be undertaken to attempt to gain more consistent information among programs. The performance indicators will be enhanced to assure inclusion of outcome indicators for all programs.

Additionally, the development of a report card will continue. The Scott County Board of Supervisors had approved use of fund balance to hire or contract for development of a consumer satisfaction survey. During the current year, the Dept. of Human Services has developed a process to use the Consumer Oriented Report Card developed on a national level. Scott County has been accepted into this project and will begin the implementation during FY2000.

## SECTION IX: COLLABORATION

### COMMUNITY COLLABORATION EFFORTS

Coordination and collaboration within the service system is a strength in Scott County. A number of vehicles currently exist that facilitate coordination and collaboration. The Community Services Dept. participates in the following coordination/collaboration efforts:

#### A. PLANNING & COLLABORATION

##### Scott County Decategorization Project, Child Welfare and Health

Provides planning, problem solving and actions for improved services to children in the areas of child welfare and health care.

##### Law Enforcement/Mental Health Task Force

Provides quarterly interface between players in the mental health, substance abuse, law enforcement, and court systems to increase cross system information, identify problems, develop solutions.

##### Mental Health Citizens Advisory Board

Provides consultation to the Mental Health Institute on a quarterly basis.

##### Adult Abuse Task Force

Provides monthly interface between players in the adult services system, particularly in relation to complex and difficult cases.

##### Advocates for the Homeless

Provides irregularly scheduled meetings on homelessness, shared information, some problem solving.

##### SEAP Council

(Ad hoc member) Review and policymaking regarding Supplemental Emergency Assistance Program.

##### Funders Group

Meeting of major funders of the human services to discuss emerging issues and share information.

##### Housing Bureau/Housing Cluster

Advocating for housing needs, establishing a database of housing availability, coordinating housing needs.

##### Empowerment Board

Development and implementation of strategies for provision of human services targeted 0 – 5 year olds.

##### Shelter and Transitional Housing Council

Monthly meeting of providers in the homeless shelter arena.

Transition Advisory Board

Planning for transition of school children to adult service system.

B. SERVICE ORIENTED

Case Review

Provides consultation to psychiatrist prior to hearing relating to children being evaluated under 229 (voluntary admissions may also be dealt with). Provides interface between child welfare system and mental health system. Available on less than 24 hour notice, staffed by decision makers from various systems, upon the request of evaluating physician. Upon request of physician, may meet regarding planning for adults.

Elderly Case Management

Consortium of agencies participating in the elderly case management project.

Volunteer Payee Council

Advises voluntary protective payee program.

C. FUNDED COLLABORATIVE SERVICES

Protective Payee (Community Services Dept.)

Provides payee services to those persons determined by the Social Security Administration to be unable to manage monetary benefits. Provides payee services to persons determined by the Dept. of Human Services to be unable to manage monetary benefits.

Community Services (Vera French)

Provides consultation and evaluation to the Scott County Jail, Scott County Juvenile Detention Center, Community Health Care and other community organizations.

**COURT/LAW ENFORCEMENT COLLABORATION**

Collaboration between the mental health system, the court, and law enforcement systems is facilitated through the Law Enforcement/Mental Health Task Force. (See above.)

A. COMMITMENT FOR MENTAL HEALTH EVALUATIONS: 229 PROCESS

The Mental Health Coordinator, the Mental Health Advocate, the County Attorney's Office, the Clerk of Court, the Judicial system,, Genesis staff, and local physicians operate an extremely collaborative system around the court commitment process.

All 229 hearings are attended by a representative of each of the above offices. Each office completes duties assigned under the Code of Iowa. The Community Services Dept. Mental Health Coordinator provides information to the process. The Mental Health Coordinator gathers information regarding the

legal settlement, financial status, payment offered by third party payors, and appropriate service availability. This information is provided to the Judicial Referee at hearing. See Attachment F, Commitment Process and Attachment B, Liability Collection Procedure for additional information.

The Mental Health Coordinator is available throughout the 229 commitment process to facilitate access to needed services, to assist with assuring funding for needed services, and to assure that the system provides such services in the most appropriate and cost effective manner.

## B. SHERIFF'S OFFICE

The Scott County Sheriff's Office provides transportation for persons committed to the Mental Health Institute. Transportation is arranged through the office of the Clerk of Court. The Sheriff's Office provides transportation on a scheduled basis with a court order.

## **MBC, INC. OF IOWA**

The Scott County Mental Health System expects to continue to have an on-going relationship with MBC due to their Medicaid contract as the Iowa Plan provider for mental health and substance abuse. Scott County participates in the County Roundtable meetings with MBC to discuss broad interface issues. Additionally, the Community Services Dept. has indicated to MBC that staff is available for consultation regarding local availability of services.

The Scott County Board of Supervisors has adopted a policy that Scott County will not subsidize a profit making entity either through cost or service subsidy. The expectation is that MBC will negotiate rates with providers that cover the cost of care purchased. Scott County does not expect to continue to subsidize underpayments. It is also expected that MBC will determine and fund the most appropriate intensity and duration of care for their enrollees. Scott County does not expect to subsidize service levels for Iowa Plan enrollees in intensity or duration. Scott County will not fund a service based on denial or discontinuance of the service by MBC.

Scott County does understand that there are services that are currently outside the purview of MBC. Scott County will continue to provide such services to Iowa Plan enrollees. See section, Covered Services, for specific service availability.

Residential services for persons with chronic mental illness appear to create the most difficult interface. It is believed that both MBC and Scott County will have some funding responsibility in this area. The exact interface bond will be developing over the next several years. However, at this point, MBC and Scott County will need to come to joint decisions on an individual basis regarding Iowa Plan enrollees desiring residential services.

It is expected that MBC will be responsible for funding in residential settings in instances where such a residential placement is being used in lieu of a higher level of care. MBC must be aware that any commitment for on-going funding in a residential setting can be made only by the Community Services Dept. in accordance

with this plan. It is incumbent on MBC staff to coordinate any anticipated placements with the Community Services Dept. if it is believed that on-going funding will be required.

## **SUBSTANCE ABUSE**

Substance abuse services are not covered under this plan, however, we are aware that such services are often required and desired by persons who are provided services under this plan. Substance abuse services required should be coordinated with MBC of Iowa as the managed care provider and/or the Center for Alcohol and Drug Services as the Scott County Authorized Agency for substance abuse services. Court ordered 125 substance abuse evaluations, provided within Scott County guidelines, and social detoxification services are funded by Scott County.

## **CHILDREN'S SERVICES**

Scott County provides services to children under this Plan in the same instances that were provided prior to institution of the Management Plan. We recognize that the primary responsibility for many children's services lies within the Dept. of Human Services' child welfare system and the education providers. Under this Plan, Scott County will not subsume provision of services that are under the purview of these other entities for determination of need and service provision.

Scott County is a signatory to the Decategorization Agreement and the Community Services Director and Scott County Administrator are members of the Joint Central Committee, which is the Board of the 28E Decategorization Corp. The Joint Central Committee also has representatives from the Dept. of Human Services, Dept. of Public Health, Health Dept., Juvenile Court, and the four school districts.

The Case Review Team is one of the primary interfaces between the services under this Plan and the child welfare system. This team operates cooperatively in planning for services for children who are a part of both systems.

## SECTION X: SCOPE OF SERVICES

### COVERED SERVICES

#### SERVICES RELATED TO MENTAL ILLNESS OR CHRONIC MENTAL ILLNESS

1. COST CENTER: COMMUNITY SERVICES DEPT. (CSD), 17G

Mental Health Institute

Includes: Psychiatric inpatient services provided at Independence, Cherokee, Mt. Pleasant, and Clarinda

Service Necessity Criteria: Diagnosis of mental illness or chronic mental illness. For involuntary admission requires a court order. For voluntary admission, requires a preliminary diagnostic evaluation by the Vera French Community Mental Health Center.

Application: Community Services Dept. Coordinator

Authorization/Re-authorization: Requires Community Services Dept. approval.

Financial Eligibility: Acute Hospitalization Service

Special Information/Requirements: Requires approval prior to admission unless admission is relative to emergency or after business hours. Approval for emergency or after hour's admissions needs to be requested the following business day. Scott County will not provide payment for such services at the Mental Health Institutes until such time that sufficient information has been received to determine legal settlement in Scott County. Financial liability will be determined and pursued when appropriate. See Attachment B, Liability Collection Procedure. Scott County acknowledges that nothing in this Plan shall supersede the county's responsibilities to pay for services under Iowa Code, Sections 229, 230, and 232, except as is provided and allowed under Iowa Code, Sections 229, 230, 232, and 331 and by any other applicable Iowa and/or federal statutes. Scott County continues to expect that the Iowa Plan provider will adhere to their own policy statement that "MBC of Iowa continues to certify a higher level of care (beyond medical necessity) until an appropriate level of care and a safe placement are available". Scott County continues to expect that the Mental Health Institute, as well as any other provider, will utilize all channels of appeal when such decertification occurs in violation of the stated policy. Scott County continues to expect to be notified immediately (within twenty-four hours) by the Mental Health Institute, as well as any other provider, when such proposed decertification is threatened or implemented by the Iowa Plan provider.

Billing Information:

General Ledger: 64066, 64068  
Chart of Accounts: 7-1319, 7-1399

Payment: Made based on an itemized billing submitted by the Dept. of Human Services on a monthly and/or quarterly basis. Payment will not be made for Iowa Plan eligible voluntary placements or for Iowa Plan eligible involuntary placements if the Mental Health Institute baseline is reached. County per diems at this institution are capped legislatively. Services to children will be funded by the State through the Iowa Plan or general funds.

### Iowa Medical and Classification Center

Application: Community Services Dept. Coordinator

Authorized/Re-authorization: Authorization procedures are prohibited by state and/or federal rules.

Financial Eligibility: Commitment/Court Related Services

Special Information/Requirements: Placement to the facility is accessed pursuant to a district court order for evaluation relative to criminal cases. Although state and/or federal rules prohibit prior authorization procedures, Scott County will not provide payment for services until such time that sufficient information has been received to determine legal settlement in Scott County.

Billing Information:

General Ledger: 64072

Chart of Accounts: 7-3319, 7-3399

Payment: Made based on an itemized billing submitted by the Dept. of Human Services.

### Hospital Inpatient-229 Treatment

Includes Hospital charges for inpatient treatment following 229-commitment hearing.

Service Necessity Criteria: Diagnosis of mental illness or chronic mental illness, 229 commitment order, not eligible for Medicaid or Medicare, insufficient insurance.

Application: Community Services Dept. Coordinator, upon contact by Genesis Medical Center.

Authorization: Requires approval of Community Services Dept. Coordinator at the time of the 229 hearing. Maximum initial authorization of five days.

Re-authorization: Requires approval of Community Services Dept. Coordinator, up to an additional five days at any re-authorization.

Financial Eligibility: Acute Hospitalization Service

Special Information/Requirements: Available upon approval of Community Services Dept. at the time of hearing when it is believed that use of a local inpatient setting will be more beneficial to the patient and more cost-effective. Financial liability will be determined and pursued when appropriate. See Attachment B, Financial Liability Collection Procedure. Non-Iowa Plan children are eligible for this service.

Billing Information:

General Ledger: 64073

Chart of Accounts: 7-3319, 7-3399

Payment: Made upon submission of an itemized invoice. Payment is provided only for psychiatric related services and pursuant to the Memorandum of Agreement between Scott County and Genesis Health Systems.

Pine Knoll Medications

Service Necessity Criteria: Resident of Pine Knoll. Diagnosis of chronic mental illness. Ineligible for Medicaid without a spenddown and does not have sufficient personal resources to meet the cost of needed medication.

Application: May be taken by Pine Knoll staff

Service Authorization: Requires approval by Community Services Dept. Mental Health Coordinator.

Financial Eligibility: Twenty-Four Hour Service

Re-Authorization: Six months, any change in income or resources must be reported immediately and requires re-authorization by the Community Services Dept. Mental Health Coordinator.

Special Information/Requirements: Consumer must apply for Medicaid and participate in applying income and resources prior to payment by Scott County. At any time that the consumer has sufficient income or resources to cover the cost of needed medication, they shall be considered ineligible for this service.

Billing Information:

General Ledger: 64094

Chart of Accounts: 4-1306

Payment: County funding will pay up to the remaining spenddown level or remaining cost of medication after 1) Client has paid State Supplemental Assistance (SSA) rate to facility, 2) kept SSA personal allowance amount for personal needs, and 3) applied any remaining funds to the spenddown needed or the private purchase of medication needed. Billings should be submitted by pharmacy following application of spenddown.

### Out of County (O/C) Services for Persons with Chronic Mental Illness

General Service Necessity Criteria: Diagnosis of Axis I chronic mental illness. Unable to be served locally. All placements will be continually reviewed to determine if services can be provided locally through authorized agencies. See Attachment G, Clinical Criteria.

### O/C Residential-Mental Health

Includes: RCF, RCF-PMI, ICF-PMI

Service Necessity Criteria: Diagnosis of Axis I chronic mental illness. Unable to be served in local community under contractual provisions.

Application: Community Services Dept. Coordinator, Medicaid Case Manager, DHS Service Worker

Financial Eligibility: Twenty-Four Hour Service

Service Authorization: Requires approval by Community Services Dept. Coordinator

Re-authorization: Determined on an individual basis by the Community Services Dept. Coordinator. Maximum of twelve months at any re-authorization.

Special Information/Requirements: Does not include diagnosis of personality disorder.

#### Billing Information:

General Ledger: 65001

Chart of Accounts: 6-X310, 6-X314, 6-X316, 6-X399

Payment: Payment level requires approval of Community Services Dept. Director upon recommendation by Community Services Dept. Coordinator. Billings should be submitted on a monthly basis following the month of service provision, unless special circumstances are approved by the Community Services Dept. Director. Payment is available for services only. In no instance will Scott County provide payment for the equivalent State Supplemental Assistance (SSA) portion of any placement. Cost to Scott County may not exceed the cost to Scott County of the state institution to which the consumer would seek admission if the residential program were not available.

### O/C Vocational-Mental Health

Includes: Sheltered Workshop, Work Activity, and Supported Employment

Service Necessity Criteria: Diagnosis of Axis I chronic mental illness, currently receiving residential services under this section.

Application: Community Services Dept. Coordinator, Medicaid Case Manager, DHS Service Worker

Financial Eligibility: Sliding Fee Scale Service

Service Authorization: Requires approval of the Community Services Dept. Coordinator

Re-Authorization: Determined on an individual basis by the Community Services Dept. Coordinator. Maximum of twelve months at any re-authorization.

Special Information/Requirements: Available only as a short-term rehabilitative service.

**Billing Information:**

General Ledger: 65002

Chart of Accounts: 5-0368, 5-0360, 5-0362

Payment: Payment level requires approval of the Community Services Dept. Director upon recommendation by the Community Services Dept. Coordinator. Billings should be submitted on a monthly basis following the month of service provision, unless special circumstances are approved by the Community Services Dept. Director. If more than one of the included services is provided the combined cost cannot exceed the cost of the traditional service provided on a full time basis.

O/C Medical Assistance-Mental Health

Service Necessity Criteria: 1) Diagnosis of Axis I chronic mental illness, currently receiving residential services under this section. Ineligible for Medicaid without a spenddown and does not have sufficient personal resources to meet the cost of needed medication, or 2) Receiving outpatient counseling services under the Management Plan of the consumer's county of residence but having legal settlement in Scott County.

Application: Community Services Dept. Coordinator, Medicaid Case Manager, DHS Service Worker

Authorization: Requires approval of Community Services Dept. Coordinator

Re-Authorization: Requires approval of Community Services Dept. Coordinator, maximum of twelve months at any re-authorization. Any change in income or resources must be reported to the Community Services Dept. immediately and a review based on this information will be conducted.

Special Information/Requirements: Funding is available for medical services for consumers currently residing in county owned facilities when such residence creates ineligibility for Medicaid. All other consumers must apply for Medicaid and participate in the payment criteria prior to Scott County funding. Also includes funding for day treatment services, community support services, and Clozapine for persons at the Mental Health Institute (NOTE: Specific clinical criteria apply.)

Billing Information:

General Ledger: 65003

Chart of Accounts: 4-1305, 4-1306, 4-1399, 4-2305, 4-4396, 4-4363

Payment: For service criteria #1: County funding will pay up to the remaining spenddown level or remaining cost of medication after: a) client has paid State Supplemental Assistance (SSA) rate to facility, b) kept SSA personal allowance amount for personal needs, and c) applied any remaining funds to the spenddown needed or the private purchase of medication needed. Billings should be submitted by pharmacy following application of spenddown. For service criteria #2: County funding will pay for outpatient counseling services received under the Management Plan of the county of residence at the provider identified in that plan, at the rate of the county of residence, under the eligibility and admission criteria of the county of residence. See Attachment H for payment approval procedure.

6504 O/C Other-Mental Health

Includes: Funding for transportation, personal allowance, and personal needs.

Service Necessity Criteria: Diagnosis of Axis I chronic mental illness, currently receiving residential services under this section. Insufficient resources to meet identified needs, provision of the identified service is required to continue participation in other services received under this section or provision of this service allows the consumer to leave or avoid placement in a residential service under this section.

Application: Community Services Dept. Coordinator, Medicaid Case Manager, DHS Service Worker

Financial Eligibility: Sliding Fee Scale Service

Authorization: Requires approval of Community Services Dept. Coordinator.

Re-Authorization: Determined on an individual basis by the Community Services Dept. Coordinator. Maximum of twelve months at any re-authorization. Personal needs require a pre-authorization in each instance.

Billing Information:

General Ledger: 65004

Chart of Accounts: 3-1000, 3-3399

Payment: Level of payment must be pre-approved by the appropriate Community Services Dept. Coordinator. Billings should be submitted in the month following service provision.

### Psychiatric Hospitalization-Voluntary

Service Necessity Criteria: Diagnosis of mental illness or chronic mental illness, meets clinical criteria (Attachment G, Clinical Criteria), not eligible for Medicaid or Medicare, no insurance.

Application: Community Services Dept. Coordinator, upon contact by Genesis Medical Center.

Financial Eligibility: Acute Care Hospitalization Service, Income limitation: 150% of poverty.

Authorization: Requires approval of Community Services Dept. Coordinator. Maximum of five days.

Re-Authorization: Requires approval of Community Services Dept. Coordinator. Maximum of five days at any re-authorization.

Special Information/Requirements: This service is available only at Genesis Medical Center and is authorized only when it is determined by the Community Services Dept. Coordinator that service in the local community will be more cost effective than service through the Mental Health Institute. If other coverage is available, the client must utilize such (ex: Veterans Services).

#### Billing Information:

General Ledger: 64095

Chart of Accounts: 7-3319, 7-3399

Payment: Upon submission of an itemized bill by Genesis Medical Center. Payment is provided for psychiatric related services only and pursuant to the Memorandum of Agreement between Scott County and Genesis Health Systems.

### Psychiatric Inpatient Physician Services-Voluntary

Service Necessity Criteria: Meets clinical criteria (Attachment G), diagnosis of mental illness or chronic mental illness, approved for voluntary hospitalization under this section. Not eligible for Medicaid or Medicare, no other insurance.

Application: Community Services Dept. Coordinator, upon contact by Genesis Medical Center, concurrent with the application for hospitalization.

Financial Eligibility: Acute Care Hospitalization Service. Income limitation: 150% of poverty.

Authorization: Requires approval of Community Services Dept. Coordinator. Maximum of five days.

Re-Authorization: Requires approval of Community Services Dept. Coordinator, up to an additional five days at any re-authorization.

Special Information/Requirements: This service is provided only in conjunction with approved voluntary psychiatric hospitalization under this section. Available only at Genesis Medical Center, when in the opinion of the Community Services Dept. Coordinator, local hospitalization is more cost effective than services through the Mental Health Institute. Payment is available only to those physicians not affiliated with the Vera French Community Mental Health Center.

Billing Information:

General Ledger: 64096

Chart of Accounts: 4-2399

Payment: Upon submission of itemized invoice. Physician payment guidelines in effect.

Mental Health Advocate

Services of the Scott County Mental Health Advocate to persons involved in the court commitment process. Duties defined by the Iowa Code. Children are served.

Billing Information:

General Ledger: 61010, 61019, 61020, 61021, 61027, 64010, 64011, 64012

Chart of Accounts: 7-4395

Hospital Inpatient-229-Evaluation

Includes: Hospital charges for inpatient evaluation related to 229 commitment in community hospital and nursing evaluation charges for outpatient evaluation related to 229 commitment. (NOTE: Included if evaluation is provided by a non-contract physician or outpatient evaluations by contract physicians when outpatient evaluations under the contract have exceeded ten in any fiscal year). Normally inpatient hospitalization for evaluation is three days unless the physician requests additional days to complete the evaluation.

Service Necessary Criteria: Court ordered for evaluation, available from admission to hearing or release from custody (if occurring prior to scheduled hearing). Physician concurrence in need for inpatient evaluation. Resident of Scott County, or resident of another Iowa County with legal settlement in Scott County.

Application: This is an emergency service. Community Services Dept. Coordinator takes application, upon referral by Clerk of Court.

Authorization/Re-Authorization: Authorization for funding under this program is based on court order for 229 evaluation. Enrollment and authorization for service may occur retroactively.

Financial Eligibility: Acute Care Hospitalization Service. Financial liability will be determined by the Community Services Dept. Coordinator.

Special Information/Requirements: Persons with Medicaid will not be funded through this line item. Persons with insurance must apply for and receive all benefits from their insurance prior to accessing this funding. Persons who have legal settlement in another county must receive hospitalization services in a hospital approved by their county of legal settlement. Persons known to have state case status must utilize the Mental Health Institute for evaluation services. The Scott County Attorney's Office has interpreted current statutes to not allow collection of any liability for hospitalization under this Section. Children are eligible for this service.

**Billing Information:**

General Ledger: 65005

Chart of Accounts: 7-3319, 7-3399

Payment: Upon submission of an itemized invoice. Payment is provided only for psychiatric related services and pursuant to the Memorandum of Agreement between Scott County and Genesis Health Systems.

Physician Services-229-Evaluation

Includes: Provides payment to non-contract physicians for inpatient physician services related to hospitalization provided under this section and outpatient evaluation. Normally inpatient is three days, unless a longer period is requested by the physician to complete the evaluation.

Service Necessity Criteria: Court ordered for evaluation, available from admission to hearing or release from custody. Resident of Scott County, or resident of another Iowa County with legal settlement in Scott County.

Application: This is considered an emergency service. Community Services Dept. Coordinator takes application upon referral by Clerk of Court.

Authorization/Re-Authorization: Authorization for funding under this program is based on a court order for a 229 evaluation. Enrollment and authorization for service may occur retroactively.

Financial Eligibility: Acute Care Hospitalization Service. Financial liability will be determined by the Community Services Dept. Coordinator.

Special Information/Requirements: Persons with Medicaid will not be funded through this line item. Persons with insurance must apply for and receive all benefits from their insurance prior to accessing this funding. Persons who have legal settlement in another county must receive evaluation services from a physician approved by their county of legal settlement. Persons

known to have state case status must utilize the Mental Health Institute for evaluation services. Children are eligible for this service.

Billing Information:

General Ledger: 65007

Chart of Accounts: 4-2399

Payment: Upon receipt of an itemized invoice. Physician payment guidelines in effect.

Hospital Inpatient-48 Hour Hold

Includes: Inpatient hospital charges related to psychiatric services provided pursuant to a magistrate's order for a 48-hour hold.

Payment: Upon receipt of an itemized invoice. Payment is provided only for psychiatric related services and pursuant to the Memorandum of Agreement between Scott County and Genesis Health Systems. Only the time period covered by the order is eligible for payment consideration.

Application: This is considered an emergency service. Hospital personnel should assist the consumer in applying for funding for this service as soon as it is feasible following admission. Contact should be made with the Community Services Dept. Coordinator.

Authorization/Re-Authorization: Authorization for funding under this program is based on a magistrate's order for a 48-hour emergency hold. Enrollment and authorization for service may occur retroactively.

Financial Eligibility: Acute Care Hospitalization Service. Financial liability will be determined by the Community Services Dept. Coordinator.

Other Information: Persons with Medicaid will not be funded through this line item. Persons with insurance must apply for and receive all benefits from their insurance prior to accessing this funding. The Scott County Attorney's Office has determined that liability cannot be collected for this service. Children are eligible for this service.

Billing Information:

General Ledger: 65013

Chart of Accounts: 7-3319, 7-3399

Physician Services-48 Hour Hold

Includes: Provides payment to non-contract physicians for inpatient physician services related to approved hospitalization provided under this section.

Application: This is considered an emergency service. Hospital personnel should assist the consumer in applying for funding for this service as soon as it is feasible following admission. Contact should be made with the Community Services Dept. Coordinator.

Authorization/Re-Authorization: Authorization for funding under this program is based on a court order for a 48-hour hold. Enrollment and authorization of service may occur retroactively.

Financial Eligibility: Acute Care Hospitalization Service. Financial liability will be determined by the Community Services Dept. Coordinator.

Special Information/Requirements: Persons with Medicaid will not be funded through this line item. Persons with insurance must apply for and receive all benefits from their insurance prior to accessing this funding. Persons who have legal settlement in another county must receive evaluation services from a physician approved by their county of legal settlement. Persons with state case status must utilize the Mental Health Institute for evaluation services. Physicians affiliated with the Vera French Community Mental Health Center are reimbursed for these services through that agency's contract. The Scott County Attorney's Office has determined that liability cannot be collected for this service. Children are eligible for this service.

Billing Information:

General Ledger: 65015

Chart of Accounts: 4-2399

Payment: Upon receipt of an itemized invoice. Physician payment guidelines in effect. Only the time period covered by the order is eligible for payment consideration.

Attorneys-229 Evaluation

Application: Appointed by the Court.

Financial Eligibility: Commitment/Court Related Service. Payment will be made by Scott County and liability of the client accrued at no greater than allowed by Code.

Authorization/Re-Authorization: Appointment by the Court required in each instance. Enrollment and authorization for service may occur retroactively.

Special Information/Requirements: Children are eligible for this service.

Billing Information:

General Ledger: 65009

Chart of Accounts 7-4393

Payment: Provided based on submission of itemized invoice. District Court guidelines apply.

2. COST CENTER: VERA FRENCH COMMUNITY MENTAL HEALTH CENTER (VF), 51

Outpatient

Includes: Evaluation, Medication Management, Counseling

Service Necessity Criteria: Resident of Scott County. Diagnosis of mental illness or chronic mental illness, meets clinical criteria (Attachment G), not Medicaid eligible.

Application: Provider

Authorization: Provider staff may enroll consumers for this service. Provider staff may authorize outpatient visits using agreed upon criteria included in this plan, within budget constraints. Enrollment and authorization information must be submitted to the Community Services Dept. for entry into the data system.

Re-Authorization: Provider staff may authorize additional visits based on clinical criteria included in this plan, within budget constraints. Re-authorization information submitted to the Community Services Dept. for entry into the data system.

Financial Eligibility: Sliding Fee Scale Service

Special Information: This program will provide payment as follows: 1) for persons who are determined to have no client participation on the sliding fee scale: 100% of the cost of care; 2) for persons who are determined to have some client participation on the sliding fee scale but not able to cover the cost of care: the difference between the cost of care and the client participation; 3) for those persons who have insurance that does not cover the cost of care and who have been determined to have zero or some participation on the sliding fee scale: the difference between the cost of care and the sum of client participation and insurance coverage. Children are eligible for this service. This program does not subsidize Medicaid. This program does not subsidize insurance payments when a contract has been entered into by the provider.

Billing Information:

General Ledger: 51AZ

Chart of Accounts: 4-2305, 4-3000

Payment: Paid on a monthly basis following the first meeting of the Scott County Board of Supervisors in any month. Maximum (capitated) amount determined during budget process. Requires submission of a statistical report of usage of services by eligibles.

Community Support Services

Includes: Supported Community Living Services, Intensive Psychiatric Rehabilitation

Service Necessity Criteria: Diagnosis of chronic mental illness, clinical criteria (Attachment G), not eligible for the Iowa Plan.

Application: Provider

Authorization: May be made by provider for up to twelve months based on clinical criteria included in this plan, within budget constraints. Information must be submitted to the Community Services Dept.

Re-Authorization: May be made by provider for up to a maximum of twelve months at any re-authorization, based on clinical criteria included in this plan, within budget constraints. Information must be submitted to the Community Services Dept.

Financial Eligibility: Sliding Fee Scale Service

Special Information/Requirements: This program will provide payment as follows: 1) for persons who are determined to have no client participation on the sliding fee = 100% of the cost of care; 2) for persons who are determined to have some client participation on the sliding fee scale but not able to cover the cost care = the difference between the cost of care and the client participation; 3) for those persons who have insurance that does not cover the cost of care and who have been determined to have zero or some participation on the sliding fee scale, the difference between the cost of care and the sum of client participation and insurance coverage. This program does not subsidize Medicaid. This program does not subsidize insurance payments when a contract has been entered into by the provider.

Billing Information:

General Ledger: 51BZ

Chart of Accounts: 4-4396

Payment: Payment will be provided on a monthly basis following the first monthly meeting of the Scott County Board of Supervisors. Payment provides for a maximum (capitated) amount determined during the budget processes. Provider must submit monthly statistical information regarding usage by eligibles.

### Community Services

Includes: Consultation and evaluation at the Scott County Jail and at the Scott County Detention Center. Consultation and evaluation conducted at Community Health Care. Consultation and education provided to the general community.

Service Necessity Criteria: Upon request by Scott County facilities, Community Health Care, or other community agency.

Application: No application process, not a client specific service.

Authorization/Re-Authorization: Provided through contract.

Special Information/Requirements: Services to Scott County Jail and Scott County Detention Center are the top priority. Services to Community Health Care are second priority. Services to the general community and other agencies are provided based on availability of funding.

**Billing Information:**

General Ledger: 51CZ

Chart of Accounts: 0-4000

Payment: Provided on a monthly basis, following the first monthly meeting of the Scott County Board of Supervisors. Maximum (capitated) amount determined during budget process. This service is not currently eligible for increases in funding level.

Case Management

Includes: Includes pass through funding of Medicaid payments made to Scott County Case Management for services provided by the Vera French Community Mental Health Center. Includes payment of the Medicaid match for services provided to persons not Iowa Plan eligible.

Service Necessity: Diagnosis of chronic mental illness, clinical criteria as determined by funder. Medicaid eligible.

Application: Provider, forwarded to the Community Services Dept.

Financial Eligibility: Medicaid Service

Authorization: Based on criteria as adopted by the Dept. of Human Services, or the Iowa Plan. Funder criteria are to be used. Information must be submitted to the Community Services Dept.

Special Information/Requirements: This is a Medicaid program. Therefore, income eligibility is determined through the Dept. of Human Services Medicaid eligibility determination.

**Billing Information:**

General Ledger: 51DZ

Chart of Accounts: 2-1374, 2-1399

Payment: Payment of pass through funding following the first meeting of the Scott County Board of Supervisors occurring following the processing of Medicaid payment received. Payment of match made to the Dept. of Human Services following processing of the itemized monthly billing.

Inpatient

Includes: Psychiatrist services related to 1) inpatient admissions for court ordered evaluation, 48 hour hold, treatment; 2) approved voluntary admissions; 3) outpatient evaluations related to 229 commitment orders; 4) other indigent inpatient admissions, to the extent funding is available.

Service Necessity Criteria: Diagnosis of mental illness or chronic mental illness, hospitalization approved under this plan.

Application: Provider

Financial Eligibility: Acute Care Hospitalization, Commitment/Court Related

Authorization/Re-Authorization: Vera French Community Mental Health Center for each instance of service. Information must be submitted to the Community Services Dept.

Special Information/Requirements: Duration of physician services is determined by the length of approved inpatient stay or completion of the outpatient evaluation.

Billing Information:

General Ledger: 51EZ

Chart of Accounts: 4-2399

Payment: Monthly payment of contract services, maximum (capitated) level established during budget process.

## Residential

Includes: Services at the Pine Knoll Residential Center and any other residential related services provided by the Vera French Community Mental Health Center as may be determined through contractual arrangements.

Service Necessity Criteria: Diagnosis of Axis I Chronic Mental Illness, clinical criteria (Attachment G).

Application: Provider

Financial Eligibility: Twenty-Four Hour Service

Authorization: Provider may authorize services for up to a maximum of twelve months at any re-authorization, based on clinical criteria included in this plan, within budget restraints. Information must be submitted to the Community Services Dept.

Re-Authorization: Provider may authorize services for up to a maximum of twelve months at any re-authorization, based on clinical criteria included in this plan, within budget restraints. Information must be submitted to the Community Services Dept.

Special Information/Requirements: Residents are expected to provide resources to cover the equivalent of the State Supplemental Assistance (SSA) payment, through application to the Dept. of Human Services or from personal resources. Residents are expected to maintain a private pay status in any instance in which income or resources allow payment of the private pay amount

plus retention of the state authorized personal allowance. Persons without legal settlement in Scott County, must have obtained the approval of their funder prior to provision of services. Persons with state case status must be referred to the Dept. of Human Services for residential services as available through the Dept. of Human Services.

**Billing Information:**

General Ledger: 51FZ

Chart of Accounts: 6-5316

Payment: Payment will be made on a monthly basis following the first monthly meeting of the Scott County Board of Supervisors. Maximum (capitated) amount is determined during budget process. Provider must submit monthly statistical information regarding usage by eligibles.

Day Treatment

Includes: Day treatment services, partial hospitalization services, pass through of Division of Vocational Rehabilitation Services (DVRS) Supported Employment grant payment, match for Division of Vocational Rehabilitation Services (DVRS) Supported Employment grant.

Service Necessity Criteria: Diagnosis of mental illness or chronic mental illness, clinical criteria (Attachment G), ineligible for Medicaid.

Application: Provider

Financial Eligibility: Sliding Fee Scale Service

Authorization: Provider may authorize service based on criteria included in this plan, within budget constraints. Maximum of thirty days at initial authorization. Information must be submitted to the Community Services Dept.

Re-Authorization: Provider may authorize service for any additional thirty days. Information must be submitted to the Community Services Dept.

Special Information/Requirements: This program will not subsidize Medicaid payment or service levels. All Medicaid eligibles must receive day treatment services under the Medicaid authorization criteria. The match for the supported employment grant with the Division of Vocational Rehabilitation Services is paid from day treatment allocated funds.

**Billing Information:**

General Ledger: 51GZ

Chart of Accounts: 4-4363, 5-1368, 4-2309

Payment: Payment will be made on monthly basis following the first meeting of the Scott County Board of Supervisors. Maximum (capitated) amount is determined during budget process. Requires submission of the previous month's usage by eligibles.

## Case Monitoring

Service Necessity Criteria: Diagnosis of chronic mental illness, clinical criteria (Attachment G), ineligible for Medicaid.

Application: Provider

Authorization: Provider may authorize up to twelve months of services based on the clinical criteria as included in this plan, within budget constraints. Information must be submitted to the Community Services Dept.

Re-Authorization: Provider may authorize up to twelve months of services at any re-authorization based on clinical criteria as included in this plan, within budget constraints. Information must be submitted to the Community Services Dept.

Financial Eligibility: Sliding Fee Scale Service

Special Information/Requirements: A major priority of this service is to assist persons in applying for benefits through the Social Security Administration and the Dept. of Human Services. Persons with sufficient income or resources to provide payment for this service will be expected to do so.

### Billing Information:

General Ledger: 51HZ

Chart of Accounts: 2-2000

Payment: Payment will be made on a monthly basis following the first monthly meeting of the Scott County Board of Supervisors. Maximum (capitated) amount is determined through the budget process. Requires submission of statistical information of previous month's usage by eligibles.

**SERVICES RELATED TO MENTAL RETARDATION AND OTHER DEVELOPMENTAL DISABILITIES**

1. COST CENTER: COMMUNITY SERVICES DEPT. (CSD), 17G

State Hospital Schools

Includes: Glenwood, Woodward

Service Necessity Criteria: Diagnosis of mental retardation or other developmental disability, meets clinical criteria as determined by the Dept. of Human Services. Not able to be served in a less restrictive setting/service.

Application: Medicaid Case Manager, DHS Service Worker

Financial Eligibility: Medicaid Service

Authorization/Re-Authorization: Requires Community Services Dept. approval.

Special Information/Requirements: Scott County will make no payment for these services until such time that sufficient information has been received to determine legal settlement in Scott County.

Billing Information:

General Ledger: 64069, 64070

Chart of Accounts: 7-2319, 7-2399

Payment: Made based on an itemized billing submitted by the Dept. of Human Services on a monthly and/or quarterly basis. Payment is for the non-federal share of the Medicaid payment. County per diems at this program are capped legislatively.

ICF-MR

Includes: Payment of the non-federal share of the Medicaid payment for this service.

Service Necessity Criteria: Diagnosis of mental retardation or other developmental disability. Meets clinical criteria as determined by the Dept. of Human Services. Not able to be served in a less restrictive setting/service.

Application: Medicaid Case Manager, DHS Service Worker, Community Services Dept. Coordinator

Financial Eligibility: Medicaid Service

Authorization/Re-Authorization: Requires Community Services Dept. approval.

Special Information/Requirements: No payment will be made until such time that Scott County has received and reviewed information sufficient to determine legal settlement in Scott County.

Billing Information:

General Ledger: 64061

Chart of Accounts: 6-3318, 6-4318, 6-5318

Payment: Payment of match made to the Dept. of Human Services following processing of the itemized monthly billing.

Out of County (O/C) Services to Persons with Mental Retardation

General Service Necessity Criteria: Diagnosis of mental retardation. Unable to be served locally. All current placements will be reviewed on a continuous basis to determine if services can be provided locally through authorized agencies. See Attachment G, Clinical Criteria.

O/C Residential-Mental Retardation

Includes: RCF, RCF-MR, RCF-PMI, CSALA (SCL)

Service Necessity Criteria: Diagnosis of mental retardation. Unable to be served in local community under contractual provisions. Unable to be served through HCBS-MR.

Application: Community Services Dept. Coordinator, Medicaid Case Manager, DHS Service Worker

Financial Eligibility: Twenty-four Hour Service

Service Authorization: Requires Community Services Dept. approval, maximum of twelve months.

Re-Authorization: Determined on an individual basis by the Community Services Dept. Coordinator. Maximum of twelve months at any re-authorization.

Billing Information:

General Ledger: 64097

Chart of Accounts: 6-X310, 6-X314, 6-X315, 6-X316

Payment: Payment level requires approval of Community Services Dept. Director upon recommendation by the Community Services Dept. Coordinator. Billings should be submitted on a monthly basis following the month of service provision, unless special circumstances are approved by the Community Services Dept. Director. Payment is available for services only. In no instance does Scott County provide payment for the equivalent State Supplemental Assistance (SSA) portion of any placement. Cost to Scott

County may not exceed the cost to Scott County of the state institution to which the consumer would seek admission if the residential program were not available.

#### O/C Vocational-Mental Retardation

Includes: Sheltered Workshop, Work Activity, and Supported Employment

Service Necessity Criteria: Diagnosis of mental retardation. Cannot be served through the local provider network.

Application: Community Services Dept. Coordinator, Medicaid Case Manager, DHS Service Worker

Financial Eligibility: Sliding Fee Scale Service

Service Authorization: Requires approval of the Community Services Dept. Coordinator, maximum of twelve months.

Re-Authorization: Requires approval of the Community Services Dept. Coordinator, maximum of twelve months at any re-authorization.

Special Information/Requirements: Persons funded in a residential placement will have first priority for services under this section. This service is habilitative/rehabilitative. Leisure/recreation/general activity programs are not funded under this section.

#### Billing Information:

General Ledger: 64098

Chart of Accounts: 5-0368, 5-0360, 5-0362

Payment: Payment level requires approval of the Community Services Dept. Director upon recommendation by Community Services Dept. Coordinator. Billings should be submitted on monthly basis following the month of service provision, unless special circumstances are approved by the Community Services Dept. Director. If more than one of the included services is provided, the combined cost cannot exceed the cost of the traditional service provided on a full time basis.

#### O/C Medical Assistance-Mental Retardation

Service Necessity Criteria: Diagnosis of mental retardation, currently receiving Out of County Residential services under this section. Insufficient resources to meet identified needs and provision of the identified service are required to continue participation in other services received under this section.

Application: Community Services Dept. Coordinator, Medicaid Case Manager, DHS Service Worker

Financial Eligibility: Twenty-Four Hour Service

Authorization: Requires approval of Community Services Dept. Coordinator

Re-Authorization: Individually determined by Community Services Dept. Coordinator, no longer than twelve months at any re-authorization. Personal needs require a pre-authorization in each instance.

**Billing Information:**

General Ledger: 64099

Chart of Accounts: 4-1305, 4-1306, 4-1399, 4-2305

Payment: Level of payment must be pre-approved by the appropriate Community Services Dept. Coordinator. Billings should be submitted in the month following service provision.

HCBS-MR

Includes: All waiver services as designated in DHS Administrative Rules. Provides funding for match for waiver services not provided under the HDC contract. Also contains funding for increased use of HCBS services. May be transferred to HDC as appropriate.

Service Necessity Criteria: Criteria adopted by the Dept. of Human Services, diagnosis of Mental Retardation.

Application: Medicaid Case Manager or DHS Service Worker as provided in Dept. of Human Services Administrative Rules. Information forwarded to the Community Services Dept.

Financial Eligibility: Medicaid Service

Authorization: Initial authorization made by the Chairman of the Scott County Board of Supervisors, upon recommendation by the Community Services Dept. Requires submission of payment agreement and all applicable budgets. Up to twelve months.

Re-Authorization: Made by the Director of the Community Services Dept., upon recommendation by Coordinator. Up to twelve months at any re-authorization.

Special Information/Requirements: This covers payment of match for HCBS-MR services provided by providers other than HDC. Scott County will designate a specific number of slots available during any six-month period. Entry to this service is from an established waiting list maintained by the Community Services Dept. and follows Dept. of Human Services procedures.

The Dept. of Human Services contractor for determination of diagnosis has become more stringent in determining a diagnosis of mental retardation. This change in interpretation has resulted in some persons who have been previously approved and are receiving this service to be determined to not meet the definition of mental retardation. Upon approval of the Director such

persons may be grandfathered into the program under 100% county funding, providing that such services are still needed and are the least restrictive available. Additionally, in instances of emergency circumstances, persons who meet all standard eligibility criteria and are on the waiting list for services, may be provided 100% county funding for services until such time as a slot is available. This requires authorization of the Director. In instances of 100% county funding the Sliding Fee Scale will apply.

**Billing Information:**

General Ledger: 65030

Chart of Accounts: 3-2320, 3-2322, 3-2325, 3-2328, 3-2329, 6-3329

Payment: Payment is made to the provider through the Medicaid system. Payment of the match is made by Scott County to the Dept. of Human Services upon receipt and processing of billings.

**2. COST CENTER: DEPT. OF HUMAN SERVICES, CASE MANAGEMENT, 21B**

Case Management

Includes: Match payment for Targeted Case Management services provided under Medicaid. Includes a time-limited assessment for persons requesting placement on waiting lists. Time limited assessment initiated upon request of the Community Services Dept. or the Handicapped Development Center. Includes 100% county funded case management services when individually authorized by the Director on a time-limited basis.

Service Necessity Criteria: Diagnosis of mental retardation or other developmental disability, clinical criteria as adopted by the Dept. of Human Services.

Application: Provider

Financial Eligibility: Medicaid Service

Note: For 100% county funded services of a limited duration, this service will be exempt from use of the sliding fee scale.

Authorization: Provider may authorize services for up to twelve months based on contractual provisions in place, information must be provided to the Community Services Dept. 100% county funded services require authorization of the Community Services Dept. and may not be initiated without the approval of the Director.

Re-Authorization: Provider may authorize services for up to twelve months based on contractual provisions in place, information must be provided to the Community Services Dept. Services funded by 100% county require a re-authorization by the Director.

Special Information/Requirements: This is a Medicaid program. Therefore, income and resource eligibility is determined through the Dept. of Human Services Medicaid determination.

Services funded by 100% county will be authorized only in very limited instances when it is determined by the Community Services Dept. that this service will decrease other county costs. For 100% county funded services, the Sliding Fee Scale will apply.

**Billing Information:**

General Ledger: 21BZ

Chart of Accounts: 2-1374, 2-1375

Payment: Payment of match made to the Dept. of Human Services following processing of the itemized monthly billing. Services funded 100% by the county will be paid upon receipt of an itemized billing.

3. COST CENTER: HANDICAPPED DEVELOPMENT CENTER, (HDC), 43

Residential

Includes: Group Home, HCBS-MR Services (as designated in Administrative Rules except supported employment), respite services.

Service Necessity Criteria: Diagnosis of mental retardation or other developmental disability, clinical criteria (Attachment G) age 18 or over (Note: respite services may be provided to families with children under age eighteen if unable to participate through the HCBS-MR program). HCBS-MR Services requires meeting the Dept. of Human Services admission criteria.

Application: Medicaid Case Manager, DHS Service Worker, Provider.

Financial Eligibility: All HCBS Services: Medicaid Service Group  
Home: Twenty-Four Hour Service  
Respite: Sliding Fee Scale

Authorization: May be made by the Medicaid Case Manager or the provider for up to twelve months, based on clinical criteria included in this plan, within budget constraints. Information must be submitted to the Community Services Dept.

Re-Authorization: May be made by the Medicaid Case Manager or the provider for up to twelve months based on clinical criteria included in this plan, within budget constraints. Information must be submitted to the Community Services Dept.

Special Information/Requirements: The provider or the Medicaid Case Manager must facilitate the determination of eligibility. Information on initial or changes in eligibility is to be provided to the Community Services Dept. on a monthly basis by the Medicaid Case Manager or the Provider. Information will be provided in an agreed upon format. HCBS: A waiting list is maintained at the Community Services Dept. Placement on or entry from the waiting list to this service will be in accordance with Dept. of Human Services procedures.

HCBS Services: The Dept. of Human Services contractor for determination diagnosis has become more stringent in determining a diagnosis of mental retardation. This change in interpretation has resulted in some persons who have been previously approved and are receiving this service to be determined to not meet the definition of mental retardation. Upon approval of the Director such persons may be grandfathered into the program under 100% county funding, providing that such services are still needed and are the least restrictive available. Additionally, in instances of emergency circumstances persons who meet all standard eligibility criteria and are on the waiting list for services, may be provided 100% county funding for services until such time as a slot is available. In instances of 100% county funding for services, the Sliding Fee Scale will apply. All authorizations require the approval of the Director.

**Billing Information:**

General Ledger: 43AZ

Chart of Accounts: 6-4315, 3-2329, 3-2325, 3-1000, 6-3329

Payment: Payment will be made based on an itemized billing submitted to the Community Services Dept. on a monthly basis for group home and other respite services. Maximum (capitated) amount will be determined through the budget process. HCBS-MR Services are provided under the Medicaid program. Scott County is responsible for the non-federal share of the Medicaid payment and payment is made to the Dept. of Human Services based on an itemized monthly billing submitted. Maximum (capitated) amount will be determined through the budget process. Rate is determined through the Dept. of Human Services Purchase of Service System for group home services. Scott County will pay the computed rate. Rate for HCBS-MR services is determined through a Dept. of Human Services rate setting mechanism.

Employment Services

Includes: Comprehensive Evaluation, Employee Development Services, Employment Skills Training, Organizational Employment, and Community Employment.

Service Necessity Criteria: Diagnosis of Chronic Mental Illness, Mental Retardation, other Developmental Disability. Meets clinical criteria (Attachment G).

Application: Medicaid Case Manager, DHS Service Worker, Provider.

Financial Eligibility: HCBS Services: Medicaid Service  
DVRS Grant Services: DVRS procedures  
All Other: Sliding Fee Scale

Authorization: May be made by the Medicaid Case Manager or the provider for up to twelve months, based on clinical criteria included in this plan, within budget constraints. Information must be submitted to the Community Services Dept.

Re-Authorization: May be made by the Medicaid Case Manager or the provider for up to twelve months, based on clinical criteria included in this plan, within budget constraints. Information must be submitted to the Community Services Dept.

Special Information/Requirements: The provider or the Medicaid Case Manager must facilitate the determination of eligibility. Information on initial or changes to eligibility is to be provided to the Community Services Dept. on a monthly basis by the Medicaid Case Manager or the provider. Information will be provided in an agreed upon format.

Billing Information:

General Ledger: 43BZ

Chart of Accounts: 5-0368, 5-0360

Payment: Payment will be made based on an itemized billing submitted to the Community Services Dept. on a monthly basis. Maximum (capitated) amount will be determined through the budget process. Rate is determined by the Dept. of Human Services Purchase of Services System (if available). Scott County will provide reimbursement at the computed rate. For Supported Employment Services under the HCBS program, payment will be made for the non-federal share based upon receipt of an itemized billing.

Personal Independence Services

Service Necessity Criteria: Diagnosis of Mental Retardation, other Developmental Disability. Meets clinical criteria (Attachment G).

Application: Medicaid Case Manager, DHS Service Worker, Provider.

Financial Eligibility: Sliding Fee Scale Service

Authorization: May be made by the Medicaid Case Manager or the provider for up to twelve months, based on clinical criteria included in this plan, within budget constraints. Information must be submitted to the Community Services Dept.

Re-Authorization: May be made by the Medicaid Case Manager or the provider for up to twelve months based on clinical criteria included in this plan, within budget constraints.

Special Information/Requirements: The provider or the Medicaid Case Manager must facilitate the determination of eligibility. Information on initial or changes in eligibility is to be provided to the Community Services Dept. on a monthly basis by the Medicaid Case Manager or the provider. Information will be provided in an agreed upon format.

Billing Information:

General Ledger: 43CZ

Chart of Accounts: 5-0362

Payment: Payment will be made based on an itemized billing submitted to the Community Services Dept. on a monthly basis. Maximum (capitated) amount will be determined through the budget process. Rate is determined by the Dept. of Human Services Purchase of Services System. Scott County will provide reimbursement at the computed rate.

## SERVICES RELATED TO MI/CMI & MR/DD

### Specialized Care & Treatment

Service Necessity Criteria: Diagnosis of mental retardation or chronic mental illness. Client eligibility is based on the current need for institutionalization at the Mental Health Institute or the State Hospital School.

Application: May be taken by Authorized Agency or Community Services Dept. Coordinators

Financial Eligibility: Twenty-four Hours Service

Re-Authorization: Review of continued service necessity criteria occurs each three months. This is seen as an intensive, alternative service and should be evaluated for determination of possible reduction of service level at each review.

Special Information/Requirements: This is considered to be the most intensive level of community based service. Funding for this service is available for no longer a period than would be expected if the consumer accessed institutional services.

#### Billing Information:

General Ledger: 64047

Chart of Account: 2-2399, 5-0362

Payment: Up to 75% of the cost of institutionalization may be available for individually designed services in the community. Contracted services may be used without reducing the 75% fund availability. Billing should be forwarded on a monthly basis by the service provider. The specific cost of services will be negotiated on an individual basis.

### Protective Payee

Service Necessity Criteria: Diagnosis of mental illness, chronic mental illness, mental retardation or developmental disability. Meets clinical criteria (Attachment G). Determined by the Social Security Administration to need an involuntary payee for funds from the Social Security Administration or determined by the Dept. of Human Services to need an involuntary payee for funds from the Dept. of Human Services.

Application: Community Services Dept.

Authorization/Re-Authorization: Community Services Dept., reviewed at time of report to Social Security Administration.

Special Information/Requirements: In some instances, the Community Services Dept. may require that an applicant for this service have a case manager prior to acceptance. Children may be eligible for this service.

Financial Eligibility: This service is provided for a fee based on the income of the consumer. A fee of one half of one percent of the previous month's income will be collected, unless waived by the Director of the Community Services Dept.

Billing Information:

General Ledger: 61010, 61019, 61021, 61027, 64010, 64011, 64012

Chart of Accounts: 3-2327

Payment: This is a direct service provided by the Community Services Dept.

**APPENDIX**

ATTACHMENT A	DISABILITY DEFINITIONS
ATTACHMENT B	LIABILITY COLLECTION
ATTACHMENT C	EMPLOYEE CONDUCT
ATTACHMENT D	DATA
ATTACHMENT E	CONFIDENTIALITY
ATTACHMENT F	AUTHORIZED AGENCIES’ GRIEVANCE PROCEDURES: HANDICAPPED DEV. CENTER VERA FRENCH COMM. MENTAL HEALTH CENTER
ATTACHMENT G	COMMITMENT PROCESS
ATTACHMENT H	CLINICAL CRITERIA FOR: HANDICAPPED DEV. CENTER VERA FRENCH COMM. MENTAL HEALTH CENTER COMMUNITY SERVICES DEPT.