

**POLK COUNTY REGIONAL  
MENTAL HEALTH AND DISABILITY SERVICES  
MANAGEMENT PLAN**

**I. POLICIES AND PROCEDURES MANUAL**

**PREPARED BY:**



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## **Introduction and Vision**

Polk County serves as a mental health and disability service region in compliance with Iowa Code 331.390. The Polk County Regional Mental Health and Disability Services Management Plan is designed to improve health, quality of life, and successful outcomes for the adults in our region who have mental health disabilities and intellectual/developmental disabilities, including those with multi-occurring substance use issues, health issues, physical disabilities, brain injuries, and other complex human service needs.

In accordance with the principles listed in the legislative mental health redesign, Polk County will work in a quality improvement partnership with stakeholders in the region (providers, families, individuals, and partner health and human service systems) to develop a system of care approach that is characterized by the following principles and values:

- Welcoming and individual-oriented
- Person and family driven
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

## **Basic Framework of the Polk County Regional Mental Health and Disability Services Management Plan**

This Regional Mental Health and Disability Services (MHDS) Management Plan describes both the framework for system design that Polk County will use to carry out this vision, as well as the specific activities within the system that will be funded and monitored directly by Polk County. The Plan meets the requirements of Iowa Code (IC) section 331.439A and provides for cost-effective, individualized services and supports that assist persons with disabilities to be as independent, productive, and integrated into the community as possible, within the constraints of available resources.

In compliance with Iowa Administrative Code (IAC) 441-25 the Plan includes three parts: Annual Service and Budget Plan, Annual Report, and Policies and Procedures Manual. The Annual Service and Budget Plan includes the services to be provided and the cost of those services, local access points, targeted case management agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions. The Annual Report provides an analysis of data concerning services managed for the previous fiscal year. The Policies and Procedures Manual includes policies and procedures concerning management and administration of the MHDS plan.

A current Plan is available at the Polk County Health Services (PCHS) office and on the Regional and Department of Human Services websites.

## I. POLICIES AND PROCEDURE MANUAL

### A. Organizational Structure of the Polk County Region

#### Governing Board & MH/DS Advisory Board

Polk County has a very long history of innovation in service delivery and administrative structure. Following a community-wide study and plan for deinstitutionalization in the mid-1970's, the Polk County Board of Supervisors created Polk County Health Services, Inc., as a private, non-profit corporation to oversee the development of a comprehensive system of community-based services as an alternative for persons then served in the state mental health institutes. Subsequently, the PCHS board developed a plan, approved by the Board of Supervisors, to also develop community supports for the county's residents then at Woodward State Resource Center.

The Polk County Health Services Board consists of 15 members. One of the 15 board members is a member of the Polk County Board of Supervisors, appointed by that board. One is a member of the Broadlawns Hospital Board of Trustees, appointed by that board. The remaining 13 members are consumers, provider board members, family members of consumers, and representatives from the community at large. Polk County believes very strongly that the governance board for the system needs to include real representation and participation by stakeholders rather than token representation as ex officio, non-voting members. The Polk County Health Services Board of Directors provides the vision AND oversight, and makes recommendations to the Board of Supervisors regarding governance of the system. The Board of Supervisors adopts the final budget and performs other functions as required by law.

#### Chief Executive Officer

The Executive Director of Polk County Health Services will serve as the Chief Executive Officer of the Polk County Region. Section 331.390, Paragraph 3.a., *Code of Iowa*, requires that the regional administrator be under the control of the governing board. This is a function that the Polk County Board of Supervisors has delegated to the Polk County Health Services Board of Directors. PCHS is treated as a county department and held to the same reporting standards (except for human resources) as all other departments. The PCHS Executive Director is considered a County Department Head and participates in all department head meetings. The current structure has been a long-standing, successful relationship recognized by both the county and the state as an appropriate and effective management model, and one which meets the requirements of the law, as was approved by the

Department of Human Services (DHS) in the application to be exempt from being in a multi-county region.

### **Administrative Team**

The Polk County Health Services staff work together to create and support the Polk County MHDS system of care. PCHS employs staff with varying backgrounds, skills, and expertise necessary to carry out the functions of the Region. Current staff and their positions will be kept up-to-date in the Operations Manual.

## **B. Service System Management**

Section 331.393, *Code of Iowa*, prescribes the management and administrative requirements for regions and for counties exempt from being in a region. Paragraph 7 states that the region, or exempt county, “may either directly implement a system of service management and contract with service providers, or contract with a private entity to manage the regional service system, provided all requirements of this section are met by the private entity.” The administrative structure in Polk County is a combination of the “direct report” and “contracted” approaches. PCHS is treated as a county department and held to the same reporting standards (except for human resources) as all other departments. The Board of Supervisors directly enters into contracts with provider agencies and PCHS monitors the contracts. In a few instances, the PCHS Board is also a party to the contract. The current structure has been a long-standing, successful relationship recognized by both the county and the state as an appropriate and effective management model, and one which meets the requirements of 331.393, as it was approved in the application to be exempt from being in a multi-county region.

### **Risk Management and Fiscal Viability**

This section is not applicable. Polk County Health Services will directly administer the Regional Management Plan. PCHS does not intend to contract management responsibility for any aspect of the managed system of care to any agency or entity. The Polk County Board of Supervisors will retain full authority for the regional system of care and the associated fixed budget.

### **Conflict of Interest**

Funding authorization decisions will be made by the PCHS staff, who will have no financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest will be fully disclosed to the individuals, regions, and other stakeholders.

## System of Care Approach Plan

Polk County Health Services exists to support improved access to health care and to promote full citizenship for people with mental illness, intellectual disabilities or developmental disabilities.

We promote this mission to serve people with disabilities by:

- Partnering with community service organizations, people with disabilities, their families, and the community to promote improved health care and integrated living and working opportunities.
- Identifying, developing, and maintaining efficient, effective, and responsive service delivery systems.
- Advocating for their rights and educating the larger community to increase acceptance and full participation within the community.

Our Core Values are as follows:

- **Self-sufficiency is the cornerstone to full \*citizenship in the community.** We provide learning opportunities, support, and resources for people with disabilities to reach their maximum potential and to realize their individual value to the community. We also promote community acceptance through advocacy and education. (\*Citizenship is the quality of an individual's behavior as a citizen with its duties, rights, and privileges.)
- **Collaboration and accountability are essential for achieving quality outcomes.** Collaborative relationships that benefit the whole community are grounded in mutual respect, cooperation, and trust. Listening and responding to all stakeholder feedback, in balance with legal and fiscal responsibilities, promotes collaboration and accountability.
- **All informed choices come with opportunity and responsibility.** Learning is more powerful and lasting when it is real and personal. We foster growth and change by helping people make informed choices and supporting them through the natural consequences of decision making.
- **Continuous innovation allows for system improvement, flexibility, and responsiveness.** We are leaders in the pursuit of performance excellence, improvement, implementation, and innovation through continuous learning and outcome evaluation.

PCHS will provide leadership and management at the local level for designing a regional system of care for Mental Health and Disability Services. The design of the system will be based on the expectation that individuals and families will have multi-occurring issues of all kinds, and will incorporate an organized quality improvement partnership process to achieve the vision defined at the beginning of this Plan.

Within this vision, PCHS will work in partnership with providers and other stakeholders to develop services that are:

- Welcoming and accessible.
- Able to emphasize integrated screening, early identification and early intervention.
- High quality and, wherever possible, evidence based.
- Organized into a seamless continuum of community based support.
- Individualized to each individual with planning that expands the involvement of the individual.
- Provided in the least restrictive, appropriate setting.
- Designed to empower individuals and families as partners in their own care.
- Designed to leverage multiple financing strategies within the region including increased use of Medicaid funded services and the Iowa Health and Wellness Plan.
- Supported by the provision of training and technical assistance to individuals and families, as well as to providers and other partners.

#### **Developing an Integrated Multi-Occurring Capable Trauma Informed System of Care**

PCHS will maintain a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on the principles of interagency collaboration; individualized, strengths-based practices; cultural competence; community-based services; accountability; and full participation of individuals served at all levels of the system. PCHS will work to build the infrastructure needed to result in positive outcomes for individuals served.

Becoming a welcoming, multi-occurring, trauma informed competent system requires a commitment to a transformational change process. Therefore, PCHS and its provider network partners coordinate provider staff training through the Polk County Positive Behavior Support (PBS) Network Academy. The PBS Network Academy has provided training on supporting people with complex needs since 2005. On-going trainings in the areas of Universal Enhancement, Positive Behavior Support, Trauma Informed Care, Multi-Occurring Capable Services, and Motivational Interviewing take place throughout the year. In addition, the PBS Network Academy has provided a Leadership Institute to prepare key people in each agency to lead the transformational change process within the region.

PCHS will collaborate to ensure the authorized services and supports are responsive to individuals' needs consistent with system principles and are cost effective. PCHS will partner with stakeholders, as follows:

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### Iowa Plan

Prior to authorizing county-financed services, treatment providers and coordinators of services must request that the Medicaid managed care company pay for Iowa Plan-covered services for eligible consumers and pursue all available levels of appeal in the event of denials by the Medicaid managed care company. PCHS will monitor the utilization of programs that constitute supported community living and those that are part of special initiatives to ensure proper coordination with county-financed services. Polk County does not supplement rates nor does it pay for services provided to individuals who have been decertified based on the contractor's medical necessity criteria. Polk County does not approve admissions to MHIs for persons who are enrolled in the Iowa Plan.

### Third-party Payers

Prior to authorizing county-financed services, treatment providers and coordinators of services must seek approval from Medicaid, Medicare, or any other third-party payer for any service that is similar to the county-financed services being considered. If a provider licensed or certified by the state loses that license or certification and, as a result, may no longer participate in the Medicaid or Medicare program or be eligible for reimbursement from third party payers, Polk County will not assume financial responsibility for the portion of the service costs which could have been billed to Medicaid or Medicare or third party payers. If a provider has responsibility for filing reports necessary to maintain Medicaid eligibility for an individual consumer and fails to do so, resulting in the consumer's loss of Medicaid, the county will not assume financial responsibility for the share of service costs which could have been billed to Medicaid.

### Chemical Dependency Services

PCHS will offer training and technical assistance to encourage all network providers to be capable of serving individuals with multi-occurring disorders, including chemical dependency. Polk County will pay for mental health and intellectual/developmental disability services that fully integrate chemical dependency treatment and recovery supports. Polk County will not authorize admissions to the dual diagnosis program or the Iowa Residential Treatment Center (IRTC) at the Mt. Pleasant Mental Health Institute for individuals who need to take medication to treat a mental illness until these programs demonstrate the capability of providing evidenced-based integrated treatment of co-occurring substance abuse and mental health disorders that has been independently verified as meeting established fidelity to the model.

### Judicial and Criminal Justice System

PCHS will partner with the courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. To better coordinate services between the mental health system and the judicial system, PCHS facilitated the development

of protocols for identifying county jail inmates needing mental health treatment and for securing such treatment. Mental health evaluation and treatment services are provided at the Polk County Jail through a contract with a qualified provider. Provider staff use the Polk County management information system to determine whether new inmates also receive mental health services in the community and to ensure continuity of treatment while in jail. Coordinators of service are notified through the management information system when individuals they serve are booked into the Polk County Jail.

Broadlawns is Polk County's designated hospital for involuntary hospitalizations under Sections 229.11 and 229.13, *Code of Iowa*. Other hospitals may be used if requested by individual consumers/families so long as they have third-party coverage accepted by that hospital. Polk County does not assume any financial responsibility for voluntary or involuntary hospitalization in private hospitals, unless diverted from Broadlawns.

PCHS has asked the judicial system to work with coordinators of service prior to ordering long-term placement for MH/ID/DD community living services and has encouraged the courts to provide more information when referring for outpatient evaluation or treatment.

### Housing

PCHS will continue to work with the Des Moines Public Housing Services to ensure appropriate access to public housing programs. Coordinators of service will continue to meet regularly with Housing Services staff to resolve client-related issues. Coordinators of service will also assist consumers in accessing rent subsidies through the Housing Support Program, Iowa Finance Authority and the Shelter Plus Care program.

### Employment

PCHS will continue working with local and regional Workforce Development initiatives that support integrating employment, training, education, and support services for all job seekers, workers, and employers, in accordance with the Workforce Investment Act. PCHS will advocate that this include integrating services for people with disabilities.

Coordinators of service and providers will use other federal, state, and private funding sources and programs that encourage competitive and supported employment. This may include Ticket to Work, Social Security Work Incentives, and Medicaid.

### Education

PCHS will continue its involvement with the Transition Advisory Committee and will continue working with schools and Vocational Rehabilitation on transition plans for individuals in special education who will be leaving the school system. Additionally, PCHS will continue to

support post-secondary education efforts for people with disabilities, including DMACC's Community and Workforce Partnership efforts and the University of Iowa REACH program.

#### Transitioning Youth to the Adult System

PCHS will continue working with DHS social workers in transitioning youth to the adult system, and will continue being a resource to explore options for children with complex needs. PCHS has developed written protocols and procedures for the child welfare system to make referrals to the adult system in a timely manner.

#### Decentralized Service Provisions

PCHS will strive to provide services in a dispersed manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. Polk County Health Services and providers will work cooperatively to ensure that various service options are geographically distributed through the county. This is particularly true for various housing options, so individual consumers may live in the community of their choice.

#### Utilization and Access to Services

Within the broad system approach outlined above, PCHS will oversee access and utilization to services, and population based outcomes, for the MHDS involved population in the region, in order to continuously improve system design and better meet the needs of people with complex challenges. In order to accomplish this, PCHS will integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state including the following:

- Inventory of available services and providers.
- Utilization data on the services.

Results will be analyzed to determine if there are gaps in services or if barriers exist due to:

- Service offered.
- Adequate provider network.
- Restrictions on eligibility.
- Restrictions on availability.
- Location.

This information will be used for future planning in the annual service budget plan, improving the system of care approach plan, collaboration with agencies, decentralizing service provisions and, provider network formation. In addition, the data elements, indicators, metrics and performance improvement for population management will be continuously improved over time as the region develops increasing capability for managing the needs of its population.

## **C. Financing and Delivery of Services and Support**

Non-Medicaid mental health and disability services funding will be under the control of the Polk County Board of Supervisors in accordance with Iowa Administrative Code 441-25.13 (331.391). The Board of Supervisors will retain full authority and financial risk for the Plan. The finances of the Region will be maintained to limit administrative burden and provide public transparency.

The PCHS Chief Executive Officer and Administrative Team will prepare a proposed annual budget. The proposed budget will be reviewed by the PCHS Board of Directors for recommendation to the Polk County Board of Supervisors for final approval. The Team will be responsible for managing and monitoring the adopted budget.

Services funded by PCHS are subject to change or termination with the development of the regional MHDS budget each fiscal year for the period of July 1 to June 30.

### **Accounting System and Financial Reporting**

The accounting system and financial reporting to the Departments of Management and Human Services conform to Iowa Code 441-25.13 (2) (331.391) and include all non-Medicaid mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee.

Polk County uses a web-based management information system that supports demographic, financial, and clinical information for a managed care service delivery structure. The system supports a decentralized system that allows the access points to be on-line to determine service eligibility, to enroll individuals, to authorize services, and to process claims. Claims data is electronically transmitted to the County Auditor's accounting system to issue payment. In addition, PCHS can access the system to perform second level utilization review for selected services and situations and to monitor the quality and effectiveness of provider services and supports. Should the need arise, the system manages waiting lists according to specific priorities, and allows for future service delivery method changes and accounting changes. It provides flexible reporting and query capabilities to accommodate the ever-changing reporting needs of the County and the State of Iowa. The system has varying levels of security to permit users to access only at the level that they have authorization.

### **Contracting**

Polk County will contract with MHDS providers whose base of operation is in the region. Polk County may also honor contracts that other regions have with their local providers or may

choose to contract with providers outside of the Region. A contract may not be required with providers that provide one-time or as needed services.

Over the past several years, Polk County has used its contracting capacity to implement a series of strategies for moving towards outcome-based payments. Polk County uses a mix of fee-for-service, fee-for-service with performance payments, and capitated case rates for most of its services. It provides block grants only for specific population based activities where billing by individual served is impossible or impracticable. Non-traditional provider contracts are used in instances when services are provided by individuals or families.

### **Funding**

Funding will be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. PCHS recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

An individual who is eligible for other publicly funded services and support must first apply for and accept such funding and support. Failure to do so will render the individual ineligible for regional funds for services that would have been covered under funding, unless the region is mandated by state or federal law to pay for said services.

Individuals, who are in immediate need and are awaiting approval and receipt of assistance under other programs, may be considered eligible if all other criteria are met.

PCHS will be responsible for funding only those services and supports that are authorized in accordance with the process described in the MHDS Plan, within the constraints of budgeted dollars. Polk County will be the funder of last resort and regional funds will not replace other funding that is available.

## **D. Enrollment**

### **Application and Enrollment/Timeframes**

Individuals residing in Polk County or their legal representatives may apply for services at any of the designated access points identified in the Annual Service and Budget Plan. Intake staff at any of the designated access points may also independently identify individuals potentially eligible for county services, and may offer them an intake and referral. All individuals presenting at or referred to designated access points will be informed of their right to apply for services. The applicant will complete a Regional application with assistance from access point staff as needed. If additional information is needed to complete an application, the access point staff will inform the applicant and assist in obtaining said

information as needed. Failure to provide the information needed to fully complete the application may result in a delay or denial of funding.

PCHS will maintain a central enrollment file within the management information system available to all access points. Applicants will be informed that certain administrative information will be shared on a need to know basis with other access points, other providers, other funding sources and regions, and PCHS.

Access points will be open during normal working hours and will have such other evening and weekend hours as they determine are needed. The Crisis Service at Broadlawns Medical Center will be available for intake on a 24 hour, 365 day basis, and will serve as the after-hours intake mechanism for Polk County. Access points will determine eligibility in a timely manner, using the criteria and process outlined in Section E (Eligibility).

The access point staff will enter the Regional application into the management information system the same day that the application is complete and will determine whether or not the individual is eligible for county funding within ten days. Eligibility determination shall be done by access point staff who have been trained by PCHS.

If the individual does not have a current legal residence determination on file, the Regional application will be referred to county personnel responsible for determining legal residence. County of legal residence or state case status need not be resolved prior to providing services. However, if it appears that an individual might not have legal residence in Polk County, treatment providers and coordinators of services will work with the potential county of legal residence to pursue funding by that county's region and possible transfer to a coordinator of services designated by that region.

Individuals who meet the threshold eligibility criteria specified in Section E (Eligibility) may be enrolled in the PCHS service system. If the intake worker is unsure about whether threshold eligibility criteria are met, a referral for further assessment may be made. The referrals may be made to an approved provider of evaluation services, to PCHS, or to one of the providers that coordinates services.

If an individual meets the threshold eligibility criteria and wishes to receive services, the intake worker at the access point will enroll the individual as a Polk County consumer. All individuals served using any portion of county funds must be entered into the management information system, however formal enrollment is not necessary prior to initiating emergency or crisis stabilization services even if it is ultimately determined that the individual does not meet the threshold eligibility criteria. Consumers of outpatient and related services at the Community Mental Health Centers (CMHCs) must also be enrolled,

even if the CMHC is not requesting authorization requiring second-level review and approval.

### **Notice of Enrollment Decision**

The access point determining eligibility will send to all applicants, or their authorized representatives, written notices of the enrollment decision within ten days of a completed application. If the individual is being placed on a waiting list for funding, the notice of decision will include an estimate of how long the consumer is expected to be on the waiting list and the process for the consumer or authorized representative to obtain information regarding the consumer's status on the waiting list.

The written notice of decision will contain clear information on the process to appeal any decisions of the access point or PCHS with regard to the application. The access point will assist any individual wishing to appeal in processing the appeal. Individuals wishing to appeal will also be assisted to find outside advocacy or representation if they so wish.

### **Referral**

If applicants meet the threshold eligibility criteria and need treatment services, the access point will refer them to appropriate services within the agency or to another treatment provider. If individuals need other services or supports and are eligible for case management or integrated health home, the access point will inform them of the case management or integrated health home provider options and refer them to the appropriate agency. If the individuals need other services or supports and are not eligible for case management or integrated health home, the access point will refer the individuals to service coordination.

If applicants meet the threshold eligibility criteria and need services for which there are waiting lists, they will be enrolled at the access point and then referred to appropriate services within the agency, referred to other services as appropriate, or referred to PCHS for further service authorization, review, or placement on the central waiting list.

### **Service and Functional Assessment**

If an individual is referred to case management, integrated health home, or service coordination, a standardized functional assessment adopted by PCHS will be completed within 90 days of application. The results will determine the need for services including the type and frequency of service in the individual's case plan.

PCHS will maintain a Level of Support grid, which identifies the services available to individuals, as determined by the standardized functional assessment process. Coordinators of services will comply with the Level of Support grid when requesting or authorizing services, regardless of funding source. The Level of Support grid is available in the

management information system. Inpatient treatment services must be reviewed by a professional utilization review company, as identified in the Annual Plan and Budget.

All individuals who receive ongoing MHDS services will have an individualized plan which identifies the individual's needs and desires and sets goals with action steps to meet those goals. Eligible individuals who request or accept the service may be referred to targeted case management, integrated health home care coordination, or service coordination.

If an individual whose county of residence is Polk County and is physically living in Polk County elects to receive coordination of services from an agency designated by another region, the service provider(s) will be responsible for reporting any outcome data that may be required by PCHS. However, any consumer residing in Polk County who wishes to receive county-funded services must have a coordinator of services in a designated Polk County agency.

Individuals with state case status must receive enrollment and service planning and authorization in accordance with the state payment program rules in Iowa Administrative Code 441-153. The Polk County system will manage non-Medicaid services for Polk County residents enrolled in the state payment program using the same policies and procedures used to manage services to individuals whose county of residence is Polk County, within the funds available through the state payment program.

Coordinators of service will invite providers to participate in the development of the consumer's Individual Comprehensive Plan (ICP) to ensure effective coordination. Individualized plans for services and supports to address multi-occurring issues of all kinds will be developed and implemented together with the individuals, guardians, family members, and providers. The individual will be asked to actively participate in the development of the individualized plan. Consumers who are adults and have no guardian or conservator may elect to involve family members in the service planning process, and to approve the final plans. If the individual has a guardian or conservator, or is otherwise unable to give informed consent, the designated guardian, parent, or other representative will approve the plan. Consumers may be represented by advocates, other consumer representatives, friends or family during the service planning process.

Each plan for an individual receiving services under the Polk County Regional Management Plan will specify the time frames for utilization review and re-authorization of the plan or individual services within the plan. In no case will the time frame for reviewing certain services extend beyond the thresholds adopted by PCHS.

### **Service Funding Authorization**

Authorization of services provided under contracts or other arrangements with the Polk County Department of Community, Family and Youth Services will be made using the procedures prescribed by that department. Treatment providers and coordinators of services may directly authorize other services as designated by PCHS. In some instances second level review and approval by qualified PCHS staff or special approval by the Service Appeal Board are required. The coordinator of services is responsible for seeking such approvals. The coordinator of services is also responsible for getting approval for and coordinating services that are funded through other funding streams.

Individuals presenting at the CMHCs may be authorized by CMHC clinical staff to receive services outlined in the contract. PCHS and the CMHCs will periodically review utilization of outpatient services to determine if referral to more intensive services might be indicated.

In some instances, it may be necessary to consider funding services that are not covered in the Polk County Regional Management Plan. Service Appeal Board review is required for any circumstance in which Polk County funds are to be authorized, allocated, or expended, and:

1. The specific service needed is not included in the service system definition in the Regional Management Plan; or
2. The chosen provider does not have a contract with Polk County for the specific service needed; or
3. The service is to be provided outside the boundaries of Polk County and the individual will retain legal residence in Polk County.

The Polk County Service Appeal Board will conduct reviews of all proposals to obligate Polk County funds to any service plan that meets one or more of the above criteria. The Service Appeal Board is comprised of one county Supervisor and four other members appointed by the Board of Supervisors. PCHS provides staff for the Service Appeal Board. The Service Appeal Board meetings are closed meetings in accordance with Chapter 21, *Code of Iowa* for the purpose of considering confidential client information. If the consumer needs services and it is not in the best interest of the consumer to wait for the Service Appeal Board to meet to review the request in accordance with the above criteria, PCHS staff may grant emergency approval pending ratification by the Service Appeal Board at their next meeting. In addition, PCHS may authorize services if the individual has already been presented to the Service Appeal Board, meets at least one of the above three criteria and the requested service or service change is less than an annual cost of \$7,500 to Polk County. A report will be submitted to the Service Appeal Board monthly detailing the services authorized by PCHS, reason for the authorization, number of units approved and the cost to Polk County. The Service Appeal Board will monitor the level of administrative authorization.

If the Service Appeal Board approves the request, or modifies the initial plan but maintains some level of commitment of county funds to the service plan, the plan is forwarded to the County Board of Supervisors for final approval. No administrative appeal is available relative to the Service Appeal Board's final decision.

### **Notice of Service Decision**

The coordinator of services will issue Notices of Decision to inform the individual, the individual's authorized representative, and service providers of the approved services, service providers, rates and units of services approved. The Notices will include a copy of the region's appeal process and notice that they have the right to appeal the decision.

The elapsed time from the completion of the individualized plan to service authorization will not exceed 10 working days. Service start dates will be negotiated by the service provider, authorizing entity and the consumer. Services necessary to address immediate needs for stabilization and support will be initiated as soon as possible.

### **Re-enrollment**

Treatment providers and coordinators of service must maintain up-to-date eligibility information in the management information system. This includes address, insurance, and financial information. Information in the system must be updated as changes occur, and at least annually.

### **Co-payment for Services**

Any co-payments or other client participation required by any federal, state, region, or municipal program in which the individual participates will be required to be paid by the individual. Such co-payments include, but are not limited to:

- Client participation for maintenance in a residential care facility through the State Supplementary Assistance Program.
- The financial liability for institutional services paid by counties as provided in Iowa Code section 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.
- Client income is over the established guidelines based on a sliding fee scale.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment will be assessed to individuals with income equal to or less than 150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

Individuals with income over the established guidelines may be eligible for services on a sliding fee scale, which will be updated and available in the management information system.

### **Exception to Policy**

An exception to policy may be considered in cases when an individual is significantly adversely affected by a Polk County Region policy. To request an Exception to Policy, the individual will work with the treatment provider or the individual's coordinator of service will submit the following information as a Request for Director's Exception in the management information system:

- Individual's name
- Current services the individual is receiving
- The policy for which the exception is being requested
- Reason why the exception should be granted

The PCHS staff will review the exception and a response will be given to the individual who submitted the request and that individual will inform the individual within 10 working days. Decisions on requests will be used in the annual report to identify future changes in policy.

### **Confidentiality**

PCHS is committed to respecting individual privacy. To that end, all persons, including PCHS staff, the Polk County Board of Supervisors, the PCHS Board of Directors, and others with legal access to individual information, will have an obligation to keep individual information confidential. Information will only be released in accordance with HIPAA and other federal and state laws and in accordance with professional ethics and standards. Confidential information will be released only when it is in the best interest of the individual to whom the information pertains or when required by law.

Confidential information may be released without written permission of the individual or their guardian for medical or psychological emergencies and inspection by certifying or licensing agencies of the state or federal government.

Individual files will be maintained for seven years following termination of service to the individual.

Procedures to assure confidentiality include:

- An individual's (or their legal guardian's) written consent will be obtained prior to release of any confidential information, unless an emergency as stated above.

- Information or records released will be limited to only those documents needed for a specific purpose.
- Individual, or an authorized representative, will be allowed to review and copy the individual record.
- Individual and related interviews will be conducted in private settings.
- All discussion and review of an individual's status and/or records by PCHS staff, coordinators of service, and others will be conducted in private settings.
- All paper and computer files will be maintained in a manner that prevents public access to them.
- All confidential information disposed of will be shredded.
- Steps will be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff will receive initial and ongoing training concerning confidentiality and staff will sign a statement agreeing to confidentiality terms.

In order to determine eligibility for regional funding, to perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives will be asked to sign release forms. Failure of individuals to sign or authorize a release of information will not be an automatic reason for denial; however, PCHS staff's inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

## **E. Eligibility**

The following threshold criteria must be met to determine if an applicant is eligible for enrollment in the Polk County Regional service system.

### **General Eligibility**

Access point staff will review the application to determine if the applicant meets the general eligibility criteria as follows:

#### 1. Age

- a. The individual is at least eighteen years of age.
- b. The individual is 17 years, nine months of age and is receiving publicly funded children's services, to provide a smooth transition from children's to adult services.
- c. An individual under 18 years of age. This age group was eligible for limited services under the Polk County Management Plan and continues to be eligible in accordance with IAC 441-25.21(1)2.

#### 2. Residency

The individual's county of residence is Polk County. "County of residence" means the

county in Iowa in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university (IC 331.394(1)a).

### **Financial Eligibility**

Unless otherwise specified in law, Polk County is always the funder of last resort. Consumers will be expected to access any other funding streams for which they are eligible. Eligibility for services purchased through contracts administered by the Polk County Department of Community, Family, and Youth Services will be determined in accordance with the provisions of those contracts. Eligibility for county funding of other services depends on the consumer's income and resources. Access point staff will review the application to determine if the applicant meets the financial eligibility requirements in IAC 441-25.16.

#### **1. Income Guidelines: (IC 331.395.1)**

Gross income is at or below 150% of the current Federal Poverty Guidelines.

Applicants with incomes above 150% may be charged a fee for services, in accordance with a sliding fee scale contained in the Polk County Operations Manual.

The income eligibility standards specified herein will not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitation Services, etc.) will be followed if different than those established in this manual.

In determining income eligibility, the average monthly income for the past 3 months will be considered, however, recent employment and/or income changes may be considered by the access point in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by PCHS.

#### **2. Resources Guidelines: (IC 331.395)**

If an individual is enrolled in a federal or state health or disabilities program with resource limitations, Polk County will allow the same level of resources. If an

individual is enrolled in a federal or state health or disabilities program with no resource limitations, Polk County will allow the same level of resources as Medicaid for Employed Persons with Disabilities. Other individuals must have resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household. These amounts will change to match the most recent federal supplemental security income guidelines.

- a. The countable value of all countable resources, both liquid and non-liquid, will be included in the eligibility determination except as exempted below.
- b. A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- c. The following resources will be exempt:
  - (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead includes all land that is contiguous to the home and the buildings located on the land.
  - (2) One automobile used for transportation.
  - (3) Tools of an actively pursued trade.
  - (4) General household furnishings and personal items.
  - (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
  - (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
  - (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
- d. If an individual does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements in this Plan, the following types of resources will additionally be considered exempt from consideration in eligibility determination:
  - (1) A retirement account that is in the accumulation stage.
  - (2) A medical savings account.
  - (3) An assistive technology account.
  - (4) A burial account or trust limited in value as to that allowed in the Medical Assistance Program.
- e. An individual who is eligible for federally funded services and other support must apply for and accept such funding and support.

### **Diagnostic Eligibility**

The individual must have a condition that meets the criteria of Mental Illness, Intellectual Disability, or Developmental Disability. Individuals who also have multi-occurring substance use disorders, brain injury, or physical disabilities, are welcomed for care and eligible for

services. When adequate funding is available, Polk County will explore the possibility of expanding eligibility to individuals with brain injuries.

### Individuals with Mental Illness

Individuals who have had at any time during the preceding 12-month period a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis will be made in accordance with the criteria provided in the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association in effect at the time of diagnosis, and will not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis will also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

### Individuals with an Intellectual Disability

Individuals who meet the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning).
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
3. The onset is before the age of 18.

(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV)," 1994 revision, American Psychiatric Association)

As the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, is used more widely, the specific IQ score will be part of the diagnostic process, but will not be part of the eligibility criteria. This will allow consideration of other factors that may limit performance, e.g., sociocultural background, native language, or associated communication disorders. The third criteria above will change to be onset during the developmental period. Severity levels will be based on adaptive function in the domains of social, conceptual, and practical skills.

## Individuals with a Developmental Disability

Individuals who have a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency.
5. Reflects the person's need for a combination of services which are lifelong or of extended duration.

This diagnostic group was eligible under the Polk County Management Plan and continues to be eligible in accordance with IAC 441-25.21(1)2.

Access point staff will verify diagnosis with written documentation. If a copy of a psychological or psychiatric evaluation or other acceptable verification of diagnosis does not accompany the application, the access point staff may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

A standardized functional assessment will be completed for each individual needing services more intense than treatment. Results of the assessment will be the foundation for authorized services, and will be incorporated into the individual's plan.

## **F. Appeals Processes**

### **Non Expedited Appeal Process**

Definitions:

Aggrieved person is one who has a complaint regardless of whether the complaint is appealable or non-appealable.

Appealable issue:

1. Claim for financial assistance or services from Polk County has been denied.
2. Application for financial assistance or services from Polk County has not been acted upon with reasonable promptness.
3. Notification that Polk County will suspend, reduce or discontinue services or financial assistance.
4. Failure to take into account the person's choice in assignment to a lead agency or other similar Polk County program.

5. Other situations as determined by the County.

Non-appealable issue:

1. Decisions regarding licenses or certification issues by DHS, DIA, or any other licensing or accrediting body.
2. Competence to engage in the practice of a discipline or profession.
3. Diagnostic decisions.
4. Determinations by an individual provider that the provider cannot meet the needs of the consumer.
5. Discharge decisions of providers.
6. Decision to place a consumer on a waiting list.

Right of appeal: Consumers, families, consumer representatives or advocates (with the consent of the consumer) and providers may appeal appealable decisions as defined above. When a decision is made by the County to deny service, change the level of service, or to declare a consumer ineligible for service, the consumer must be given notice of the decision. The right to appeal must be spelled out in the notice of decision. Polk County Health Services and access points will provide written forms for appeals and information about the appeal process.

If the consumer wishes to appeal he/she:

1. Must appeal within 90 days of the decision. If the appeal is made within 10 days, services will continue during the appeal process.
2. Must send the Executive Director, Polk County Health Services, an appeal form or a letter containing:
  - 1) Current address and phone number.
  - 2) Description and date of disputed decision or action.
  - 3) Why the applicant thinks the decision was wrong.
  - 4) Copies of any documents that support the applicant's position.

Appeal to the Director

Upon receipt of the client's letter, the Executive Director of Polk County Health Services notifies the appropriate treatment provider or coordinator of services, who prepares a case summary. The case summary must be submitted to the Executive Director within ten (10) workdays of the receipt of the appeal notice. The Executive Director will review the case and appeal with appropriate staff and make a decision within four (4) workdays of the receipt of the case summary. The treatment provider or coordinator of services prepares a letter signed by the Executive Director notifying the appellant of the decision. This letter must be sent within fifteen (15) workdays of the appeal. If the appeal is denied, the consumer must

be informed of his/her right to appeal to the Service Appeal Board. The appeal must be made by letter or phone call within ten (10) workdays of the date of the letter of decision.

#### Appeal to the Service Appeal Board

Upon notification of the consumer's desire to appeal to the Service Appeal Board, the hearing will be placed on the earliest possible regular meeting agenda, but no sooner than five (5) days after the appeal is taken. Polk County, at its sole discretion, may engage an Administrative Law Judge to convene and conduct the hearing. At the hearing, the client presents his/her information and the Board members have an opportunity to ask questions. After discussion, the Service Appeal Board votes on the appeal. The Service Appeal Board may either grant the appeal or uphold the Director's decision. A letter will be sent to the consumer within five (5) workdays of the hearing. In the letter, the consumer is notified of the Service Appeal Board's decision and the reason(s) for upholding or denying the appeal. Hearings before the Service Appeal Board will be conducted pursuant to administrative hearings in the Iowa Administrative Procedures Act, Chapter 17A, *Code of Iowa*.

If the applicant has state case status, he/she must appeal decisions in accordance with Iowa Administrative Code 441-153.59.

#### Expedited Appeals Process

This appeals process will be performed by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Iowa Department of Human Services or the Administrator's designee. The process is to be used when the decision of PCHS concerning an individual varies from the type and amount of service identified to be necessary for the individual in a clinical determination made by a mental health professional and the mental health professional believes that the failure to provide the type and amount of service identified could cause an immediate danger to the individual's health and safety.

#### How To Appeal:

Using the written appeal forms that will be attached to the Notice of Decision form:

1. The appeal will be filed within 5 days of receiving the notice of decision by PCHS. The expedited review, by the Division Administrator or designee will take place within 2 days of receiving the request, unless more information is needed. There is an extension of 2 days from the time the new information is received.
2. The Administrator will issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order will identify the type and amount of service, which will be provided for the individual. The

Administrator or designee will give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.

3. The decision of the Administrator or designee will be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

## **G. Provider Network Formation and Management**

### **Network Providers**

Any providers in the Polk County provider network must sign a provider network agreement. The agreement requires that all providers participate in the quality improvement partnership for system development in the region, to become welcoming, person/family centered, trauma informed, and multi-occurring capable.

Providers from whom Polk County will purchase services must also sign a county contract for services. Successful attainment of outcome, consumer and family satisfaction, and cost-effectiveness measures will become the most important factors in continued network participation.

Polk County service contracts require that providers meet all applicable licensure, accreditation or certification standards. However, Polk County makes serious efforts to stimulate access to more natural supports in its service provider network. Polk County will include providers of services that do not require state certification, as long as they provide high quality services, positive outcomes and satisfaction, cost effectiveness, and are willing to comply with the Polk County Regional Management Plan. The Service Appeal Board will review the request from such providers as an out-of-plan request for funding and if approved, the request will be forwarded to the Polk County Board of Supervisors to authorize funding.

Two of Polk County's Core Values are: 1. collaboration and accountability are essential for achieving quality outcomes and 2. continuous innovation allows for system improvement, flexibility, and responsiveness. Polk County works collaboratively with Polk County Network Providers to have staff trained in Positive Behavior Supports, Trauma-Informed Care, Multi-Occurring Conditions and other areas identified by PCHS and the service providers. The coordinator and service providers together complete a standardized functional assessment to determine the individual's level of support. The interdisciplinary team determines what services are needed and the coordinator submits the necessary funding requests to the appropriate funder. Behavioral health outcomes are gathered on all individuals receiving long-term services. The service providers and coordinators are evaluated on each of the outcome areas and incentive dollars are awarded when funding is available.

If a provider agency seeks to provide a significant level of licensed or certified services in Polk County, Polk County Health Services may recommend that the Board of Supervisors enter into a contract with the agency. Factors to be considered in making such a recommendation include, but are not limited to the following:

- Unmet need for the proposed services.
- Experience in providing the services.
- Number and type of staff.
- Experience and training of staff.
- Continuing education of staff.
- Recruitment and training of volunteers.
- Quality of care, consumer outcomes, family and consumer satisfaction.
- Retention of consumers in other programs.
- Condition of facilities in other communities.
- Provision of transportation services for consumers.
- Assurance of cooperation with other provider agencies.
- Assurance of individualized services.
- Unique aspects of the provider agency.
- Relationship with other regions the agency serves.
- Funding source for the service.
- Financial viability of the agency.

Some of the services in the required core service domains are available through our community collaborations but are funded through other mechanisms. PCHS will seek to fill gaps in initial and additional core services as the need is identified and funds are available. If Polk County does not have a current contract for a needed service with an established provider, a request for funding through a Non-Traditional Provider Contract may be submitted to PCHS staff for approval by the Polk County Service Appeal Board. Non-traditional contracts are also available for when traditional service providers are not the best option.

The current Polk County MHDS network is included in the Annual Service and Budget Plan

PCHS will manage the provider network to ensure individual needs are met. To the greatest extent possible, given the constraints of workforce and funding limitations, PCHS will ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, at least one inpatient psychiatric hospital and other providers of core services.

### **Service Provider Payment Provisions**

Each service provider receiving Polk County funds for service provision will submit a monthly invoice. The monthly invoice will include the following information:

1. Identification number of each consumer served during the reporting period.
2. Number of units of service delivered to each consumer during the reporting period.
3. Unit rate and total charge for services provided to each individual consumer.
4. Copays collected or reimbursement billed to other sources, which are deducted on the billing.
5. Net amount to be charged to the county for each consumer for the reporting period.

Upon receipt of this information, staff of the PCHS and the County Auditor's Office will check the bill and additional information against service authorizations recorded in the management information system. Services delivered without service authorization will be checked against county service authorization protocols to assure delivery was permitted (e.g., crisis service, CMHC outpatient services). Any service units delivered and charged to the county not meeting these criteria will be deducted from the bill. Payment to contractors will be initiated as soon as this review process is completed.

PCHS will prepare annual reports of unduplicated client counts, expenditure data, application denials, and other relevant information.

It is the intent of Polk County that only PCHS staff or its designated access points will authorize services for residents of the Polk County Region. Due to that, it is the policy of Polk County that if another county, region, or the State, determines residency in error or approves services for persons who do not have residency in their region Polk County may not assume retroactive payment. When written notification is received by PCHS of the error, PCHS staff will authorize services according to the policies and procedures set forth in this manual.

### **Designation of Targeted Case Management Providers**

Polk County is the designated targeted case management provider and subcontracts with multiple network provider agencies to provide the service in order to give consumers a choice of provider. The implementation of evidence-based models of case management is impossible since there are no evidence-based models for individuals with intellectual and/or developmental disabilities. Targeted case management for individuals with mental illness was phased out as those individuals transitioned into Integrated Health Homes contracted through the Iowa Plan. The region utilizes a strengths-based case management model, which research

indicates is effective. Targeted case managers are prohibited from referring a person receiving case management only to services administered by their agency of employment.

Targeted case management providers are accredited by the Department of Human Services. All staff members meet the qualifications required by that accreditation.

All coordinators of service report through the management information system data related to individuals' status regarding health, safety, work performance, and community residency. All coordinators of service comply with any requirements to prepare social histories, assessments, service plans, incident reports, crisis plans, coordinate and monitor services. Each provider agency has a quality assurance staff, which monitors compliance with various requirements in law and accreditation standards.

## **H. Quality Management and Improvement**

PCHS has a quality improvement process that provides for ongoing and periodic evaluation of the service system, and of the providers of services and supports in the system. Stakeholders, with emphasis on individual input, are involved in the development and implementation of the quality improvement program.

### **System Evaluation & Quality of Provider Services**

The Polk County Region strives to provide a comprehensive array of high-quality, research-based, and multi-occurring competent disability services and supports in the least restrictive and community-based settings.

The Polk County Region implements a Plan-Do-Check-Act model of quality management. The Region values individuals served, their families, and network providers in disability service planning, implementation and evaluation. Input and participation is ensured through the PCHS Board, Service Appeal Board, and meeting processes. Annually, Polk County will assess the region's performance and develop a list of priority areas needing improvement. Annual service plan, system satisfaction, and participant outcome results evaluate alignment and progress toward recovery and resiliency outcomes. Performance improvement plans are implemented when outcome results indicate services need improvement. Evaluations ensure that services and supports are provided in accordance with provider contracts. The annual budget and planning process is utilized to identify and implement core disability service improvements. Core disability service improvements are contingent on adequate funding.

### **Methods Utilized for Quality Improvement**

- Direct interaction and feedback from individuals, families, providers, coordinators of service, and other stakeholders.
- Needs assessments, satisfaction surveys, and other written questionnaires.

- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities.
- Tracking changes and trends in the disability services system and providing reports to the Department of Human Services as requested for the following information for each individual served:
  - Demographic information.
  - Expenditure data.
  - Data concerning the services and other support provided to each individual, as specified in administrative rule adopted by the commission.
  - The number and disposition of individual appeals and the implementation of corrective action plans based on these appeals.

## **I. Waiting List Criteria**

Polk County will make every attempt to maintain eligibility guidelines and service availability as outlined in this plan. However, our ability to do so is contingent solely on the Iowa Legislature's appropriating sufficient funds to maintain current eligibility and services and to meet projected increases in the number of new consumers. If sufficient funding is not approved, the PCHS Board of Directors and the Polk County Board of Supervisors will implement waiting lists in accordance with this section.

In the event of the creation of a waiting list for funding, individuals placed on the waiting list will be notified. The notification will include the estimated length of time the individual may have to wait before funding will be available. Those individuals will be informed that the State of Iowa dictates how much money counties have available for MH/ID/DD services and that the county is unable to provide the requested services because of inadequate funding from the state. Those individuals will also be given the name, address, and phone numbers of their state legislators.

Individuals on the waiting list will be contacted at least semi-annually and advised of the current status, and any adjustment to the expected time on the list. When funding becomes available, PCHS will determine which individuals will enter the system in accordance with the date placed on the waiting list.

Waiting lists may also be utilized if other than core services or than mental health or intellectual disability services requested are unavailable at the time of application.

If placed on a waiting list, the applicant will be informed on the Notice of Decision form. The notice will identify the approximate time the service may be available to applicant. If unable

to estimate such time, the PCHS will state such and will update the applicant at least every 60 days as to the status of their service request.

The waiting list will be centrally maintained by the Regional office.

Any waiting list that may exist will be reviewed annually when planning for the future budgeting needs and future development of services.

## **J. Amendments**

Amendments to this Policy and Procedures Manual will be reviewed by the PCHS Board of Directors, who will make recommendations to the Board of Supervisors. After approval by the Board of Supervisors, amendments will be submitted to the Department of Human Services for approval at least 45 days before the planned date of implementation.