

COUNTY SOCIAL SERVICES 28E GOVERNING BOARD AGENDA

To: County Social Services Board Members
Cc: County Social Services Stakeholders/Public
From: Bob Lincoln
Date: June 22, 2020
Re: County Social Services Board Meeting
Date: Wednesday, June 24, 2020
Time: 10:00 A.M.

Place: **North Iowa Events Center, North Iowa Fairgrounds, 3700 4th Street SW, Mason City, Iowa.** We believe there will be enough room for social distancing but please wear masks. If you are unable to attend, we will use the conference phone line as there is very little internet capability. (Map & Picture are attached)

Phone Conference: Call 1-866-939-8416 and enter the following code: 6248839#

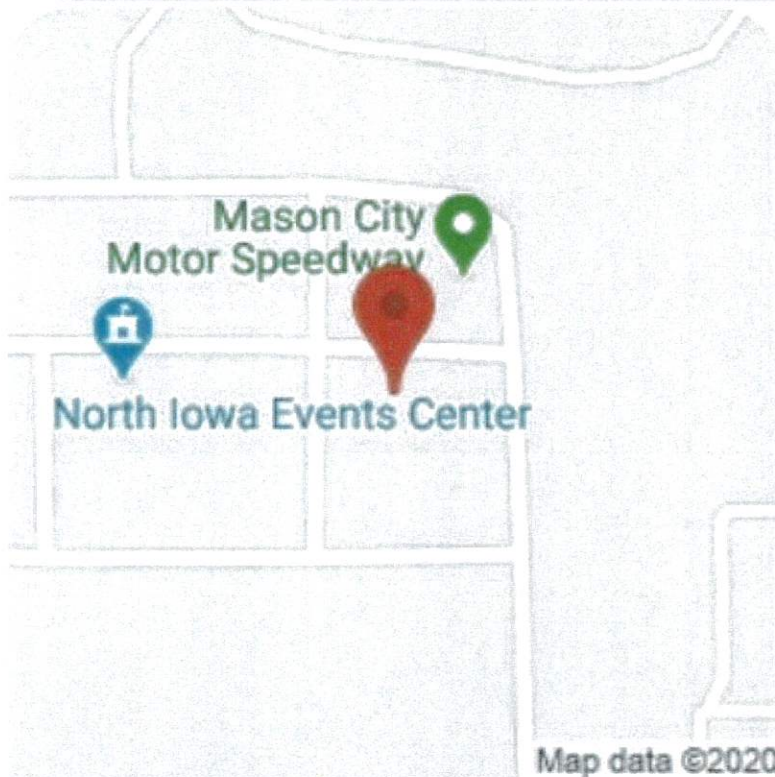
Thank you for muting your phone unless you have been recognized to speak.

Agenda:

1. Call County Social Services Board Meeting to order.
2. Approve today's agenda and the minutes of May 27, 2020.
3. Provider feedback. (attachment)
4. Consumer feedback.
Human Resources
5. Acceptance of Bob Lincoln's letter of resignation. (attached) Discussion/Action
6. The HR Committee recommends the appointment of Karen Dowell as Interim CEO at a salary of \$89,355.00 effective 6/30/2020. She will not be eligible for the 3% percent COL July 1, 2020. Discussion/Action
7. Review of proposed job description for CEO recommended by HR Committee. (attached) Discussion/Action
Programs
8. Presentation of ISTART's National Certification and state-wide expansion proposal. (attached)
Discussion/Action
Organization
9. Financial report and claims approval. Discussion/Action
10. Review and action on Exception to Policies. Discussion/Action
11. Mental Health & Disability Policy and Procedure Management Plan. Amended to include children services. There is a summary in the meeting packet, the full document with markups as a separate attachment and the final revision as a separate attachment. Discussion/Action
12. CSS Fund 10 dollars allocated back to Kossuth, Winnebago and Worth Counties shall be calculated using the following formula: The Accrual Fiscal Year 2020 Ending Fund Balance for CSS times the percentage of population on the most recent census of each member county minus the member county's Cash Fund Balance on June 30, 2020. The allocation will be completed no later than December 31, 2020. Discussion/Action
13. Review of HF2643 Legislation. Discussion/Action
14. Review and action to authorize the Chair to sign provider agreements requests with:
 1. 43 North Iowa (new contract/rate sheet due to name change)
 2. BHGMHC – new rate sheet to add increase for PATH Grant contribution and the reentry coordinator position at the Correctional Facility
 3. Mosaic of Northern Iowa contract and rate sheet
 4. ITP Contract with all regions
 5. ITP / ACSC agreement for CSS to sign
 6. Black Hawk Judicial Hospital Referee
 7. Business Associate Agreement with Centene (Iowa Total Care)
 8. Memorandum of Understanding with Iowa Total Care
 9. Business Associate Agreement with MHDS of ECR for I-START
 10. And then the two Foundation 2 Contracts you mentioned
15. Adjourn; next meeting will be Wednesday, July 22, 2020.

Text Message
Today 3:52 PM

Dropped pin
Near North Iowa Events Center,
3700 4th St SW, Mason City, IA
50401



43°09'05.0"N 93°15'23.5"W

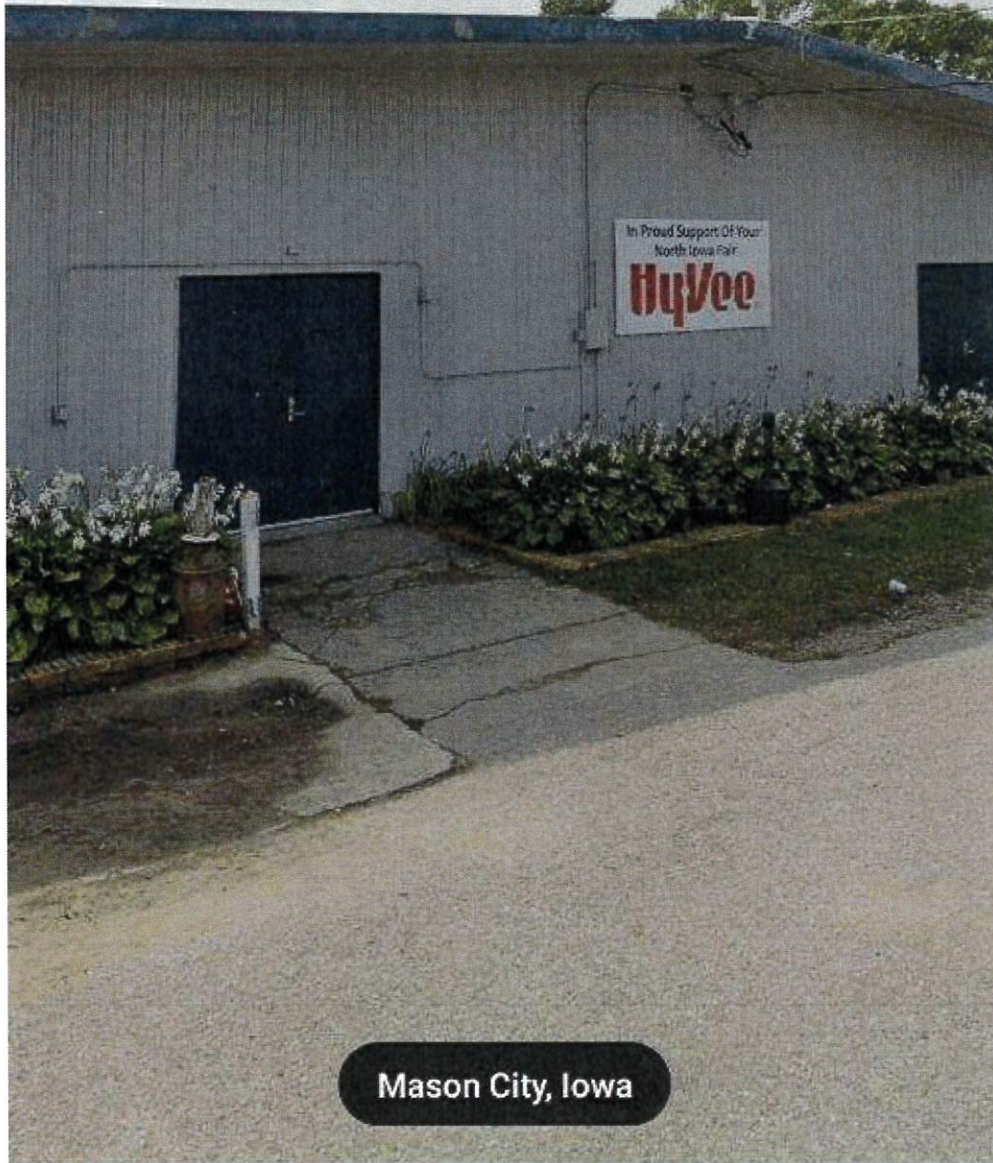
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Mason City, Iowa



COUNTY SOCIAL SERVICES 28E GOVERNING BOARD MINUTES

Re: County Social Services Board Meeting/ Go to Meeting on Wednesday, May 27, 2020 at 10:00 A.M.
Submitted by: Karl Helgevold, Secretary/Treasurer

Present: Dennis Koenig, Allamakee; Craig White, Black Hawk; Chris Watts, Cerro Gordo; Jacob Hackman, Chickasaw; Sharon Keehner, Clayton; John Pluth, Emmett; Roy Schwickerath, Floyd; Gary Rayhons, Hancock; Pat Murray, Howard; Donnie Loss, Kossuth; Barb Francis, Mitchell; Clarence Siepker, Pocahontas; Larry Vest, Tama; Mark Campbell, Webster; Bill Jensvold, Winnebago; Ken Abrams, Worth; Marcia Oltrogge, Provider Rep; Greg Barnett, Butler; Jeanine Tellin, Fayette; Jim Ross, Grundy; Floyd Ashbacher, Winneshiek; Karl Helgevold, Wright; Eric Donat, Consumer Rep.

Absent: Sandy Looney, Humboldt

Guests: Karen Dowell, Bob Lincoln, Megan Taets, (others in attendance by video and phone but not recorded)

1. Call County Social Services Board Meeting to order at 10:01 AM via Go to Meetings.
2. Approve today's agenda and the minutes of March 25, 2020. Motion Francis, Mitchell and second by White, Black Hawk. Motion carried.
3. Provider feedback by Marcia Oltrogge presented a written report.
4. Consumer feedback by Eric Donat presented an oral report of legislative information.
5. Presentation of Brain Health Now campaign by Debi Butler and Clairia Sieverding, Director.
6. Discussion of Kossuth's January allocation request of \$153,136. Motion to table action by Barnett, Butler and second by Francis, Mitchell. Motion carried.
7. Presentation of first draft of CSS 28E Agreement. This will be the first step in the redrafting of our 28E Agreement. Following Board feedback an initial first draft will be presented to the Board on June 24th for approval and distribution to member counties. Discussion only. Issues raised during discussion included language that would make failure to allocate requested funds exempt from mediation and arbitration; status of newly legislated board membership, CEO contract and liquidation of CSS assets upon termination. No action taken. Directors will solicit feedback from their counties for a first formal draft by June 24, 2020.
8. Extend to June 25, 2020: CSS employees can take 100% paid leave for up to 2 weeks (80 hours) if the employee is: Subject to a quarantine or isolation order next advised by their health care provider to self-isolate due to COVID – 19 issues; Experiencing COVID-19 symptoms and seeking a diagnosis; Caring for an individual (does not have to be a family member) subject to a quarantine or isolation order or advised by a provider to self-quarantine; Caring for the employee's child if the child's school or place of care is closed or the child's care provider is unavailable due to the public health emergency; Experiencing any other substantially similar condition as specified by the Secretary of Health and Human Services. Motion by Murray, Howard and second by Hackman, Chickasaw. Motion carried.
9. Extend to June 25, 2020: CSS employees can access their Medical Leave Bank- waiving approved FMLA absences for reasons relating to COVID-19 not stated above or as an extension to the 80 hours. Motion by Murray, Howard and second by Siepker, Pocahontas. Motion carried.
10. Presentation of Distracting Driving Policy. Motion by Keehner, Clayton and second by Ross, Grundy. Motion carried.
11. Francis Lauer (YSS Organization) is requesting \$175,000 in capital reimbursement for the establishment of Iowa's first Youth Access Center. Motion by White, Black Hawk and second by Ross, Grundy. Motion carried.
12. The ACSC Access Center is requesting assistance with the installation of fiber optics to better leverage telehealth care in the Center. The cost to install is approximately \$17,000, they are requesting CSS to provide \$5,000 towards this enhancement. Motion by Murray, Howard and second by Hackman, Chickasaw. Motion carried.
13. The Cedar Valley Coalition for Suicide Prevention & Support is requesting matching from Community Foundation of Northeast Iowa and is asking CSS to provide the \$11,625.00, if approved by the Foundation, to develop training for Mental Health First Aid and Question, Persuade, Refer (QPR) trainings. Motion by White, Black Hawk and second by Barnett, Butler. Motion carried.
14. Financial report and claims approval. Motion by Hackman, Chickasaw and second by Keehner, Clayton. Motion carried.
15. ETP review February, March, April. Motion by White, Black Hawk and second by Murray, Howard. Motion carried.
16. Annual Service and Budget Plan for Fiscal Year 2021 approval and submission to DHS. Motion by Murray, Howard and second by Hackman, Chickasaw. Motion carried.
17. Policy and procedure changes to include mandates to cover children effective July 1, 2020. (website) Motion to table action by Murray, Howard and second by Campbell, Webster. Motion carried.
18. Review and action to authorize the Chair to sign provider agreements requests with: Iowa Northland Regional Transit Commission, UnityPoint Health Business Associate Agreement. Motion by Barnett, Butler and second by Hackman, Chickasaw. Motion carried.
19. Adjourned at 12:20 PM; next meeting will be Wednesday, June 24th. Motion by White, Black Hawk and second by Francis, Mitchell.

Providers have been contacting me about the upcoming regional changes. I have not been able to answer questions, since I have no answers, but said I would ask the Board. Several have inquired about the hiring process for the administrator. They want to know application process, where to send resumes, timeline, etc. I think it is a positive that there are qualified candidates interested in exploring this opportunity. Some are concerned about the region and possible reconfiguration and the impact on their service provision.

Iowa Department of Public Health (IDPH) Director Gerd Clabaugh announced that he is retiring from his position, effective July 31, 2020. Clabaugh stated he is retiring from Iowa government service to spend more time with family and seek new opportunities.

Julie Maas is now the project manager for the CMHC block grants. The CMHCs use the block grant funds for deliverables specific to the services they provide and agency needs. Julie replaces the interim manager, Laura Larkin, who stepped in after Mary Mohrhauser retired.

Submitted:

Marcia Oltrogge

Iowa Department of Public Health (IDPH) Director Gerd Clabaugh announced today that he is retiring from his position, effective July 31, 2020. Clabaugh stated he is retiring from Iowa government service to spend more time with family and seek new opportunities.



June 15, 2020


Roy Schwickerath, Chair
County Social Services
101 South Main St. #305
Charles City, Iowa 50616

Dear Chair Schwickerath:

I hereby give my required two week notice of resignation effective June 29, 2020. It has been an honor and privilege to serve the County Social Services Board and outstanding team of men and women doing the important work of County Social Services.

Respectfully,

Bob Lincoln

Cc:  Megan Taets, Training and Development Specialist

SERVING THESE IOWA COUNTIES

- | | | | | | | | |
|------------|-----------|-------------|---------|----------|------------|------------|--------|
| Allamakee | Butler | Emmet | Floyd | Howard | Mitchell | Webster | Worth |
| Black Hawk | Chickasaw | Fayette | Grundy | Humboldt | Pocahontas | Winnebago | Wright |
| | Clayton | Cerro Gordo | Hancock | Kossuth | Tama | Winneshiek | |



- Works with the CSS executive committee to determine values, the organization's mission and planning for short and long term goals
- Builds partnerships with other organizations- MHDS Region CEO's, provider agencies, DHS, IME, state legislators, etc.
- Oversees the day-to-day operations of the organization
- Reviews and determines all Exception to Policies and Appeals submitted and presents them to the CSS Board monthly
- Performs other duties as assigned by the Regional Governing Board including, but not limited to, training of new Governing Board members

Supervisory Responsibilities:

- The CEO will supervise the Chief Operations Officer (COO), Finance Manager, Regional Coordinator, ISTART Director and Integrated Case Management Supervisor

Supervision Received:

Supervision is received from the CSS Governing Board. Performance evaluations will be conducted by the CSS Board on an annual basis.

Qualifications:

- Bachelor's or Master's (preferred) degree in the field of public administration, health care administration, business, finance, social services, or related field and a minimum of three year's experience in an executive-level management position.
- Strong and effective verbal and written communication skills
- Management responsibility that includes accountability for organizational operations and budgeting in addition to management of staff
- Knowledge of mental illness, intellectual disabilities and developmental disabilities
- Knowledge of county governance
- Experience with financial tracking and outcome and performance data for organizational management and quality improvement
- Ability to work under pressure, make informed decisions, plan workload effectively and delegate duties
- Ability to represent County Social Services in a professional manner
- Ability to interact and build relationships with staff, stakeholders and the general public
- Must possess a valid Iowa driver's license and be insurable under CSS guidelines.

(Note: The requirements and duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related to, or a logical assignment of the position.)

Language Skills:

Must be welcoming and positive in contacts with others. Must have strong writing skills and the ability to communicate complex assessments and diagnose social service needs both verbally and in writing.

Reasoning Ability:

Must be able to assess multiple complex disability needs and determine effective supports and interventions to alleviate or manage those needs. Must have the ability to apply common sense to solve problems and achieve work objections, and have the ability to recognize work situations that require special attention.



**County Social Services
Chief Executive Officer
Job Description**

Position Title: Chief Executive Officer
Reports to: CSS Board
Location: CSS MHDS Region
FLSA: Exempt
Shift: As needed to meet the obligations of the position.
Salary Range: \$96,000-\$125,000
Legal Reference: Iowa Code Chapter 331 Section 390(3)(b)
Date: June 2020

Position Summary:

The Chief Executive Officer (CEO) will be the single point of accountability for the CSS MHDS Region and shall be responsible for entering into performance-based contracts with the Department of Human Services (IAC 441-25.11(331)). The CEO shall report to the Governing Board and will serve as the contact person for all requests for information or other inquiries from the Department of Human Services or the State of Iowa regarding provision of services, quality of services and expenditures of Regional funds. The CEO shall work with the Governing Board, CSS team and stakeholders to establish strategies, plans and policies to enhance mental health and disability services within the Region.

General Principles:

1. Business Operations
2. Allocation of Resources
3. Accurate and Transparent Financial Reporting and Disclosures
4. Annual Management Plans and Budgets
5. Selecting Qualified Employees, Establishing an Effective Organizational Structure and Ensuring Effective Strategic Planning for Success
6. Organizational Resilience

Essential Duties and Responsibilities:

- Provides inspired leadership throughout the organization and acts as the primary spokesperson for the organization
- Makes high-level decisions about policy and strategy
- Reports to the board of directors and keeps them informed
- Oversees agendas, minutes and correspondence to the Board
- Develops and implements Regional operational policies and an administrative staffing plan
- Assists with recruiting, hiring, training, motivating and evaluating employees
- Creates an environment that promotes great performance and positive morale
- Develops and executes the annual regional budget
- Ensures regional compliance with all state requirements
- Ensures all financial, program, service, client and performance outcomes are collected and reported to the Board in a timely manner
- Oversees the development of reports to the Board in a timely manner
- Oversees the organization's fiscal activity, including budgeting, reporting and auditing
- Ensures all legal and regulatory documents are filed and monitors compliance with laws and regulations

**Certificates, Licenses, Registrations:**

Original proof of credentials by diploma, license, and transcripts is required. Must clear criminal background, abuse registry, and Medicaid fraud checks for consideration of this position.

WORK ENVIRONMENT AND PHYSICAL DEMANDS:

The work environment and physical demand characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Position requires frequent interaction with clients, potential clients, outside agencies, and other region employees
- Position requires frequent exposure to stressful situations
- Work is performed primarily indoors
- Position requires frequent use of hands/fingers

County Social Services is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, CSS will provide reasonable accommodations to qualified individuals with disabilities and encourages prospective employees and incumbents to discuss potential accommodations with the employer. CSS has adopted a policy in compliance with the 2008 Smokefree Air Act.



June 12, 2020

Marissa Eyanson, Administrator
Division of Mental Health and Disability Services
1305 E. Walnut Street
Des Moines, Iowa 50319-0114
Re: I-START State-wide Expansion

Dear Administrator, Eyanson:

Here is the proposal for state-wide expansion of the Center for START Services Model. Here are reasons why this model makes sense for Iowa:

- Evidence-Based Practice** ISTART is an integration of the best research evidence, clinical expertise and patient needs that will result in the best individual outcomes. Research such as, Beasley, J, 2018, Improving Mental Health Outcomes for Individuals with Intellectual Disability Through the Iowa START (I-START) Program, Journal of Mental Health Research in Intellectual Disabilities that provides evidence. I-START clinicians are uniquely trained to treat individuals with complex needs and are supported by professional learning communities across the nation. Lastly, the individual’s needs are exhaustively researched, assessed and measured to obtain the best patient outcomes. This month ISTART will be a nationally certified team.
- Community Capacity** ISTART is a systemic community-based program. It does not replace any direct service in the community, but it brings additional resources, training and intensity to existing resources to serve individuals with the most complex needs. Dr. Beasley famously says, “a crisis is a problem without the resources to manage it.” The ISTART program engages any willing provider and community without picking “the best providers” which ultimately expands choice for our residents. Nationally, START supports families that, with this support, can postpone or delay the need for traditional “placement” services. It focuses on developing direct support professionals (DSP) by giving them the resources to experience success with their clients. It reduces turnover associated with “this client must go, or I will.” It brings DSP greater skills for better compensation. ISTART coordinators that have left for jobs with providers or MCOs report that the knowledge and skill they take with them was invaluable.

Here is how we can make ISTART an integral component of Iowa’s array of services:

- Intensive Residential Services** HF2456 mandated the provision of intensive residential services to meet the needs of individuals with complex needs without a program to do so. ISTART can be the clinical wrap around for LTSS providers to serve the 120 plus individuals who risk losing LTSS, can’t access LTSS or are forced into out-of-state programs.
- State Resource Centers/MHI** ISTART can be structured to fully integrate with Iowa’s Resource Centers and MHIs to leverage for crisis intervention, planned respite, inpatient intervention to ensure optimum bio/psycho/social stability for individuals transitioned to the community. Resource Centers and MHI can act as the Tertiary Hospital envisioned in HF2456. ISTART has a history of positive collaboration with the University of Iowa Hospital & Clinics that can serve as model. This would also leverage and preserve the existing strengths of our state institutions.
- Sustainable Funding** ISTART, as a systemic model, works best when supported by blended funding that allows the ability to build stronger provider networks, primary care interventions, workforce development, specialized training while having the ability to collect third party reimbursement for those direct medically necessary services. Iowa’s MHDS Regions are the perfect innovation and incubation platforms to expand ISTART while leveraging MCO fee-for-service reimbursement for sustainability and deliver a complex capable provider network. The Department may also use performance-based contracting the regions and MCOs.

Please find attached a cost-based prospectus, research paper, FY19 Center for START Annual Report and the most recent quarterly summary of the ISTART Program. We look forward to further discussions and next steps. Thank you for this opportunity.

Respectfully,

Bob Lincoln, CEO County Social Services

SERVING THESE IOWA COUNTIES

Allamakee	Butler	Emmet	Floyd	Howard	Mitchell	Webster	Worth
Black Hawk	Chickasaw	Fayette	Grundy	Humboldt	Pocahontas	Winnebago	Wright
	Clayton	Cerro Gordo	Hancock	Kossuth	Tama	Winneshiek	

The Center for START Services
University of New Hampshire Institute on Disability/University Center for Excellence in Disability

START Program Certification

This is to certify that

I-START

Has met the requirements to achieve START Clinical Team Certification on June 18, 2020

This certificate demonstrates that this clinical team has maintained fidelity to the mission and values of START. This has been verified through the use and mastery of evidence informed positive practices and systems linkage approaches to supporting adults with IDD and behavioral health needs, their families and communities.



Joan B. Beasley, Ph.D.
Research Associate Professor, University of New Hampshire
Director, The Center for START Services

Andrea Caoili, LCSW
Director of Research & Quality Assurance
The Center for START Services

Institute on Disability/UCED
University of
New Hampshire

Certification valid through June 30, 2021



Revenue	Budget	Prior Month	Current Month	YTD	% YTD
Property Tax/Fund Bal Transfer	\$ 16,522,220	\$ 2,568,955	\$ 6,108,460	\$ 16,390,918	99%
Medicaid Reimbursement (TCM)	\$ 212,600	\$ -	\$ -	\$ 81,359	38%
I-START	\$ 100,000	\$ 15,000	\$ 85,000	\$ 226,536	227%
Misc.	\$ 310,000	\$ 2,337	\$ 4,191	\$ 318,417	103%
Total Revenue	\$ 17,144,820	\$ 2,586,292	\$ 6,197,651	\$ 17,017,229	99%

Domain	Budget	Prior Month	Current Month	YTD	% YTD
Core					
Treatment	\$ 1,170,000	\$ 92,192	\$ 68,899	\$ 709,425	61%
Crisis Services	\$ 2,661,000	\$ 147,789	\$ 146,576	\$ 759,409	29%
Support for Community Living	\$ 2,624,800	\$ 130,777	\$ 140,166	\$ 1,604,835	61%
Support for Employment	\$ 650,000	\$ 42,424	\$ 24,380	\$ 407,763	63%
Recovery Services	\$ 180,000	\$ 2,760	\$ 2,300	\$ 63,258	35%
Service Coordination	\$ 60,000	\$ -	\$ 280	\$ 2,243	4%
Sub-acute Services	\$ 50,000	\$ 51,840	\$ 43,200	\$ 251,440	503% 1
Evidence Based Treatment	\$ 1,355,000	\$ 41,198	\$ 36,395	\$ 392,780	29%
Mandated	\$ 1,000,000	\$ 80,894	\$ 97,959	\$ 801,830	80%
Additional Core					
Justice System Involved Services	\$ 447,000	\$ 46,082	\$ 36,388	\$ 307,226	69%
Evidence Based Treatment	\$ 105,000	\$ 25,645	\$ 7,285	\$ 177,081	169% 2
Other Informational Services	\$ 96,722	\$ 385	\$ 158	\$ 31,391	32%
Essential Community Living Support Services	\$ 4,013,200	\$ 407,064	\$ 264,962	\$ 3,931,226	98%
Other Congregate Services	\$ 2,500,000	\$ 190,661	\$ 1,186,115	\$ 3,276,086	131% 3
Administration	\$ 1,500,000	\$ 169,403	\$ 111,605	\$ 1,415,813	94%
County Provided Case Mangement	\$ 212,600	\$ 28,703	\$ 13,516	\$ 207,999	98%
Total Expenditures	\$ 18,625,322	\$ 1,457,819	\$ 2,180,183	\$ 14,339,805	77%

Ending Cash Balance 5/31/2020 \$ 12,354,662

June 2020 Claims	
6/2/2020	\$110,553.67
6/9/2020	\$290,556.04
6/16/2020	\$300,798.46
6/23/2020	\$329,712.43
6/30/2020	
TOTAL	\$1,031,620.60

Fund 8500 Health Reimbursement Account YTD (6/22/2020)

	Revenue
Employer Contributions	\$ 292,191
Employee Contributions	\$ 34,176
Flex - Employee Contributions	\$ 7,022
	\$ 333,389
Expenditure	
Health Insurance Pmts (ISAC)	\$ 218,738
Medical Claims Pmts (Auxiant)	\$ 30,904
Flex Claims (Auxiant)	\$ 1,784
	\$ 251,426
BALANCE	\$ 81,963

Last 3 Months' Per Capita Annualized Expenditure Rate: \$ 43.80
 Year-to-Date Per Capita Annualized Expenditure Rate: \$ 34.17

1 Non-Medicaid funded individuals needing sub-acute
 2 More social support access than we had anticipated
 3 Prairie View Road to Community Investment

County Social Services Exception to Policy and Reconsiderations - May 2020

Clients	Service	Decision	Impact
1	Basic Needs-Other	Member needed a copy of birth certificate in order to obtain a State ID and apply for benefits but did not have the funds to pay for it.	15.00
2	Community Based Settings-Other	ETP awaiting waiver funding, member was private pay and exhausted personal funds.	4,324.40
3	Supported Community Living	Member aged out of Hab funding, applied for waiver funding, gap funding until another funding source starts funding.	3,825.40
4	Supported Employment Services	Member's family finances and circumstances changed, waived copay, needs services for successful employment, service coordinator will call Social Security office to find out income for May.	177.00
5	Supported Community Living	Member married and combined finances caused member to be over income guidelines. Client participation fee waived for 3 months, CSS CEO will review this case with team to determine if this funding can be considered straight funding since member has Medicaid.	306.00
6	Day Habilitation	The plan is to build physical stamina & reliability for pre-voc services then decrease or replace day hab funding (current waiver does not fund day hab).	1,100.00
7	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	649.14
8	Supported Community Living	Gap funding until waiver starts funding.	1,330.80
9	Day Hab & Supported Community Living	Current EW does not fully fund, is on the ID waiver waiting list, CSS funds remainder after EW pays.	8,188.41
10	Supported Employment Services	CSS waived member's copay. Member obtained employment, those wages combined with SS benefit places member over income guidelines. Service Coordinator will call the Social Security office to verify SS benefit.	67.67
11	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	649.14
12	Supported Community Living	This service is needed to aide member in transition from the RCF to independent living, \$445.44	445.44
13	Guardian/Conservator	Member refuses to see a doctor or psychiatrist on a regular basis but the service is needed.	150.00
14	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	649.14
15	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	439.74
16	Basic Needs - Rent Payments	Income changed due to spouse's death, service coordinator assisted with housing application, anticipating housing assistance July 2020.	450.00
17	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	376.92
18	Basic Needs - Rent Payments	Member at risk losing safe housing due to her diagnosis.	450.00
19	Supported Community Living	Member is now living in a nursing home, CSS policy does not allow SCL for nursing home residents. Funding was denied, family appealed, CSS is allowing funding through June 2020 to allow time for member to transition from these services.	222.72
20	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	1,298.28

Approximate monthly impact: \$ 25,115.20

County Social Services
Policies and Procedures Revisions Summary 6-22-20

11

Section	Revision	Page Number
Entire Document	Changed 'Governing Board' to 'CSS Board'	n/a
	Updated office and access point information	n/a
Cover Page	Removed Kossuth, Winnebago and Worth Counties	n/a
Table of Contents	Updated	n/a
Intro & Vision	Referenced the change to 19 counties as of 7/1/2020	3
A. Organizational Structure	Added new CSS Board members, representing Children's Behavioral Health Services	4
	Updated reference to voting vs ex-officio members	4, 5
	Updated Advisory Committee section to reflect Children's Behavioral Health Advisory Committee and updated code references.	5, 6
	Updated Administrative Entity language to state we are established and to add Coordinator of Children's Behavioral Health Services.	6
	Updated language to state staff are employees of CSS.	6
C. System Management	Enhanced the description of I-START Program.	9
D. Financing and Delivery of Services and Support	Updated language to indicate CSS became a single employer and fiscal agent on 1/1/20.	11, 12
F. Eligibility	General Eligibility-added eligibility guidelines on children	15
	Financial Eligibility-added financial eligibility guidelines for children	15, 16
	Diagnostic Eligibility-added definition of Serious Emotional Disturbance	17
I. Quality Management and Improvement	Added language stating that CSN is our data collection and management system.	24
Attachments	Attachment A: Added Children's Crisis Service Access Points	28
	Attachment B: Updated Sliding Fee for CMHC to 2020	29
	Added Attachment C: Children's Behavioral Health Services Cost-Share for Family	30
	Attachment D: Added new core services for children	31
Glossary	Added Children's Behavioral Health Services definitions	39-42
CSS Application	Updated to the latest version	44

HF2643

DIVISION XI

MENTAL HEALTH AND DISABILITY SERVICES

Sec. 49. Section 331.389, subsection 4, paragraph c, Code 35 2020, is amended to read as follows: -29-HF2643.4509 (7) 88 ns/tm 29/56

c. The department shall work with any county that has not agreed to be part of a region in accordance with paragraph "a" and with the regions forming around the county to resolve issues preventing the county from joining a region. In addition to the regional governance agreement requirements in section 331.392, the department may compel the county and region to engage in mediation for resolution of a dispute. The costs incurred for mediation shall be paid by the county and the region in dispute according to their governance agreement. A county that has not agreed to be part of a region in accordance with paragraph "a" shall be assigned by the department to a region, unless exempted prior to July 1, 2014. A county assigned by the department to a region shall be included in that region's amended governance agreement pursuant to this section as of an effective date designated by the department. The assigned county and region shall operate according to the region's existing governance agreement until the regional governance agreement is amended.

Sec. 50. Section 331.389, subsection 5, Code 2020, is amended to read as follows: 5. a. If the department determines that a region or an exempted county is not adequately fulfilling the requirements under this chapter for a regional service system, the department shall address the region or county in the following order: a. (1) Require compliance with a corrective action plan. b. (2) Reduce the amount of the annual state funding provided for the regional service system, not to exceed fifteen percent of the amount. c. (3) Withdraw approval for the region or for the county exemption, as applicable. b. The department shall rely on all information available, including annual audits submitted under section 331.391, regional governance agreements submitted under section 331.392, and annual service and budget plans submitted under section 331.393 in determining whether a region or an exempted county is adequately fulfilling the requirements for a regional service system. The department may request and review financial documents, contracts, and other audits, and may perform on-site reviews and interviews to gather information.

Sec. 51. Section 331.392, subsection 4, Code 2020, is amended to read as follows: 4. The financial provisions of the agreement shall include all of the following: a. Methods for pooling, management, and expenditure of the funding under the control of the regional administrator. If the agreement does not provide for pooling of the participating county moneys in a single fund, the agreement shall specify how the participating county moneys will be subject to the control of the regional administrator. b. (1) Methods for allocating administrative funding and resources. (2) Methods for allocating a region's cash flow amount in the event a county leaves the region. A region's cash flow amount shall be divided by the percentage of each county's population according to the region's population indicated in the region's annual service and budget plan and shall be allocated to the counties. This subparagraph shall apply to all agreements in existence or entered into on or after July 1, 2020. c. Contributions and uses of initial funding or related contributions made by the counties participating in the region for purposes of commencing operations by the regional administrator. d. Methods for acquiring or disposing of real property. e. A process for determining the use of savings for reinvestment. f. A process for performance

of an annual independent audit of the regional administrator. The annual independent audit prepared by the regional administrator shall be submitted to the department upon completion of the audit. Sec.

52. Section 331.392, Code 2020, is amended by adding the following new subsection: NEW SUBSECTION.

6. All agreements shall be submitted to the department. The department shall approve the agreement if the agreement complies with the requirements of this section.

Sec. 53. MENTAL HEALTH AND DISABILITY SERVICES —REGIONALIZATION AUTHORIZATION.

1. The department of human services shall facilitate the county social services mental health and disability services region dividing into two separate regions. All member counties shall participate in the planning as required by the department. Counties in the western portion of the region may form a new region if the counties meet the requirements of this section. Counties in the eastern portion of the region shall retain the name county social services if a new region is formed by the counties in the western portion of the region.

2. County formation of a proposed new mental health and disability services region pursuant to this section is subject to all of the following:

a. The aggregate population of all counties forming the region is at least 50,000 and includes at least one incorporated city with a population of more than 24,000. For purposes of this subparagraph, "population" means the same as defined in section 331.388, subsection 4, Code 2020.

b. Notwithstanding section 331.389, subsection 4, on or before February 1, 2021, the counties forming the region have complied with section 331.389, subsection 3, and all of the following additional requirements:

- (1) The board of supervisors of each county forming the region has voted to approve a chapter 28E agreement.
- (2) The duly authorized representatives of all the counties forming the region have signed a chapter 28E agreement that is in compliance with section 331.392 and 441 IAC 25.14. 35
- (3) The county board of supervisors' or supervisors' designee members and other members of the region's governing board are appointed in accordance with section 331.390.
- (4) Executive staff for the region's regional administrator are identified or engaged.
- (5) The regional service management plan is developed in accordance with section 331.393 and 441 IAC 25.18 and 441 IAC 25.21 and is submitted to the department.
- (6) The initial regional service management plan shall identify the service provider network for the region, identify the information technology and data management capacity to be employed to support regional functions, and establish business functions, accounting procedures, and other administrative processes. c. Each county forming the region shall submit the compliance information required in paragraph "b" to the director of human services on or before February 1, 2021. Within forty-five days of

receipt of such information, the director of human services shall determine if the region is in full compliance and shall approve the region if the region has met all of the requirements of this section. d. The director of human services shall work with a county making a request under this section that has not agreed or is unable to join the proposed new region to resolve issues preventing the county from joining the proposed new region. e. By February 1, 2021, the director of human services shall assign a county, making a request under this section that has not reached an agreement to be part of the proposed new region, to an existing region or to another new proposed region, consistent with this section. 3. If approved by the department, the region shall commence full operations no later than July 1, 2021. Sec. 54. MENTAL HEALTH AND DISABILITY SERVICES — TRANSFER 33 OF FUNDS. Notwithstanding section 331.432, a county with a population of over 300,000 based on the most recent federal decennial census may transfer funds from any other fund of the county to the mental health and disability regional services fund for the purposes of providing mental health and disability services for the fiscal year beginning July 1, 2020, and ending June 30, 2021. The county shall submit a report to the governor and the general assembly by September 1, 2021, including the source of any funds transferred, the amount of the funds transferred, and the mental health and disability services provided with the transferred funds. The county shall work with the department to maximize the use of the medical assistance program and other third-party payment sources, including but not limited to identifying individuals enrolled with or eligible for Medicaid whose Medicaid-covered services are being paid by the county or could be converted to Medicaid-covered services.

Sec. 55. MENTAL HEALTH AND DISABILITY SERVICES REGIONS — FUNDING.

1. There is appropriated from the grow Iowa values fund created in section 15G.108, Code 2009, to the department of human services for the fiscal year beginning July 1, 2020, and ending June 30, 2021, the following amount, or so much thereof as is necessary, to be used for the purpose designated: For a grant to a single-county mental health and disability services region with a population of over 350,000 as determined by the latest federal decennial census, for the provision of mental health and disability services within the region: \$ 5,000,000 The department and the region shall enter into a memorandum of understanding regarding the use of the moneys and detailing the provisions of the plan prior to the region's receipt of moneys under this subsection.

2. The department shall distribute moneys appropriated in this section within 60 days of the date of signing of the memorandum of understanding between the department and each region. 3. Moneys awarded under this section shall be used by the regions consistent with each region's service system management 2 plan as approved by the department.