

COUNTY SOCIAL SERVICES 28E GOVERNING BOARD AGENDA

To: County Social Services Board Members

From: Mary McKinnell

Date: February 24, 2021

Re: County Social Services Board Meeting

Date: Wednesday, February 24, 2021

Time: 10:00 A.M.

Place: **County Social Services-Cerro Gordo County office, 525 9th Street SE, Mason City, IA. Please wear face coverings. IN PERSON IS ONLY FOR CSS BOARD MEMBERS AND REQUIRED CSS STAFF. Board members wishing not to attend in person, CSS staff and guests are invited to join us via the GoTo Meeting link below.**

Please join my meeting from your computer, tablet or smartphone.

CSS Board meeting

Wed, Feb 24, 2021 10:00 AM - 12:00 PM (CST)

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/675920301>

You can also dial in using your phone.

United States: [+1 \(786\) 535-3211](tel:+17865353211)

Access Code: 675-920-301

Agenda:

1. Call County Social Services Board Meeting to order.
2. Approve today's agenda and the minutes of January 27, 2021. Discussion/Action.
3. Adult Services Provider Representative, Brittney Montross, feedback.
4. Consumer Representative, Eric Donat, feedback.

Human Resources

5. CSS Board HR Committee Chair- Pat Murray and Vice Chair- Larry Vest
6. Recommendation for CSS Employee Wage Increase for FY22 to be 3% with an effective start date of the first pay period after July 1, 2021 (July 12th, 2021); Discussion/Action
7. Recommendations for CSS Holidays- (In 2021 Christmas Eve will be observed on Thursday Dec 23, 2021 and Christmas Day will be observed on Friday Dec 24, 2021); Discussion/Action
8. Review CSS Telework Policy; Discussion/Action

Programs

9. Intensive Residential Services Home (IRSH): Request for Information(RFI) meeting held. Recommendation is to proceed with Request for Proposal(RFP) for IRSH. Discussion/Action.
10. ISTART: Elevate has proposed developing a Designated Collaborating Organization (DCO) for ISTART. Recommendation is that CSS move forward with the DCO and continue to be employer of record for present ISTART employees until December 31, 2021. Discussion/Action.

Organization

11. CARES Act funding update. Discussion.
12. Financial report and claims approval. Discussion/Action.
13. FY2022 budget. Discussion/Action.
14. Review and action on Exceptions to Policy. Discussion/Action.
15. Recommendation to spend \$100,000 to create a new CSS website and training so that CSS staff can update website. Amperage Marketing would be utilized for this service. Discussion/Action.
16. Review and action to authorize the Chair to sign provider agreements and/or rate requests with:
 - Mobil Crisis response. Ammended contract for Elevate to not provide services to Cerro Gordo and Hancock Counties. Eyerly Ball, contracted through CICS, will be providing this service effective 4/1/2021. Discussion/Action.
 - Benefits documents. Discussion/Action.

17. Location of future meetings. Discussion/Action.
18. Adjourn; next meeting will be Wed., March 24, 10:00 am.

JANUARY 2021 COUNTY SOCIAL SERVICES BOARD MINUTES

The January 2021 County Social Services Board Meeting was held in Cerro Gordo County at the CSS office on Wednesday, January 27, 2021, 10:00 am and via GoTo Meeting.

Present: Jacob Hackman, Chickasaw, Roy Schwickerath, Floyd, CSS CEO Mary McKinnell. Via GoTo Meeting: John Schellhammer, Allamakee, Craig White, Black Hawk, Greg Barnett, Butler, Sharon Keehner, Clayton, Chris Watts, Cerro Gordo, Jeanine Tellin, Fayette, Heidi Nederhoff, Grundy, Pat Murray, Howard, Sandy Loney, Humboldt, Clarence Siepker, Pocahontas, Eric Donat, Adult System Consumer Rep, Brittney Montross, Adult System Provider Rep, June Klein-Bacon, Children's System Parent Rep, Cody Williams, Children's System Provider Rep, Jamie Heard, Children's Education System Rep.

Absent: John Pluth, Emmet, Gary Rayhons, Hancock, Mark Hendrickson, Mitchell, Mark Campbell, Webster.

1. Chair Schwickerath called County Social Services Board Meeting to order.
2. Motion by Vest, Tama, second by Siepker, Pocahontas, to approve today's agenda and the minutes of Dec. 9, 2020. Motion carried.
3. Motion by Barnett, Butler, second by Loney, Humboldt, to move Craig White to 2021 CSS Board Chair and Karl Helgevold to Vice Chair. Motion carried. Meeting turned over to White as Chair. Motion by Schwickerath, Floyd, second by Hackman, Chickasaw, to accept Finance Committee nomination of Barnett, Butler for Secretary/Treasurer. No other nominations from the floor. Motion carried.
4. FY2022 CSS Employee Benefits Renewal presentation by Ryan Berven and Samantha Gudenkauf from Group Benefit Partners.
5. The Adult Advisory Board has appointed Brittney Montross, Associate Program Director from Exceptional Persons, Inc. as the 2021-2022 Adult Provider Rep to the CSS Board. Board members welcomed her. Provider feedback was given by Montross.
6. Consumer feedback by Eric Donat.
7. Motion by Hackman, Chickasaw, second by Loney, Humboldt, to approve the Conflict of Interest Letter recommended by HR Committee for both staff and board members. Motion carried.
8. Discussion regarding 2021 holidays that fall on a weekend day (Independence Day, Christmas Day and New Year's Day 2022). Final decision will be made at the February meeting.
9. Motion by Murray, Howard, second by Keehner, Clayton, to authorize the Chair to sign the 2021 ISAC Wellness Program Agreement. Motion carried.
10. Emma Hall will fill the position of Regional Coordinator of Children's Behavioral Health beginning Feb. 1, 2021.
11. Motion by Schwickerath, Floyd, second by Loney, Humboldt, to authorize CSS staff to initiate a Request for Information immediately for any CSS providers interested in providing IRS services in the region. Motion carried.
12. Pocahontas County has submitted their notice to leave the CSS Region on 7/1/21. Siepker stated that they need to move forward with no current legislation to stop this from happening.
13. CARES Act funding update was given.
14. Motion by Hackman, Chickasaw, second by Keehner, Clayton, to approve the December Financial report and claims listing. Motion carried.
15. Brief discussion on the FY2022 budget. HR Committee was asked to submit a wage increase recommendation to the board in February.
16. Motion by Hackman, Chickasaw, second by Barnett, Butler, to accept the December Exceptions to Policy. Motion carried.
17. Motion by Murray, Howard, second by Loney, Humboldt to authorize the Chair to sign provider agreement with Elevate CCBHC and lease agreement with Winneshiek County. Motion carried, with Schellhammer, Winneshiek abstaining on the lease agreement.
18. Vacancies on board committees was discussed. Chair White appointed Schwickerath, Floyd to the Finance Committee and Keehner, Clayton, to the HR Committee.
19. Discussion on mid-year vacancy of 2021 Vice Chair (Helgevold).
20. CSS Board legislative committee has not met. Donat again expressed interest. Schwickerath, Loney and Vest noted they have discussed legislation regarding the contiguous county requirement with legislators and ISAC but there has been no action in the legislature.
21. Motion by Loney, Humboldt, second by Watts, Cerro Gordo, to adjourn. Motion carried. Next meeting will be Wed., February 24, 2021, 10:00 am.



CSS Telework Policy

Policy Statement

CSS supports employees working from home as an alternative to traditional working arrangements by partially replacing the employee's worksite and commute. It is the purpose of this policy to allow CSS employees with guidelines for telework employment to attract and retain a talented workforce, reduce costs, improve employee morale and productivity, and better address work and personal demands. This policy applies to both full-time and part-time employees.

Eligibility Requirements

Telework employees must reside within 50 miles of the service area they work in. Telework employees must demonstrate good time management, organizational skills, be self-motivated, self-reliant, and disciplined. A CSS employee must be employed for at least 180 days, CSS Orientation Period in order to be eligible for telework. Telework arrangements may not be suitable for all positions therefore it is at the discretion of the employee's supervisor to authorize and direct such arrangements on a case-by-case basis. Once authorization is granted by the employee's supervisor, the request must go to CSS Human Resources and Information Technology (IT) who are responsible for verifying if the arrangement is suitable for final approval.

Policy

Telework allows an employee to work at home, or at a satellite location for all or part of the employee's regular workweek. Telework is a work alternative that may not be appropriate for all employees or for all positions and therefore will be determined by each employee's supervisor. Telework is not an entitlement, it is the organization's benefit and in no way changes the terms and conditions of employment with CSS.

Employees desiring to request a telework arrangement shall make a request in writing to their Supervisor including:

1. Days and hours they are requesting to telework from a home office;
2. Location identified of home office;
3. Reason for request;
4. Equipment necessary to suitably equip a home office (i.e. laptop, printer, scanner, etc.)
5. Any other information pertinent to the request.

Upon receipt of the employee's request, the Supervisor will take into consideration their workforce needs and budgetary limitations before approving or denying the request. The



Supervisor's decision will be communicated in writing within ten (10) working days, when possible, of the employee's original request. Telework arrangements shall be reviewed at least once each fiscal year for viability of its continuation.

The availability of telework for an employee of County Social Services can be discontinued at any time at the discretion of the CSS Supervisor/CSS Administrative team. There may be instances when no notice is possible.

Telework is at the sole discretion of the CSS Supervisor and Administrative team. Physical presence at County Social Services office locations may be necessary. Telework in no way changes the terms and conditions of employment with County Social Services and the employee is subject to all of the employer's policies, procedures, rules, and regulations. All telework arrangements will be communicated to CSS HR and the IT department.

Performance Expectations

The employee is expected to communicate regularly and effectively with supervisors, coworkers and individuals they serve to the same degree that would be achieved if working from their CSS office. The employee must demonstrate an understanding about time management, productivity and accountability for their work quality and deadlines. Telework shall not be used as a substitute for dependent care or sick leave. Employees who telework are expected to make dependent care arrangements, if applicable during the workday unless an unforeseeable situation is communicated with their supervisor.

Employees may, at the discretion of their immediate supervisor be called to work to their CSS office or within the community to meet workload demands. If an employee is teleworking during the workday and he/she comes into their CSS office, the time traveling from the employee's home to the worksite must be treated as job site travel and therefore be counted as hours worked and compensated accordingly.

Employees are responsible for maintaining a safe and ergonomic working environment while teleworking. Employees must have a private location with a door to perform job duties. Workers compensation will not apply to non job-related injuries that occur in the home. CSS will not be responsible for injuries to third parties or members of the employee's family that occur on the employee's premises. In the event of a work-related injury, the employee will allow home office inspections conducted by CSS.

Telework employees shall not hold in-person business meetings with internal or external individuals or colleagues at their personal residence, however tele-video/teleconferencing meetings are allowed in a private area if confidential information is being discussed. Employees shall not conduct any unauthorized (non-CSS) work during their telework schedule. The employee's supervisor may regularly request progress reports to check on the status of the employee who is working from home. CSS reserves the right to monitor network access logs to verify activity.



The employee will be expected to report any illness and use PTO or Medical Leave Bank available leave time, if unable to work. The employee is also expected to request PTO for desired time off work.

Telework employees have the right to attend trainings, receive promotions, and for visibility.

Work Environment & Supplies

General office supplies and hardware, including but not limited to printers, scanners, fax machines, ink cartridges, etc to make the home office a suitable telework site may be covered by CSS.

Telework employees will use their CSS equipment. Employees may consult with the CSS's IT department for access to the CSS network. Employees must conform to the CSS software and security standards. CSS will consult with IT if their support staff is needed.

Remote access to the CSS network may be provided to the employee at the discretion of the employee's supervisor after consulting with the IT department. Employees who telework from home are subject to the same internal CSS policies regarding the use of CSS provided equipment and services as that of employees at the CSS located worksite. CSS will not purchase or reimburse employees for the cost of an internet service provider or internet use.

Employees will use their CSS cell phones for all phone calls.

The employee is responsible for returning equipment to the CSS office for repair or replacement. If an employee neglects or inappropriate care is the cause of necessary repair or replacement, the employee may be expected to pay associated costs.

Upon separation of employment, the employee shall return all CSS owned equipment and supplies within 1 working day. If CSS equipment is not returned within 1 working day legal action may be taken.

OSHA

There are no OSHA regulations regarding telework in home offices/workspaces. Injuries and illness that occur while an employee is working at home will be considered work-related if the injury/illness is directly related to the performance of the work rather than the home environment setting. CSS can inspect the home/workspace at any time.

Scheduling & Work Arrangements

The employee agrees to be accessible by phone, email, Teams, Go-To Meeting, or other mode of communication (i.e. instant messaging, video conferencing, etc.) within a reasonable time period during the agreed upon work schedule. The employee and their supervisor will also agree upon hours of work, deliverables, and expectations.



FLSA Regulations

When it is necessary for a non-exempt employee to telework due to a business need or other special situation, the following guidelines apply:

- Telework employees who are classified as non-exempt under the Fair Labor Standards Act will be required to record all hours worked on a daily basis on their timecard.
- Non-exempt employees will be required to record on a hourly basis work that is being performed.
- Non-exempt employees will be required to check-in at least weekly with their supervisor
- In circumstances where non-exempt employees have been approved to telework, employees will be held to the same standard of compliance as office-based employees.
- Hours worked in excess of those specified per day and per workweek, in accordance with state and federal requirements will require the advance approval of their supervisor.

All telework arrangements will be made on a case by case basis, focusing first on the organizational and business needs of CSS.

Employees must determine tax or legal implications under IRS. There are state and local government laws with restrictions pertaining to working out of a home-based office. The responsibility rests solely on the employee for these matters.

Confidentiality/Security

It is the employee's sole responsibility to maintain the confidentiality and proper storage of CSS information, to prevent unauthorized access to any CSS system or information and dispose of work-related documents in a manner that will not jeopardize the interests of CSS. We require employees to work in a private area with a closed door to avoid distractions and to maintain confidentiality.

Employees must comply with CSS security procedures and ensure adequate security measures are in place to protect the equipment and information stored on assigned computers. Failure to comply with confidentiality and security procedures and regulations may be grounds for disciplinary action.

Resignation/End Employment

If an employee chooses to resign/end their employment with CSS they must arrange a time on their last day of work, with their supervisor to return all CSS equipment and any confidential documents they may have in their possession.



COUNTY
SOCIAL SERVICES

CSS TELEWORK AGREEMENT

I have read and understand the County Social Services Telework Policy and agree to the duties, obligations, responsibilities, and conditions for teleworkers described in the policy.

I agree that, among other things, I am responsible for furnishing and maintaining my remote work space in a safe manner, employing appropriate telework security measures, and protecting employer assets, information, proprietary data and software, confidentiality obligations and systems, and maintaining scheduled work hours as required to meet the needs of CSS.

I understand that telework is voluntary and is not an entitlement and is at the sole discretion of the CSS supervisor. This agreement in no way changes the terms and conditions of employment with CSS. I may request to stop teleworking at any time with prior notice and approval. I also understand that CSS may at any time, with or without prior notice or cause, change any or all of the conditions under which I am permitted to telework, or withdraw permission to telework.

I have read and understand the policies concerning the security of electronic information and understand that the information gained from access to various computer systems is to be used strictly for work. As a teleworker, I will strictly adhere to the CSS policy on HIPAA confidentiality security agreement. I will not allow unauthorized persons to have access to the telework workstation in my possession. I fully understand that allowing any unauthorized persons access to the telework station, and/or the release of any information to unauthorized persons will result in immediate termination.

Employee Name: _____ Job Title: _____

Employee Signature: _____ Date: _____ :

Supervisor Signature: _____ Date: _____



REQUEST FOR PROPOSAL
(RFP)

Intensive Residential Services

County Social Services

415 Pleasant Street

Osage, Iowa 50461

P: 641-832-2615 ext. 228 F: 641-832-2616

E: mtaets@countysocialservices.org

TABLE OF CONTENTS

- I. Information and Background
- II. Intent
- III. Minimum Application Requirements
- IV. Proposer Evaluations
- V. Scope of Work
- VI. Funding
- VII. Proposal Evaluation Criteria
- VIII. Decision Process
- IX. General Procurement Information

I. INFORMATION AND BACKGROUND

State Program

IAC 441—25.6(8) Intensive residential services. The purpose of intensive residential services is to serve individuals with the most intensive severe and persistent mental illness conditions who have functional impairments and may also have multi-occurring conditions. Intensive residential services provide intensive 24-hour supervision, behavioral health services, and other supportive services in a community-based residential setting.

Local Program

County Social Services Region (CSS) plans to facilitate the implementation of Intensive Residential Services within the Region. CSS will entertain and coordinate implementation by providers within the CSS catchment areas that accomplishes the IRS access standards of being able to receive services within 4 weeks of referral and having the service available within 2 hours of the individual's residence. There must be a designated provider agency responsible for coordination, implementation, and outcome measures of fidelity.

Intensive residential services are an array of mental health services wrapped around an individual to sustain their community inclusion. It targets the complex needs of individuals to deliver a continuum of intensive and specialized support to attain stability in health, housing, and employment and to work toward recovery.

Effective implementation of Intensive Residential Services (IRS) involves a systemic approach that moves beyond a singular service and a singular provider. Success of IRS will be measured by the quality of relationships and education of the individual, family, neighbors, guardians, hospitals, MCOs, MHDS Regions, providers, MHI's, State of Iowa Resource Centers, etc.

Intensive Residential Services is an intensive mental health core service established in HF2456. Intensive mental health core services are to be available by July 1, 2021.

Goals/Values for IRS

1. To provide connectivity to mental health services through all available resources to increase community capacity by allowing individuals to continue living in their own home or community-based residential setting with the least amount of displacement possible.

RFP Intensive Residential Services

2. To offer Intensive Residential Services to serve individuals with the most intensive severe and persistent mental illness conditions who have functional impairments and may also have multi-occurring conditions.
3. To promote community inclusion and capacity through nurturing partnerships.
4. To provide individuals with a person-centered assessment and individual service plan which identifies supports and resources they can access to assist with managing their mental health/intellectual disability and any other impairments.

Questions may be submitted prior to the Bidder's Meeting on Wednesday March 10th, 2021 at 11:00am via Go-To Meeting however, no answers will be provided and/or circulated prior to that date.

Questions may be submitted in written form no later than Friday March 12th, 2021 to:

RFP Contact Name: Megan Taets

Contact Address: 415 Pleasant Street

Telephone Number: 641-832-2615 ext. 228

Email Address: mtaets@countysocialservices.org

Answers to questions provided will be posted on the CSS website:
www.countysocialservices.org

II. INTENT

It is the intent of this Request for Proposal (RFP) to award a contract to the proposal(s) that best accommodates the various program requirements. CSS reserves the right to award any contract prior to the proposal deadline stated within the “Scheduled Timeline” or prior to the receipt of all proposals and refuse any proposal or contract without obligation to either CSS or to any Bidder offering or submitting a proposal.

All invited Bidders are required to submit a “Letter of Intent” no later than Wednesday March 3, 2021 informing CSS of their intent to submit a proposal. Bidders who fail to meet this deadline will not be eligible to submit a proposal.

III. MINIMUM APPLICATION REQUIREMENTS

1. Each Minimum Qualification and item in the Evaluation Criteria will be addressed. Organize responses in the same order as items are shown on the RFP.
2. Responses will be prepared simply and economically, providing straightforward and concise, but complete and detailed description of your ability to meet the requirements outlined in this document. Emphasis will be on the completeness of content.
3. The response must use standard size type (a font size of no less than 12 point) and must be on 8.5X11-inch white paper.
4. Responses will contain, in the following order:
 - Proposer Qualifications
 - Scope of Work
 - Proposed Budget
 - Proposed Budget Narrative
5. RFP submissions can be sent via email in PDF format.

IV. PROPOSER QUALIFICATIONS

The following are the minimum requirements the proposer, hereafter referred to as the Agency, must demonstrate in order to continue in the proposal review process. AGENCIES THAT DO NOT MEET THESE REQUIERMENTS WILL NOT BE REVIEWED.

1. The Agency must be able to provide services in compliance with PL 1-1-645 Title V, Subtitle B; Part 438 Balanced Budget Act (BBA); 45 CFR Health Insurance Portability and Accountability Act (HIPAA), Pacts 160 and 164; the Iowa Code section 249A.4 Chapters 77-79; Iowa Administrative Code (ARC 9276B) rule 441-24.33 (225C); and the CSS Administration Policies and Procedures and its revisions.
2. The Agency must seek regional designation as an IRS provider and be enrolled as an HCBS 1915(i) habilitation provider OR an HCBS 1915(c) intellectual disability wavier supported community living provider in good standing with the Iowa Medicaid Enterprise.
3. The Agency must provide proof that they are contracted with all Managed Care Organizations (MCO's) in Iowa.
4. The Agency must follow standards in 441 IAC 79.3(249A) for maintenance of records. These standards pertain to all Medicaid providers.
5. The Agency must assure that any services delivered by an individual or agency, either through employment by or a contract with the enrolled provider, shall comply with the requirements that are applicable to the enrolled provider.
6. The Agency must agree to submit data electronically to the Community Services Network Information System (CSN) prior to award. This will consist of data/statewide outcomes which will be determined in the future.
7. The Agency must submit with the proposal a transmittal letter signed by an individual authorized to legally bind the organization to fulfill the RFP requirements. The letter will include a statement indicating the legal entity, licensure, and tax status of the organization(s) responding to the RFP, and the name, title, mailing address, email, telephone, and fax number of the individual(s) to be contracted by CSS during the proposal review and selection process.
8. Include a statement attesting that Intensive Residential Services funding will not be used to supplant any existing programming.

V. SCOPE OF WORK

A. Goal

To designate at least one intensive residential services provider and ensure that intensive residential services are available to residents of the CSS Region consistent with subrule 25.6(8).

B. Number of Program Individuals Served

Regions will work collaboratively to develop IRS located throughout the state with the capacity to serve a minimum of 120 individuals with the support of the medical assistance program.

C. Definition

Intensive Residential Services serves individuals with the most intensive severe and persistent mental illness conditions who have functional impairments and may also have multi-occurring conditions. Intensive Residential Services provide intensive 24-hour supervision, behavioral health services, and other supportive services in a community-based residential setting.

D. Program Requirements

1. Provider must be enrolled as an HCBS 1915 (i) habilitation provider OR an HCBS 1915 (c) intellectual disability waiver supported community living provider in good standing with Iowa Medicaid Enterprise.
2. Provide staffing 24 hours a day, 7 days a week, 365 days a year
3. Maintain a minimum staffing ratio of one staff to every 2 and one-half residents. Staffing ratios shall be responsive to the needs of the individuals served.
4. Provide coordination with the individual's clinical mental health and physical health treatment, and other services and supports.
5. Provide clinical oversight by a mental health professional. The mental health professional shall review and consult on all behavioral health services provided to the individual, and any other plans developed for the individual, including but not limited to service plans, behavior intervention plans, crisis intervention plans, emergency plans, cognitive rehabilitation plans, or physical rehabilitation plans.
6. Have a written cooperative agreement with an outpatient mental health provider and ensure that individuals have timely access to outpatient mental health services, including but not limited to ACT.

RFP Intensive Residential Services

7. Be licensed as a substance abuse treatment program pursuant to Iowa Code chapter 125 or have a written cooperative agreement with and timely access to licensed substance abuse treatment services for those individuals with a demonstrated need.
8. Accept and serve eligible individuals who are court-ordered to intensive residential services.
9. Provide services to eligible individuals on a no reject, no eject basis.
10. If funded through HCBS and not licensed as a residential care facility, serve no more than five individuals at a site.
11. Be located in a neighborhood setting to maximize community integration and natural supports.
12. Demonstrate specialization in serving individuals with an SPMI or multi-occurring conditions and serve individuals with similar conditions in the same site.

E. Collaboration

The Agency will connect individuals to the mental health and intellectual disability services system and other resources if necessary while successfully delivering IRS.

F. Reporting Requirements

1. Data Collection based on documentation required by MCO's for Medicaid reimbursement.
2. Reports
 - a. The Agency will submit quarterly reports to CSS Administration on progress as required by the contract.
 - b. The Agency will participate with CSS Administration in measuring, reporting, and evaluating the project.
 - c. The Agency will provide CSS Administration or its designee access to all necessary data and data sources required for completion of the evaluation process.
 - d. Failure to submit required reports within the time specified may result in suspension or termination of the contract, withholding of additional awards for the project, or other enforcement activities, including withholding of payments.

G. Record Keeping

1. The Agency will maintain records that are required by Iowa Medicaid Enterprise 441 IAC 79.3(249A) for maintenance of records.
2. The Agency will identify the source and application of funds provided for financially assisted activities.

3. The Agency must maintain medical records for seven years from the date of service as evidence that the services provided were:

- Medically necessary
- Consistent with the diagnosis of the member's condition
- Consistent with evidence-based practices

H. Timeline for Program Implementation Schedule

February 24, 2021	Board Initiates RFP for IRS
March 3, 2021	Request Letter of Intent*
March 10, 2021 at 11:00am	Bidder's Meeting
March 12, 2021	End Question Period
March 19, 2021 at 4:30pm	RFP Submission Deadline
March 23, 2021	Selection Committee Reviews and Scores RFP
March 24, 2021	RFP Award and Plan Development
April 2021	CSS Board Approves Contract
July 1, 2021	Program Launch

*Letter of Intent should include the following: Name of Agency, Contact Information, and Contact Person

VI. FUNDING

The individual is approved by the Iowa Medicaid Enterprise or Medicaid Managed Care Organization, as appropriate, for the highest tier rate of home-based habilitation or the highest tier rate of home and community-based services intellectual disability waiver supported community living service.

Reimbursement rates for intensive residential services shall be equal to or greater than the established fees for those services.

MHDS Regions shall establish methods to provide for reimbursement of a Region when an individual of another Region utilizes IRS or other non-Medicaid covered services located in that Region.

In order to access possible braided funding from Medicaid and the CSS MHDS Region, the MCO Case Manager or IHH Care Coordinator will need to go through the exception to policy process through Medicaid and submit the denial to the CSS Regional Coordinator. The MCO CM or IHH Care Coordinator would need to send the Regional Coordinator a copy of the standardized assessment to identify the individual's level of care to determine the amount of additional funding necessary for the individual and this will be assessed on a case by case basis.

MCOs will authorize Intensive Residential Services for at least 6-month periods to allow time to establish strong collaboration as an IRS team and time for the individual to be successful.

CSS residents of their IRS catchment area will have no reject, no eject priority over individuals residing outside the region. CSS Board of Directors will negotiate the terms for designation of additional non-CSS member counties with neighboring Mental Health and Disability Services Regions.

A. Operating Expenses

1. The Agency will submit their agency budget for start up costs anticipated prior to July 1, 2021. The Agency is not eligible for reimbursement costs that exceed their budget.
2. If needed CSS may provide funding for start-up and outreach prior to the implementation of IRS.
3. The Agency will submit a cost report for the next fiscal year within 3 months, by September 30th to reconcile reimbursements.
4. The Agency will agree to provide IRS services to all residents of the CSS region regardless of their ability to pay or third-party coverage.

B. Availability of Intensive Residential Services Funds

1. Program start-up funds may be available after the RFP process has been completed and a contract is negotiated and signed.

RFP Intensive Residential Services

2. The Agency will bill an enrolled individual's third-party insurance and deduct any third-party reimbursements from the cost to CSS. This will be measured by audit and review.
3. The Agency will submit a report by client for third party reimbursements.

VII. PROPOSAL EVALUATION CRITERIA

A total of 500 points will be awarded for the written response to the RFP in the following categories:

1. Agency Qualifications (100 points)
2. Services to be Provided (50 points)
3. Collaboration (100 Points)
4. Evidence-based Outcomes (50 points)
5. Budget Detail and Narrative (50 points)
6. Agency Performance on current and past projects and contracts (100 points)
7. Optional Interview (50 points)

1. Agency Qualifications

Points in this category will be awarded based on the extent to which the Agency can demonstrate experience with the identified areas described below. The RFP Selection Review committee will score the responses.

The Agency must demonstrate a commitment and willingness to implement recovery-based practice guidelines and intensive mental health and behavioral health training/coaching for staff.

The proposal should describe and document the Agency's experience with:

- a. Providing intensive residential services to adult persons with the most intensive severe and persistent mental illness conditions who have functional impairments and multi-occurring conditions.
- b. Providing intensive residential services in the geographic area, e.g. urban, suburban, rural in which the IRS provider will operate.
- c. Engaging individuals receiving IRS with behavioral health services such as ISTART or other supportive services in a community-based residential setting.
- d. Providing intensive 24-hour 7 days a week, 365 days supervision and staffing
- e. Provision of multidisciplinary team services for individuals who experience mental health and/or intellectual disabilities.

RFP Intensive Residential Services

- f. Providing integrated multi-occurring disorder treatment.
- g. Providing comprehensive assessment services including multi-occurring disorder screening/assessment.
- h. Provision of services that promote community tenure and/or reduce recidivism (include outcome data that demonstrates current program performance).
- i. Providing culturally relevant services to diverse populations.
- j. Involving individuals and their support teams in the conceptualization, planning, implementation, and evaluation of mental health and intellectual disability resources and services.

2. Services to Be Provided

Points in this category will be awarded for complete, coherent, and realistic descriptions of the services to be provided. Proposals must demonstrate that the agency understands Intensive Residential Services and has a commitment to providing this service with high fidelity. Please respond to each of the content areas below. Proposals should describe, in detail, the agency's plan for each of the areas below.

A. Staff Composition, Roles, Hours of Operation, and Training:

1. Describe how the Agency will meet the standards for intensive residential services staff identified in IAC 441-25.6(8).

- a. Provide intensive staffing and supervision 24 hours a day, 7 days a week, 365 days a year.
- b. Develop an executed IRS Linkage Agreement
- c. Maintain a minimum staffing ratio of one staff to every two and one-half residents. Staffing ratios shall be responsive to the needs of the individuals served.
- d. Ensure that all staff members have the following minimum qualifications:
 - i. One year of experience working with individuals with a mental illness or multi-occurring conditions.
 - ii. A high school diploma or equivalent.
- e. Ensure that within the first year of employment, staff members complete 48 hours of training in mental health and multi-occurring conditions. During each consecutive year of

employment, staff members shall complete 24 hours of training in mental health and multi-occurring conditions. Staff training shall include, but is not limited to the following:

- i. Applied behavioral analysis.
 - ii. Autism spectrum disorders, diagnoses, symptomology and treatment.
 - iii. Brain injury diagnoses, symptomology and treatment.
 - iv. Crisis management and de-escalation and mental health diagnoses, symptomology and treatment.
 - v. Motivational interviewing.
 - vi. Psychiatric medications.
 - vii. Substance use disorders and treatment.
 - viii. Other diagnoses or conditions present in the population served.
- f. Provide coordination with the individual's clinical mental health and physical health treatment, and other services and supports.
- g. Provide clinical oversight by a mental health professional. The mental health professional shall review and consult on all behavioral health services provided to the individual, and any other plans developed for the individual, including but not limited to service plans, behavior intervention plans, crisis intervention plans, emergency plans, cognitive rehabilitation plans, or physical rehabilitation plans.
- h. Have a written cooperative agreement with an outpatient mental health provider and ensure that individuals have timely access to outpatient mental health services, including but not limited to ACT.
- i. Be licensed as a substance abuse treatment program pursuant to Iowa Code chapter 125 or have a written cooperative agreement with and timely access to licensed substance abuse treatment services for those individuals with a demonstrated need.
- j. Accept and serve eligible individuals who are court-ordered to intensive residential services.
- k. Provide services to eligible individuals on a no reject, no eject basis.
- l. If funded through HCBS and not licensed as a residential care facility, serve no more than five individuals at a site.
- m. Be located in a neighborhood setting to maximize community integration and natural supports.
- n. Demonstrate specialization in serving individuals with an SPMI or multi-occurring conditions and serve individuals with similar conditions in the same site.
2. Documentation in staff records to verify satisfactory completion of approved training including:
- a. A minimum of 48 hours of training in mental health and multi-occurring conditions.
 - b. During each consecutive year of employment, staff will complete 24 hours of training in mental health and multi-occurring conditions.

RFP Intensive Residential Services

- c. Describe how the Agency will staff and structure IRS to provide 24 hour 7 days a week, 365 days a year intensive support and supervision.
- d. Describe the Agency's plan to provide outreach and public education to inform community resources including but not limited to, MCO care coordinators and IHH care coordinators, provider agencies, hospitals, State of Iowa Resource Centers, Mental Health Institutes, Money Follows the Person Program, Mental Health Advocates, and other referral sources regarding the protocol for Intensive Residential Services.
- e. Describe the Agency's staffing plan, including disciplines, position titles, qualifications, number of positions, and full-time equivalents, for this project.
- f. Describe the Agency's program start-up, team building and staff training activities. Provide a program implementation schedule, including start-up to full implementation. Describe Agency's ability to meet start-up timelines specified in section V. The MCO's and Regions may work collaboratively with the agency to identify training resources.
- g. Describe in detail the training needs of program staff, including specific staff competencies and practice guidelines needed to implement and provide IRS. Include sources of the training and an approximate schedule.

B. Program Size, Location and Intensity:

1. Describe the geographical area or areas in which the IRS will operate and how services might meet the needs of persons from different parts of the region.
2. Describe the Agency's plan for service delivery of providing IRS within 4 weeks of referral and having the service available within 2 hours of the individual's residence.
3. Describe the Agency's plan for obtaining data to track and trend service data and outcomes.
4. Provide a copy of the Agency's documentation to include IRS application, screening/assessment tools, IRS service plans, behavioral plans, mental health resources, and names and affiliation of all individuals participating in IRS.

C. Admission Activities for Intensive Residential Services:

1. Eligibility

IAC 441-25.6(8)c To be eligible to receive intensive residential services, an individual shall meet all of the following criteria:

- a. The individual is an adult with a diagnosis of a severe and persistent mental illness **or** multi-occurring conditions.
- b. The individual is approved by the Iowa Medicaid Enterprise or Medicaid Managed Care Organization, as appropriate, for the highest rate of home-based habilitation or the highest rate of home-and-community-based services intellectual disability waiver supported community living service. Reimbursement rates for intensive residential services shall be equal to or greater than the established fees for those services.
- c. The individual has had a standardized functional assessment and screening for multi-occurring conditions completed 30 days or less prior to application or IRS, and the functional assessment and screening demonstrates that the individual:
 - i. Has a diagnosis that meets the criteria of severe and persistent mental illness as defined in rule 441—25.1(331);
 - ii. Has three or more areas of significant impairment in activities of daily living or instrumental activities of daily living;
 - iii. Is in need of 24-hour supervised and monitored treatment to maintain or improve functioning and avoid relapse that would require a higher level of treatment;
 - iv. Has exhibited a lack of progress or regression after an adequate trial of active treatment at a less intensive level of care;
 - v. Is at risk of significant functional deterioration if intensive residential services are not received or continued;
 - vi. Meets one or more of the following:
 1. Has a record of three or more psychiatric hospitalizations in the 12 months preceding application for intensive residential services.
 2. Has a record of more than 30 medically unnecessary psychiatric hospital days in the 12 months preceding application for intensive residential services.
 3. Has a record of more than 90 psychiatric hospital days in the 12 months preceding application for intensive residential services.

RFP Intensive Residential Services

4. Has a record of three or more emergency room visits related to a psychiatric diagnosis in the 12 months preceding application for intensive residential services.
5. Is residing in a state resource center and has an SPMI.
6. Is being served out of state due to the unavailability of medically necessary services in Iowa.
7. Has an SPMI and is scheduled for release from a correctional facility or a county jail.
8. Is homeless or precariously housed.

The IRS Provider will review the assessment with the individual's support team and develop a person-centered plan for implementation of IRS services for a period of at least 6 months.

Once an individual is identified by the criteria above to need intensive residential services the individual's MCO and or IHH Care Coordinator will contact the IRS designated provider(s).

- a. The provider will accept clients on a no reject no eject basis
- b. The provider will have supports and services in place within 4 weeks of referral to IRS.
- c. IRS services will be available be within two hours of the individual's residence.

2. Discharge

- a. The Agency will identify a discharge planning process and work to transition individuals into a lesser restrictive living environment whenever possible.
- b. The Agency shall review level of care and the need for continuation of IRS will occur every 6 months.

3. Collaboration

- a. The Agency shall establish a strong working relationship with the Managed Care Organizations and MCO CM and/or IHH Care Coordinators to determine appropriate referrals, level of care, and approval for IRS services.
- b. The Agency(s) shall establish collaborative working relationships with the individual's natural supports in an attempt to directly involve friends, family, and the community of the individual to receive the best outcome.
- c. The Agency shall establish collaborative working relationships with the individual's provider network to assist with implementing a crisis action plan/their existing WRAP plan/cross systems plan, or other advanced directive the individual has in place with the most coordinated response.
- d. The Agency shall establish collaborative working relationships and provide outreach at least on a quarterly basis.
- e. The Agency shall establish collaborative working relationships with the ISTART team or other behavioral health or supportive services in a community-based residential setting. The Agency will make referrals and work together with an established client. (ISTART coordinators are on-call 24/7 for consultation for individuals with a MH/IDD diagnosis. ISTART coordinators can provide follow-up to ensure the individual connects with referring agencies and assist with identifying available resources.)
- f. The Agency shall establish collaborative working relationships and provide outreach to including but not limited to, MCO care coordinators and IHH care coordinators, provider agencies, hospitals, State of Iowa Resource Centers, Mental Health Institutes, Money Follows the Person Program, Mental Health Advocates, and other referral sources regarding the protocol for Intensive Residential Services on a quarterly basis. The Agency will establish a point of contact at each agency for effective communication.

4. Evidence-Based/Outcome Measures

Points in this category will be awarded based on the understanding of evidence-based/outcomes and the likelihood of them being successfully integrated. Practices that should be considered in this group should include but may go beyond SAMSHA's Evidence-based Practices of Assertive Community Treatment, Integrated Treatment of Co-Occurring SA and MH Disorders, Illness Recovery and Management, Positive Behavioral Support, etc.

The Agency should demonstrate a commitment to evidence-based practices and a willingness to implement evidence-based practice guidelines, train staff to the practices, and monitor fidelity to these standards.

Proposals should describe the agency's plan of each of the areas below:

- a. Describe which evidence-based practices the agency believes are feasible in this Intensive Residential Services Program.
- b. Describe how the agency will staff and structure their staff to meet the IRS requirements and the evidence-based practice standards.
- c. Describe the Agency's start-up plan and time-schedule for each of the evidence-based practices they commit to develop within IRS.
- d. Describe the training needs of program staff to implement each of the evidence-based practices the agency commits to develop within IRS.
- e. Describe how funds will be allocated to implement evidence-based practices within IRS.
- f. Describe the Agency's outcomes of IRS and how will the Agency measure their outcomes.

5. Budget Detail and Narrative

- a. Provide an annual line item budget for FY22 not to exceed expenditures.
- b. Submit a projected budget for years 2 and 3.
- c. Provide detailed information of the staffing configuration and the costs for proposed staffing as required.
- d. Specify the source and amount of any funds and resources to be used from other sources including third party reimbursements, grants, etc.
- e. Describe how the budget sufficiently supports the proposed response to the requirements of the RFP.
- f. Describe how records will be maintained identifying the source and application of funds provided.
- g. Please identify any start-up funds needed to implement the program, including an outreach and training budget.

6. Agency Performance of Current and Past Projects and Contracts

Points will be awarded in this area based on Agency history and past performance with serving this population and delivering intensive mental health services. We will also consider success in implementing new projects according to award specifications, demonstrated fiscal management, and demonstrated compliance with contract reporting requirements.

7. Optional Interview

If a selection cannot be made based on the written proposal evaluation and the Agency performance rating alone, CSS Administration shall elect to interview the top two or more Agencies. Interviews will be worth 50 points. If interviews are conducted, the final award would be based upon the total points awarded for the written evaluation, agency performance and the oral interview.

VIII. DECISION PROCESS

Only those proposals that meet the minimum requirements stated in Section III will be reviewed by the Selection Committee and approved by the CSS Administration. The responses will be rated according to the points specified in the Evaluation Criteria above.

It is tentatively scheduled that within less than one week after the response deadline, March 19, 2021 at 4:30pm the selection committee will meet to review the submitted RFP's. At that meeting, the committee will:

- Review each bidder's independent ratings of the responses
- Tabulate scores for each proposal
- Generate for those tabulated scores a final ranking for all responses

IX. GENERAL PROCUREMENT INFORMATION

RFP Amendments

CSS may, at any time before execution of a contract, amend all or any portion of this RFP. CSS will mail any RFP amendments to you. If there is any conflict between amendments or between an amendment and the RFP, whichever document was issued last in time shall be controlling.

Retraction of this RFP

CSS is not obligated to contract for the services specified in this RFP. CSS reserves the right to retract this RFP in whole, or in part, and at any time without penalty.

Rejection of All Proposals

This RFP does not obligate CSS to contract for services specified herein.

Most Favorable Terms

CSS reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms that the proposer can put forward. There will be no best and final offer procedure. CSS reserves the right to contact a bidder for clarification of its proposal.

The proposer should be prepared to accept this RFP for incorporation into a contract resulting from the RFP. Contract negotiations may incorporate some or the entire proposal. It is understood that the proposal will become a part of the official procurement file on this matter without obligation to CSS.

HUMBOLDT COUNTY BOARD OF SUPERVISORS

203 Main Street, P. O. Box 100
Court House
Dakota City, Iowa 50529
515-332-1571

David Lee
Bruce Reimers

Rick Pedersen, Chairman

Sandy Loney
Erik Underberg

February 22, 2021

To the Governing Board of County Social Services:

This letter is a written notice as required under Paragraph IV, subsection (b) of the 28E Intergovernmental Agreement Creating County Social Services filed with the Iowa Secretary of State, that Humboldt County hereby withdraws from the 28E Agreement and also as a member of County Social Services effective June 30, 2021.

Humboldt County extends appreciation to CSS staff and the CSS Board for the time and commitment provided to serving and expanding services to the citizens of Humboldt County.

Respectfully,

Rick Pedersen, Chairman
Humboldt County Board of Supervisors



Revenue	Budget	Prior Month	Current Month	YTD	% YTD
Property Tax/Fund Bal Transfer	\$ 13,007,150	\$ -	\$ -	\$ 6,338,685	49%
Medicaid Reimbursement (TCM)	\$ 205,500	\$ 46,123	\$ 15,504	\$ 194,183	94%
I-START	\$ 307,200	\$ 24,000	\$ 68,800	\$ 207,200	67%
Misc.	\$ 403,800	\$ 100	\$ 3,408	\$ 40,617	10%
Total Revenue	\$ 13,923,650	\$ 70,223	\$ 87,712	\$ 6,780,684	49%

Expenditure Domain

Core					
Treatment	\$ 895,000	\$ 51,523	\$ 33,756	\$ 489,923	55%
Crisis Services	\$ 3,765,500	\$ 116,440	\$ 136,616	\$ 914,124	24%
Support for Community Living	\$ 1,922,000	\$ 138,651	\$ 90,084	\$ 692,997	36%
Support for Employment	\$ 470,000	\$ 36,983	\$ 26,197	\$ 173,844	37%
Recovery Services	\$ 105,000	\$ -	\$ 3,611	\$ 15,771	15%
Service Coordination	\$ 5,000	\$ 280	\$ 280	\$ 1,122	22%
Sub-acute Services	\$ 240,000	\$ 6,000	\$ 33,600	\$ 200,000	83%
Evidence Based Treatment	\$ 865,000	\$ 4,906	\$ 3,845	\$ 37,021	4%
Mandated	\$ 910,000	\$ 34,756	\$ 30,692	\$ 370,153	41%
Additional Core					
Justice System Involved Services	\$ 410,000	\$ 43,954	\$ 20,231	\$ 217,354	53%
Evidence Based Treatment	\$ 250,000	\$ 27,723	\$ 38,363	\$ 176,950	71%
Other Informational Services	\$ 85,000	\$ 4,885	\$ -	\$ 14,224	17%
Essential Community Living Support Services	\$ 2,945,000	\$ 299,757	\$ 197,629	\$ 1,663,151	56%
Other Congregate Services	\$ 1,710,000	\$ 95,625	\$ 96,997	\$ 617,980	36%
Administration	\$ 1,725,000	\$ 147,401	\$ 78,127	\$ 855,720	50%
County Provided Case Mangement	\$ 205,500	\$ 20,376	\$ 12,196	\$ 112,095	55%
County Provided Services (I-START)	\$ 1,135,500	\$ 102,329	\$ 67,726	\$ 555,985	49%
Total Expenditures	\$ 17,643,500	\$ 1,131,589	\$ 869,950	\$ 7,108,413	40%

February 2021 Vendor Claims	
2/2/2021	\$114,219.78
2/9/2021	\$187,802.71
2/16/2021	\$104,988.41
TOTAL	\$407,010.90

(Gross payroll/month is approx. \$190,000)

Ending Cash Balance 1/31/21 \$ 10,675,451

In January CSS also paid Kossuth, Winnebago and Worth Counties their portions of the CSS FY2020 ending fund balance (\$397,819)

Year-to-Date Per Capita Annualized Expenditure Rate: \$ 28.84

Fund 8500 Health Reimbursement Account Fiscal YTD (1/31/2021)	Balance Fwd from prior FY	\$ 141,917
	Revenue	
	Employer Contributions	\$ 405,491
	Employee Contributions	\$ 52,540
	Flex - Employee Contributions	\$ 9,073
		\$ 467,104
	Expenditure	
	Health Insurance Pmts (ISAC)	\$ 563,308
	Medical Claims Pmts (Auxiant)	\$ 35,608
	Flex Claims (Auxiant)	\$ 1,582
	\$ 600,498	
BALANCE	\$ 8,524	

Revenue	Budget	Prior Month	Current Month	YTD
Interest on Investments	\$ -	\$ 486	\$ 411	\$ 3,170
CARES Act Dollars	\$ -	\$ -	\$ -	\$ 4,016,726
Total Revenue	\$ -	\$ 486	\$ 411	\$ 4,019,896

Expenditure Domain

Core				
Treatment	\$ 1,966,726	\$ 102,861	\$ -	\$ 398,738
Crisis Services	\$ 150,000	\$ 14,179	\$ -	\$ 15,878
Support for Community Living	\$ 250,000	\$ 34,482	\$ -	\$ 48,879
Support for Employment	\$ -	\$ 1,773	\$ -	\$ 17,725
Recovery Services	\$ -	\$ 6,022	\$ -	\$ 6,022
Sub-acute Services	\$ 50,000	\$ -	\$ -	\$ -
Evidence Based Treatment	\$ -	\$ 3,700	\$ -	\$ 3,700
Additional Core				
Justice System Involved Services	\$ -	\$ 11,923	\$ -	\$ 11,923
Other Informational Services	\$ 1,500,000	\$ 543,226	\$ -	\$ 789,339
Essential Community Living Support Services	\$ -	\$ 23,934	\$ -	\$ 300,032
Other Congregate Services	\$ -	\$ 10,000	\$ -	\$ 10,000
Administration	\$ 100,000	\$ 6,182	\$ -	\$ 10,660
Total Expenditures	\$ 4,016,726	\$ 758,281	\$ -	\$ 1,612,896

FY 2022 Budget	County Social Services MHDS Region	FY21 Budget	FY21 Year End Projection	FY22 Initial Request	Notes
Core Domains					
COA	Treatment				
42305	Mental health outpatient therapy**	\$ 325,000	\$ 225,000	\$ 200,000	
42306	Medication prescribing & management**	\$ 220,000	\$ 220,000	\$ 200,000	
43301	Assessment, evaluation, and early identification**	\$ 40,000	\$ 10,000	\$ 20,000	
71319	Mental health inpatient therapy-MHI	\$ 300,000	\$ 400,000	\$ 300,000	
73319	Mental health inpatient therapy**	\$ 10,000	\$ 5,000	\$ 5,000	
	Crisis Services				
32322	Personal emergency response system	\$ 500	\$ 404	\$ 500	
44301	Crisis evaluation	\$ 175,000	\$ 345,000	\$ 150,000	
44302	23 hour crisis observation & holding	\$ 10,000	\$ -	\$ 20,000	4/month non-Medicaid @ \$413.14
44305	24 hour access to crisis response	\$ 30,000	\$ -	\$ 10,000	
44307	Mobile response**	\$ 750,000	\$ 650,000	\$ 1,000,000	Dispatch \$75,000; MCR \$925,000
44312	Crisis Stabilization community-based services**	\$ 20,000	\$ 5,000	\$ 50,000	
44313	Crisis Stabilization residential services**	\$ 780,000	\$ 600,000	\$ 500,000	More \$ for children and adding Inspiring Lives
44396	Access Centers	\$ 2,000,000	\$ 30,000	\$ 270,000	Should increase w/MCR
	Support for Community Living				
32320	Home health aide	\$ 2,000	\$ 4,500	\$ 1,000	
32325	Respite	\$ 20,000	\$ 1,000	\$ 1,000	
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	
32329	Supported community living	\$ 1,900,000	\$ 1,200,000	\$ 1,000,000	
42329	Intensive residential services	\$ -	\$ -	\$ 1,000,000	Needs discussion
	Support for Employment				
50362	Prevocational services	\$ 30,000	\$ 15,000	\$ 20,000	
50364	Job development	\$ 10,000	0	\$ 10,000	
50367	Day habilitation	\$ 225,000	\$ 175,000	\$ 175,000	
50368	Supported employment	\$ 155,000	\$ 155,000	\$ 120,000	
50369	Group Supported employment-enclave	\$ 50,000	\$ 25,000	\$ 25,000	
	Recovery Services				
45323	Family support	\$ 5,000	\$ -	\$ 5,000	
45366	Peer support	\$ 100,000	\$ 50,000	\$ 25,000	
	Service Coordination				
21375	Case management	\$ -	\$ -	\$ -	
24376	Health homes	\$ 5,000	\$ 2,500	\$ 3,500	
	Sub-Acute Services				
63309	Subacute services-1-5 beds	\$ -		\$ -	
64309	Subacute services-6 and over beds	\$ 240,000	\$ 380,000	\$ 275,000	
	Core Evidenced Based Treatment				
04422	Education & Training Services - provider competency	\$ 5,000	16000	\$ 10,000	
32396	Supported housing	\$ 5,000	0	\$ 5,000	
42398	Assertive community treatment (ACT)	\$ 850,000	\$ 100,000	\$ 500,000	FY22: Budgeting for launch again
45373	Family psychoeducation	\$ 5,000	0	\$ 5,000	
	Core Domains Total	\$ 8,267,500	\$ 4,614,404	\$ 5,906,000	
	Mandated Services				
46319	Oakdale	\$ 20,000	\$ -	\$ 10,000	
72319	State resource centers	\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 440,000	\$ 312,000	\$ 230,000	
75XXX	Mental health advocate	\$ 450,000	\$ 370,000	\$ 285,000	
	Mandated Services Total	\$ 910,000	\$ 682,000	\$ 525,000	
	Additional Core Domains				
	Justice system-involved services				
25xxx	Coordination services	\$ 125,000	\$ 115,000	\$ 35,000	
44346	24 hour crisis line	\$ -	\$ -	\$ -	
44366	Warm line	\$ -	\$ -	\$ -	
46305	Mental health services in jails	\$ 255,000	\$ 240,000	\$ 230,000	
46399	Justice system-involved services-other	\$ -		\$ -	
46422	Crisis prevention training	\$ 20,000	\$ 12,489	\$ 25,000	CIT (2 40-hour courses or 3-4 smaller ones)
46425	Mental health court related costs	\$ -		\$ -	
74301	Civil commitment prescreening evaluation	\$ 10,000	\$ -	\$ 10,000	
	Additional Core Evidenced based treatment				
42366	Peer self-help drop-in centers	\$ 250,000	\$ 287,839	\$ 100,000	
42397	Psychiatric rehabilitation (IPR)	\$ -	\$ -	\$ -	
	Additional Core Domains Total	\$ 660,000	\$ 655,328	\$ 400,000	
	Other Informational Services				
03371	Information & referral	\$ 10,000	\$ 14,132	\$ 15,000	
04372	Planning, consultation &/or early intervention (client related)**	\$ 10,000	\$ -	\$ 10,000	
04377	Provider Incentive Payment	\$ -	\$ -	\$ -	
04399	Consultation Other	\$ -	\$ -	\$ -	
04429	Planning and Management Consultants (non-client related)	\$ 15,000	\$ -	\$ 15,000	
05373	Public education, prevention and education**	\$ 50,000	\$ 25,000	\$ 230,000	Challenge to Change \$135,500 request
	Other Informational Services Total	\$ 85,000	\$ 39,132	\$ 270,000	Marketing/Website \$50,500 request

FY 2022 Budget	County Social Services MHDS Region	FY21 Budget	FY21 Year End Projection	FY22 Initial Request	Notes
Essential Community Living Support Services					
06399	Academic services	\$ -	\$ -	\$ -	
22XXX	Services management	\$ 1,920,000	\$ 1,920,000	\$ 1,300,000	
23376	Crisis care coordination	\$ 90,000	\$ 90,000	\$ 100,000	
23399	Crisis care coordination other	\$ -	\$ -	\$ -	
24399	Health home other	\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 225,000	\$ 130,000	\$ 150,000	
32321	Chore services	\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ 120,000	\$ 170,000	\$ 160,000	
32327	Representative payee	\$ 83,000	\$ 35,698	\$ 4,500	
32335	CDAC	\$ 7,000	\$ 25,000	\$ 40,000	
32399	Other support	\$ -	\$ -	\$ -	
33330	Mobile meals	\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 85,000	\$ 35,000	\$ 32,000	
33345	Ongoing rent subsidy	\$ 120,000	\$ 120,000	\$ 120,000	
33399	Other basic needs	\$ 135,000	\$ 60,000	\$ 30,000	
41305	Physiological outpatient treatment	\$ 5,000	\$ 3,000	\$ 4,000	
41306	Prescription meds	\$ 15,000	\$ 6,000	\$ 6,000	
41307	In-home nursing	\$ 20,000	\$ 20,000	\$ 2,500	
41308	Health supplies	\$ -	\$ -	\$ -	
41399	Other physiological treatment	\$ -	\$ -	\$ -	
42309	Partial hospitalization	\$ -	\$ -	\$ -	
42310	Transitional living program	\$ -	\$ -	\$ -	
42363	Day treatment	\$ -	\$ -	\$ -	
42396	Community support programs	\$ 50,000	\$ 35,000	\$ 25,000	
42399	Other psychotherapeutic treatment	\$ 10,000	\$ 480,000	\$ 150,000	Purchase of I-START services
43399	Other non-crisis evaluation	\$ -	\$ -	\$ -	
44304	Emergency care	\$ -	\$ -	\$ -	
44399	Other crisis services	\$ -	\$ -	\$ -	
45399	Other family & peer support	\$ -	\$ -	\$ -	
46306	Psychiatric medications in jail	\$ 50,000	\$ 35,000	\$ 30,000	
50361	Vocational skills training	\$ -	\$ -	\$ -	
50365	Supported education	\$ -	\$ -	\$ -	
50399	Other vocational & day services	\$ -	\$ -	\$ -	
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$ -	\$ -	\$ -	
63XXX	ICF 1-5 beds (63317 & 63318)	\$ -	\$ -	\$ -	
63329	SCL 1-5 beds	\$ -	\$ -	\$ -	
63399	Other 1-5 beds	\$ 10,000	\$ 119,321	\$ 10,000	
	Essential Comm Living Support Services Total	\$ 2,945,000	\$ 3,284,019	\$ 2,164,000	
Other Congregate Services					
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 1,500,000	\$ 900,000	\$ 500,000	
64XXX	ICF 6 and over beds (64317 & 64318)	\$ -	\$ -	\$ -	
64329	SCL 6 and over beds	\$ 175,000	\$ 450,000	\$ 300,000	
64399	Other 6 and over beds	\$ 35,000	\$ -	\$ -	
	Other Congregate Services Total	\$ 1,710,000	\$ 1,350,000	\$ 800,000	
Administration					
11XXX	Direct Administration	\$ 1,520,000	\$ 1,313,949	\$ 1,200,000	
12XXX	Purchased Administration	\$ 205,000	\$ 205,000	\$ 120,000	
	Administration Total	\$ 1,725,000	\$ 1,518,949	\$ 1,320,000	
	Regional Totals	\$ 16,302,500	\$ 12,143,832	\$ 11,385,000	

Levy Revenue in FY22 at \$30 per capita will be \$8,788,470

County Social Services Exceptions to Policy and Reconsiderations - January 2021

Clients	Service	Decision	Impact
1	Basic Needs - Rent	Since discharging from a RCF member is struggling with MH symptoms. Member has no income, but when MH symptoms are stabilized member will be working with IVRS to attempt to obtain employment.	\$525.00
2	Supported Community Living per Day	Member's current waiver does not fund daily SCL. The expedited waiver slot for this member will be done in 2-4 weeks, so funding requested could be less than reported.	\$9,360.60
3	Transportation to Day Hab	Member's funding source, habilitation, does not fund transportation. Transportation funding needed for member to attend day hab services.	\$810.00
4	Homemaker Services	Member is on waiver wait list. Homemaker services staff assist member with grocery shopping which is not a Medicaid-funded service. Member uses homemaker as SCL service, which is less expensive than SCL.	\$200.00
5	Basic Needs - Rent	Member has been working on mental health wellness and recently secured employment, possibly last month of funding.	\$600.00
6	Basic Needs - Rent	Currently member does not have any income. Appealing Social Security Administration's unfavorable disability decision with an attorney.	\$250.00
7	Day Habilitation	Member's current waiver does not fund day hab services, CSS Board approved day hab services for individuals that are not funded under their waiver.	\$650.16
8	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$50.00
9	Day Hab & Supported Community Living	Current waiver does not fully fund, member is on another waiver waiting list that will better meet member's funding needs, for now CSS funds remainder after waiver pays.	\$8,188.41
10	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$50.00
11	Supported Community Living	Waive member copay to allow member time to adjust budget and reduce expenses so member can pay the copay. Final funding for waiving copay is 2/28/2021.	\$138.00
12	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	\$544.44
13	Basic Needs - Rent	Not currently homeless but at risk of eviction. CSS funding two months' rent to allow time for member to stabilize budget.	\$450.00
14	Supported Community Living	Request to waive client participation fee. Member is in need of services but is \$205 over income guidelines. Member's mortgage is 2/3rds of income, will soon have a supplemental insurance monthly premium, and has other bills to pay and cannot afford the services member needs at this time.	\$205.00
15	Transportation	Member's funding source, habilitation, does not fund transportation. Transportation funding needed for member to attend day hab services.	\$95.00
16	Maintenance Fees (Rent)	Member doesn't have the money for maintenance fees because member keeps overdrafting and has refused a payee in the past. CSS will fund one (partial) month assistance to allow time for a payee to start services.	\$768.24
17	Supported Community Living Daily	Member has been hospitalized due to behavior issues. MCO case worker needs to meet with the member once the member is out of the hospital, then paperwork and funding can be secured. This should be the last month of funding.	\$6,510.00
18	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$75.00
19	Transportation to Day Hab	Member's funding source, habilitation, does not fund transportation. Transportation funding needed for member to attend day hab services.	\$594.00
20	Transportation to Day Hab	Member's funding source, habilitation, does not fund transportation. Transportation funding needed for member to attend day hab services.	\$780.00
21	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	\$376.92
22	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$337.50
23	Supported Community Living	Member moved to another region that has stricter resource guidelines than CSS. CSS is funding through 1-15-2021 to allow time for member's family to transfer a portion of member's money to a burial account, which is not a countable resource, then member will meet the new region's resource guidelines.	\$4,725.00

Approximate monthly impact: \$36,283.27

Total for members that will no longer be CSS responsibility after 6-30-2021 \$13,262.60