

Cherokee County MH/DD Services Management Plan Annual Report FY11

It is the intent of this report to summarize and measure the progress of the Cherokee County MH/DD Services Management Plan for the time period of July 1, 2010 through June 30, 2011. This report will cover the second year of the current strategic plan for FY10 – FY12. This report will contain data on the following county information:

- ↪ Progress towards goals and objectives
- ↪ Documentation of stakeholder input
- ↪ Actual provider network
- ↪ Actual expenditures
- ↪ Actual scope of services
- ↪ Number, type, and resolution of appeals
- ↪ Quality assurance implementation, findings and impact on plan
- ↪ Waiting list information

Highlights of Fiscal Year 2010-2011

Here is a brief overview of some of the changes and highlights of the year.

- Case Management began following a pre-authorization for certain services through waiver. This has added some additional paperwork to an already high paperwork system
- Cherokee County Community Services and Case Management Agency held training on Substitute Decision Making on April 20, 2011. Approximately 18 individuals including providers, family members and consumers attended. Training was completed by Pat Lange, DHS TCM Supervisor and Sharon Nieman, Plymouth County CPC who have been trained in this presentation.
- In December 2010 the rate negotiations teams met to prepare for rate setting for FY12.
- Cherokee County Case Management added approximately 7 new people to their caseload during the fiscal year.
- In July 2010, Cherokee County took part in a CPC Audit by the Iowa Department of Management. A report was due out after the first of the year (2011) outlining any issues or concerns from the number of county audits completed. This report has still not been provided.
- Community Services Director continues to serve on the Synergy Center Advisory Board to discuss needs for inpatient substance abuse programs.
- Community Services Director continued to participate in training offered by DHS for Disaster Behavioral Health Response Team.
- Cherokee County rolled out in April 2011 with the new CSN program.
- Cherokee County CPC and County Social Worker provided an informal overview of services provided by our office to the Public Health Department managed by Cherokee Regional Medical Center.
- CPC participated in a joint meeting with Cherokee MHI staff and the local hospital to assess needs with the civil commitment process. The lack of available beds in time of crisis was the main theme of the meeting.
- Transferred a successful effort from Money Follows the Person services to waiver services on an individual moved from ICF/MR services.
- Cherokee County CPC continued her role as a member of the CASS Committee made up of CPC's across the state to review the needs of the affiliate and oversee the process of training counties to begin CSN.
- Cherokee County CPC continued her role as a board member of Cherokee County Residential Services. CCRS provides appropriate housing for individuals with disabilities. It is a separately funded board from county funding.
- Cherokee County CPC continued staying active in the Cherokee MHI Advisory Board meeting quarterly.

- Cherokee County CPC stayed active as fiscal agent reporter for the Northwest Iowa Contracting Consortium.
- Cherokee County CPC participated in the Transitional Advisory Board through the AEA.
- Member of the Cherokee County Community Services staff and Board of Supervisors attended regular Legislative Forums with our local legislators throughout legislative session.
- A representative of the Social Security Administration met with providers and families regarding Representative Payees and their responsibilities. Ginny Eskildsen from SSA provided the training. Approximately 15 individual attended the training.

Progress on Goals and Objectives

GOAL

The Cherokee County MH/MR/DD service system will provide more individualized supports for people with disabilities to lead fulfilled lives that offer choices and opportunities within the scope of a person's needs and abilities.

OBJECTIVE 1:

Throughout the timeline of this plan, Cherokee County will provide, support and encourage educational opportunities for people with disabilities which will support safety decision making and opportunities for self-advocating.

ACTION STEPS:

- 1.) By June 2010 and every year after, Cherokee County Community Services Department with the help of the Self-Determination Project Team and Coaches Team, will have organized two safety sessions per year. These sessions will cover areas of sexuality, internet safety, stranger interaction, fire safety, severe weather safety and stealing. These sessions will also be open to family members and provider agency staff who are interested in attending.

Not completed during FY10. After several attempts to contact local law enforcement to ask for their assistance in providing some of these trainings it was decided to attempt these trainings differently. Our purpose was to involve individuals who are not part of the daily lives of these individuals and who may make a bigger impact during the training. Training on an individual basis has been provided by case managers and agency staff depending on the concerns and needs of the people served. This personal training will continue as needed.

Not completed in FY11. Attempts were made to contact appropriate individuals to provide training. Personal training through provider services is completed as needed and identified in their service plans. Goals are written followed for health and safety needs of the individual person.
- 2.) By June 2010 and throughout the timeline of this plan, Cherokee County Community Services Department will work with the Coaches Team and Self-Determination Project Team to discuss options for developing a consumer centered and driven self-advocacy group who would meet regularly to discuss service system issues and consumer issues.

The Coaches Team had a very difficult year meeting due to staffing changes, bad weather and overall scheduling conflicts. This was the group that would have been able to really look at the ability to do this type of self-advocacy group. At this time, it is has been difficult to locate someone who would assist consumers in this development. Efforts continue to be made.

The Coaches Team did not meet in FY11. It was difficult to get providers together and due to budgets and increased caseloads it was just very difficult to arrange meetings. The history of Cherokee County and their efforts in self-advocacy and person-centered planning continue. The Self-Determination Project Team continues to meet every other month.
- 3.) Throughout the timeline of this plan, Cherokee County Community Services Department will utilize self-advocacy opportunities through ID Action as well as locally. This may include, but not limited to, meetings with legislators, attending Advocating for Change Day at the Capitol and providing informal trainings in Cherokee on running your own staffing and making your voice heard.

Cherokee County did not utilize self-advocacy trainings. There is no longer funding available within the MHDD budget to provide funding to take individuals to Advocating for Change Day and this year we had to make the decision to focus on applying for grant dollars to help complete the new waiver home that opened in Cherokee County in December 2009. Cherokee County is very proud of this effort to be able to provide additional housing to meet the needs of individuals in wheelchairs.

Not completed in FY11 through ID Action.

- 4.) As training is available throughout the timeline of this plan, Cherokee County Community Services Department along with the Self-Determination Project Team and Coaches Team will provide training in the area of ELP (Essential Lifestyle Plan) implementation and Person Centered Thinking Training.

In October 2009, a new assessment required by the state was mandated for all case management agencies. Cherokee County no longer participates in the ELP because this assessment has been replaced. Therefore no training will be offered. At the time this plan was written, there was no date set for the implementation of the new assessment. The Community Services Director had contacted a trainer for Person Centered Thinking and initially this person had agreed to provide more training in this area however this training was not completed in FY10 due to scheduling conflicts. At this time it is unknown if this training will be able to be provided.

Currently we have no one available to provide Person Centered Thinking Training. Cherokee County no longer uses the ELP.

- 5.) Throughout this plan, Cherokee County Community Services Department will look for grant opportunities to assist in funding these opportunities as needed.

Grants were written in conjunction with Cherokee County Residential Services and The Pride Group to receive funding for a wheelchair lift in a van and an accessible patio on our new waiver home.

Providers have accessed grant opportunities as needed for their own agency needs.

GOAL

The Cherokee County MH/MR/DD service system will provide more individualized supports for people with disabilities to lead fulfilled lives that offer choices and opportunities within the scope of a person's needs and abilities.

OBJECTIVE 2:

During FY10-FY12 Cherokee County with the help of the Self-Determination Project Team and Coaches Team will arrange training opportunities for families and others involved to understand their role as not only a support system but to also understand their legal role as a guardian, payee, conservator, etc.

ACTION STEPS

- 1.) Throughout the length of this plan, Cherokee County will provide opportunities for families, friends, providers as well as people with disabilities to learn about guardianship and the role of its intended use.

It was Cherokee County's intention to use individuals trained in Substitute Decision Making to provide these trainings. The purpose of the train the trainers was intended to be used this way. Cherokee County Community Services Director has located 2 individuals in this area who have taken the training however it has been difficult to pinpoint dates with them together to complete the training. It was intended to complete guardianship and conservatorship during FY10. Efforts were made with Social Security Administration to provide training for providers and families who are payees, but this training will be completed in FY11. Guardianship and conservatorship will also be pursued in FY11.

Accomplished. On April 20, 2011 Cherokee County hosted training on guardianship. This training was held at Cherokee County Work Services and was open to all local providers, families and consumers. Approximately 18 individuals participated in this training. The training was conducted by Pat Lange, DHS TCM Supervisor and Sharon Nieman, Plymouth County CPC who participated in a train the trainer program on Substitute Decision Making.

- 2.) Throughout the length of this plan, Cherokee County will provide opportunities for families, friends and providers as well as people with disabilities to learn about being payee and the role of its intended use.
Payee training was not held in FY10 although it has been scheduled with the Social Security Administration to be held in FY11.

Accomplished. On July 8, 2011 Cherokee County hosted training on representative payee. This training was held at Plains Area Mental Health Center by Ginny Eskildsen from Social Security Administration. Approximately 12 people participated in this training including families and providers. No consumers participated.

- 3.) Throughout the length of this plan, Cherokee County will provide opportunities for families, friends, providers as well as people with disabilities to learn about being conservator and the role of its intended use. *Conservator training was expected to be held in FY10 and provided by individuals trained in Substitute Decision Making. Due to conflicts on schedule, it was not completed. This will be pursued in FY11.*

Accomplished. On April 20, 2011 Cherokee County hosted training on conservatorship. This training was held at Cherokee County Work Services and was open to all local providers, families and consumers. Approximately 18 individuals participated in this training. The training was conducted by Pat Lange, DHS TCM Supervisor and Sharon Nieman, Plymouth County CPC who participated in a train the trainer program on Substitute Decision Making.

- 4.) Throughout the length of this plan, Cherokee County will provide opportunities for families, friends, providers as well as people with disabilities to learn about being Medical Power of Attorney and the role of its intended use. *Medical Power of Attorney training was not intended to be completed in this FY. Efforts will continue to be made throughout the timeline of this plan.*

Accomplished. On April 20, 2011 Cherokee County hosted training on medical power of attorney. This training was held at Cherokee County Work Services and was open to all local providers, families and consumers. Approximately 18 individuals participated in this training. The training was conducted by Pat Lange, DHS TCM Supervisor and Sharon Nieman, Plymouth County CPC who participated in a train the trainer program on Substitute Decision Making.

GOAL

The Cherokee County disability service system will provide more individualized supports for people with disabilities to lead fulfilled lives that offer choices and opportunities within the scope of a person's abilities.

OBJECTIVE 3:

During this period of uncertainty with funding, Cherokee County will conduct efficient use of taxpayer dollars through the management of Fund 10 in order to prevent waiting lists for services and to maintain funding for a full array of services for people who have Cherokee County legal settlement.

ACTION STEPS:

- 1.) Cherokee County Community Services Director will annually maintain and supervise the MH/DD Budget. *Accomplished and ongoing. For FY10, the fund balance ended at 49% .This was in large to the proactive efforts made in changing some of the eligibility requirements lowering the income level to 150% from 200%, not subsidizing third party insurance and the change in FMAP saving the county dollars. The FMAP savings are expected to be significant savings which doesn't give a completely accurate view of the cost of services through Medicaid. Our office also did not rehire a clerical support staff after resignation in November 2009.* *Accomplished and ongoing. For FY11, the fund balance ended at 13.5%. Once again, the county's non-federal share of Medicaid funded services through waiver were much lower than usual due to FMAP savings to the counties.*
- 2.) Cherokee County Board of Supervisors will oversee and approve the annual mental health budget. *Accomplished and ongoing. The Cherokee County Board of Supervisors actively monitors and provides advice on the MH/DD budget.* *Accomplished and ongoing. The Cherokee County Board of Supervisors actively monitors and provides advice on the MH/DD budget.*
- 3.) Throughout the timeline of this plan the Community Services Director will monitor levy rates and expenditures then work with the Board of Supervisors and Project Team as necessary to avoid a waiting list in Cherokee County. *Cherokee County has never had a waiting list for services and maintained that status during FY10.* *Cherokee County has never had a waiting list for services and maintained that status during FY11.*
- 4.) Cherokee County CPC Administrator will track funds using the CSN program in order to do future planning in the service system.

CSN was delayed so this system was not used to track funds. During FY10 the Cherokee County CoMis system was used to provide information regarding applicant information, service authorization and expenditures. CoMis was also used to assist in creating client profiles to be sent in for approval of applicant to the State Payment Program (SPP).

Cherokee County rolled out with CSN in April 2011. Funds were not tracked in CSN in FY11 as Cherokee County did not begin entering funding authorizations and paying claims until July 1, 2011. CoMis continued to be used to track expenditures for this purpose. Reporting to the state will be accomplished by using both CoMis and CSN for reporting measures. Merged data between the two systems was required for reporting purposes based on accrued payments after July 1, 2011 for services rendered in FY11.

- 5.) As funds allow, Cherokee County will continue to work diligently to fund a full array of services as well as supports that are not statutorily mandated based on the provisions of the county management plan. *Changes to the Cherokee County Management Plan were approved by the Cherokee County Board of Supervisors in a public hearing held in March 2009. These changes were also approved by the Commission. It was decided to change some of the eligibility requirements that would impact the least amount of people but try to preserve budget expenses while staying within reasonable guidelines. These changes included lowering the income level to 150% Federal Poverty Level and no longer subsidizing private insurance which has led to some savings while continuing to fund non-mandated services that are necessary to those served in Cherokee County. In FY11, Cherokee County continued to fund all services with no waiting lists or cuts in services to the full array already funded. Eligibility requirements did not change from previous year.*
- 6.) Cherokee County will work with providers to encourage cooperation regarding funding of services in hope to eliminate cuts in services. *Cherokee County Community Services Director and Cherokee County Case Managers have continued informal discussions regarding changes in MH/DD funding. We also continue to look at the utilization of services and change in service needs to ensure services are being authorized based on an individual's needs. Discussions have taken plan to look at services provided. This will be a continued effort to keep providers informed. Northwest Iowa Contracting Consortium continues to work with providers in the 9 county consortium to negotiate rates and contract on a regional basis. Rates have been approved as appropriate to providers and based on CRIS Cost Reporting. All providers in the NICC must use CRIS for cost reporting measures. There were no cuts or elimination in services.*

Documentation of Stakeholder Input

During the course of FY11, the Cherokee County Community Services Department has relied heavily on the Cherokee County Self-Determination Project Team for ongoing input and evaluation of services.

SELF-DETERMINATION PROJECT TEAM

Community Services Director
Cherokee County Case Managers
Cherokee County Supervisor
3 MH/DD Providers
MH Provider
Family Member
3 Self-Advocates
2 Community Members

The Self-Determination Project Team meets every other month and has given input regarding direct care staff recognition, person-centered thinking implementation, case management activities and future program development. Specific details of this input are provided in the FY10 – FY12 Strategic Plan. The Self-Determination Project Team met on the following dates:

July 10, 2010 - - - Discussed updates with Case Management, changes in the local DHS office and what it means to Cherokee County residents, management of HCBS ID Waiver slots will stay with the county until January 1, 2011, current status of the state case waiting list, Social Security Administration Representative Payee Training held this month, upcoming CPC Audit, and the move of the General Assistance services to our office. Members of the team also had a chance to ask questions and give updates regarding local services and needs.

September 21, 2010 --- Discussed Case Management updates, HCBS ID Waiver slots, Lisa talked about the CPC Audit, reviewed where we are sitting at with the budget and how the Federal Stimulus dollars will end in FY11, cuts in Property Tax Relief by \$30,000, and low projections and state funding. Members of the team provided questions and gave input on their own projects.

November 9, 2010 --- Began again with updates and Case Management. Prior authorizations on certain services will now be required before services are approved. This is now taking away the ability for the team to determine what a person needs and now is decided by others not part of the team. Lisa reviewed quality assurance surveys for Case Management with the team. The HCBS Waiver statewide waiting list has now been delayed until July 1, 2011. CPC reviewed the uncertainty on where we are financially because state billings are late due to the FMAP changes. It's hard to be able to keep track of budget on a monthly basis. Open discussion allowed for questions and comments as well as updates on provider projects.

March 8, 2011 - - - Case Managers shared some issue they are having with the ID Waiver and BI Waiver qualifying them for services. Appeals are going to take place. The April 1, 2011 roll-out for prior-authorization on extra services has now been delayed once again. Still planning on July 1, 2011 for statewide HCBS ID Waiver slots. Medicaid bills are 2 months behind. The service system is looking at some big changes legislatively. Both the Senate and House have their own ideas about how the system should be run. Substitute Decision Making Training will be held on April 20th from 3-5 PM for consumers, families and providers. It is also open to anyone else interested. A family member suggested estate planning training for individuals on Medicaid.

May 10, 2011 - - - Dena gave an update on her appeal for the Brain Injury Waiver services. ALJ has sided with case management and family on the case. Lynda discussed the excellent training by iPart hosted by Pride Group. Lisa compared 2 bills out there for redesign. She shared the difference in the two and how they would affect the current system. Had a great turn out for Substitute Decision Making Training. We had 18 people who attended the training and this included families, consumers, and providers. Providers gave an update on their services and consumers discussed the exciting things happening in their lives.

Actual Provider Network

During FY2011, Cherokee County expended county dollars from the MH/DD Services Fund to support people with disabilities to the following providers:

Associates for Psychiatric Services
Cherokee Regional Medical Center
Dean & Associate
Glenwood Resource Center
Life Skills Training Center
Mid-Step Services
Plains Area Mental Health Center
Season's Center
Spencer Municipal Hospital
Village Northwest

Cherokee County Work Services
Concerned, Inc.
Dean L. Meine
Hope Haven
Link Associates
Miller Law Firm
REM Development
Siouxland Mental Health Center
The Pride Group
Woodward Resource Center

Cherokee Mental Health Institute
Cornwall, Avery, Bjornstad and Scott
Echo Plus, Inc.
Ida Services Inc.
Loughlin Law Firm
New Directions
REM Leadway
Siouxland Regional Transit System
Vakulskas Law Firm

Actual Expenditures and Actual Scope of Services

County Dollars Spent by COA Code and Disability Type

Date Prepared 11/22/2011 For CHEROKEE County FY: 2011

Account Code	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Admin	CM	CPS	Total
04000 Consultation			\$16,425.00					\$16,425.00
11000 Direct administrative		\$126.12	\$15,782.01		\$61,701.84			\$77,609.97
11413 Direct Admin - Mileage & Other Travel Expenses					\$53.50			\$53.50
11421 Direct Admin - Data Processing Services					\$170.20			\$170.20
21000 Coordination Services			\$5,361.16		\$76,282.03			\$81,643.19
21374 Case Management - T19 Match	\$109.65	\$2,348.76	\$10,944.14	\$511.87				\$13,914.42
21421 Case Management - Data Processing Services						\$260.00		\$260.00
31000 Transportation (non-Sheriff)		\$96.58	\$15,642.88	\$395.10				\$16,134.56
31354 Transportation - General		\$17.56	\$4,110.11	\$52.68				\$4,180.35
32320 Homemaker/Home Health Aid		\$10,010.00	\$680.00					\$10,690.00
32322 Support Services - Home Management Services (include PERS)		\$1,120.00	\$127.32					\$1,247.32
32325 Support Services - Respite			\$3,692.99					\$3,692.99
32329 Supported Community Living	\$439.03	\$11,104.05	\$18,902.37	\$1,881.00				\$32,326.45
32399 Support Services - Other			\$14,753.32					\$14,753.32
41305 Physiological Tmt. Outpatient	\$3,205.00	\$300.00						\$3,505.00
41399 Physiological Tmt. Other	\$2,280.00							\$2,280.00
42305 Psychotherapeutic Treatment - Outpatient	\$35,465.31	\$203.00						\$35,668.31
42396 Psychotherapeutic Treatment - Community Support Programs	\$400.00							\$400.00
42399 Psychotherapeutic Tmt. Other grant	\$6,900.75		\$7,461.00					\$14,361.75
44396 Community Support Programs		\$850.00						\$850.00
44399 Other	\$1,460.25							\$1,460.25
50362 Work Activity Services		\$14,956.51	\$132,821.42	\$24,282.29				\$172,060.22
50367 Voc/Day - Adult Day Care			\$22,101.79	\$2,204.72				\$24,306.51
50368 Voc/Day - Supported Employment Services			\$1,449.10	\$572.72				\$2,021.82
50369 Voc/Day - Enclave			\$345.76					\$345.76
50399 Voc/Day - Other Services		\$679.28	\$4,693.23					\$5,372.51
63329 Supported Community Living (Comm. 1-5 Bed)		\$35,603.02	\$193,359.94	\$5,707.91				\$234,670.87
63399 Other (Comm. 1-5 Bed)			\$3,375.00					\$3,375.00
64314 RCF (Comm. 6-15 Bed)	\$7,305.38	\$28,797.48						\$36,102.86
64316 RCF/PMI (Comm. 6-15 Bed)		\$55,260.00						\$55,260.00
64318 ICF/MR (Comm. 6-15 Bed)			\$127,527.54					\$127,527.54
65314 RCF (Comm. 16+ Beds)	\$7,402.14	\$15,484.71						\$22,886.85
65318 ICF/MR (Comm. 16+ Beds)			\$56,296.88					\$56,296.88
71319 State MHI Inpatient - Per diem charges	\$13,884.50	\$2,295.92						\$16,180.42
72319 State Hospital Schools - Inpatient per diem charges			\$103,675.95					\$103,675.95
74300 D & E Related to Commitment	\$1,605.00							\$1,605.00
74353 Sheriff Transportation	\$602.68	\$949.98						\$1,552.66
74393 Legal Representation (cmtmt court costs/legal fees)	\$1,325.00	\$150.00			\$75.00			\$1,550.00
Total County	\$82,384.69	\$180,352.97	\$759,528.91	\$35,608.29	\$138,282.57	\$260.00		\$1,196,417.43

During FY10, there were no appeals for services.

During FY11, there were no appeals for services.

Quality assurance implementation, findings and impact on plan

Last year, I submitted Incentive Fund Reports as a piece of my Quality Assurance however this year due to the merging of CoMis data and CSN data, I was unable to create accurate Incentive Fund Reports. For FY11, Cherokee County Community Services, including CPC, Case Management and General Assistance participated in many different activities to make sure services were being provided and implemented to impact the lives of people applying for services. In order to keep abreast of what is happening in the service system it is imperative staff from Community Services be as immersed in the daily system as possible.

- The CPC and Community Services staff have an excellent working relationship with their local providers. It is necessary to have this in order to provide the necessary services for people to be able to remain in the community of their choice.
- Providers participate in the Self-Determination Project Team and are able to discuss their concerns in the service system as well as learn of any upcoming changes in the requirements of providing services. Consumers and families also serve on this Team and provide input in the system.
- The Cherokee County CPC and staff believe knowledge is power in working with people of all different needs and abilities. Offering training opportunities to providers, consumers and family members is a necessity to make sure everyone understands their roles and to offer opportunities. The Community Services Staff hosted training during FY11 in the areas of Substitute Decision Making, Representative Payee. These sessions were open to providers, families and consumers.
- Cherokee County remains invested in the Northwest Iowa Contracting Consortium to not only negotiate appropriate rates but to all provide a supportive system of care for residents of Northwest Iowa between the providers and counties. As the Northwest Iowa Contracting Consortium, we believe in the purpose of our group and the investment into our system that has worked well. We have a personal relationship with our providers which in turns provides a positive impact on the people we serve.
- In the 5 years the CPC has been in her position, there have not been any appeals on a county decision. This is because Cherokee County is open to the requests of applicants to review denial decisions or authorizations and to allow applicant to submit additional information to determine eligibility.
- Cherokee County CPC takes part in a number of committees and advisory boards locally to stay active in the community and to understand the services and needs for the services. Some of these local boards include AEA Transition Advisory Board, Synergy Center Advisory Board (substance abuse), Cherokee MHI Citizen's Advisory Board, and serves as Treasurer on Cherokee County Residential Services which provides housing for individuals with disabilities. Our office also participated in local legislative forums during the highly discussed Mental Health Redesign so we could talk to our legislators on our needs and concerns about the system as well.
- Statewide, Cherokee County CPC is active in the CASS Committee through our Community Services Affiliate and is a member of the Statewide Disaster Behavioral Health Response Team. Cherokee County CPC attends all regional CPC meetings and statewide CPC meetings scheduled.
- Case Management Staff participate in CCMS Support Groups for case managers and the director participates in Administrator meetings held quarterly.

Staying active with providers and in the community is an excellent way to be able to provide quality services and understand the needs and the impact on the community, providers and especially consumers and their families. Cherokee County believes in the right for people to live in their community and to make decisions for themselves as best they can. It is with involvement Cherokee County has been able to do that effectively by keeping people in the community as well as having a partnership to move people back to their community.

The Cherokee County Community Services Director relies heavily on the Self-Determination Project Team to assist in quality assurance. The Cherokee County Coaches Team also provides excellent insight and input into the services offered in Cherokee County. The teams consist of providers, local citizens, family members, and consumers. Open

communication allows for quality assurance checks in regards to funding, service delivery by providers, and Cherokee County Case Management services. Cherokee County Community Services also relies on the quality assurance surveys completed by providers specifically geared toward their services in order to keep from over-surveilling individuals. Based on the information provided, Cherokee County will continue to focus on supporting providers within the county to assist people in living the least restrictive life they can. This includes increasing the number of individuals moving into community based employment from facility based employment as well as individual living in daily SCL services to hourly SCL. Best practices and outcome based results will continue to be evaluated.

Cherokee County joined County Rate Information System (CRIS) in FY2007. The purpose of CRIS is to establish rate setting based on actual cost, standardized service definitions, standardized units of service, uniform classification of cost and consistent reporting to enable participating counties to negotiate appropriate reimbursement rates with covered MH/DD providers. CRIS also helps facilitate effective and efficient communication among participating counties and covered MH/DD providers through technical support and training. Cherokee County will make every effort to provide fair and reasonable rates to the providers in the county network. CRIS Reports are used in conjunction with the Northwest Iowa Contracting Consortium which consists of 9 counties and involves one Board of Supervisor from each county, the CPC's from the counties and providers from all 9 counties. Negotiation Teams are developed to examine the cost reports and set fair rates for providers. In November 2009, the negotiation teams met and after careful consideration and much discussion recommended to the Consortium board to freeze rates for FY11 due to the 2.5% reduction in Medicaid rates as well as funding cuts to the counties. It was agreed by NICC and negotiations were not held. Negotiations were held for FY12. Rates were negotiated regardless of county fund balance concerns and the 2.5% reduction.

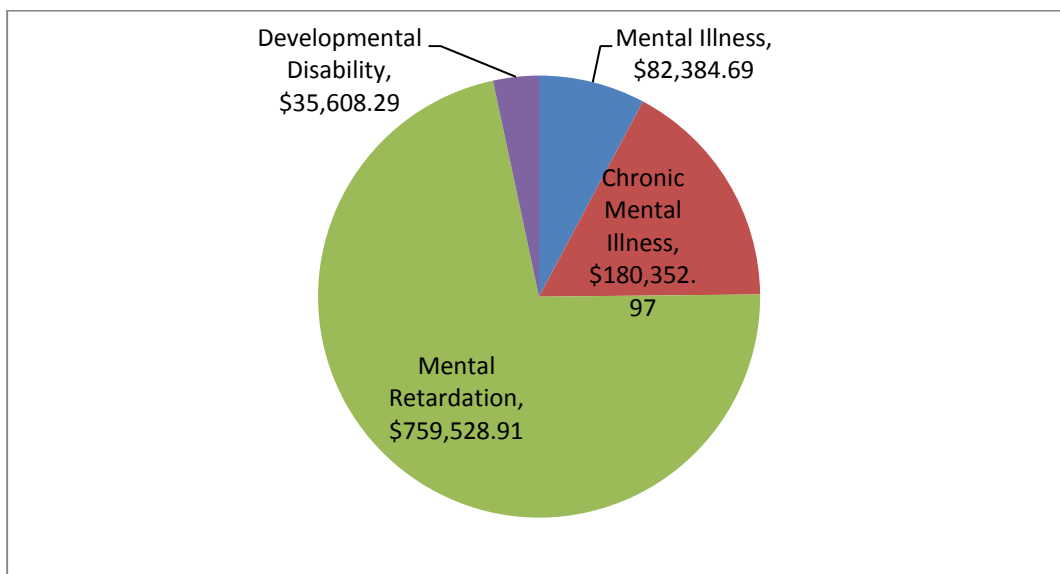
Waiting list information

During the course of FY10 Cherokee County did not maintain a waiting list. All services were fully funded with Support Team input after applicants met eligibility thresholds.

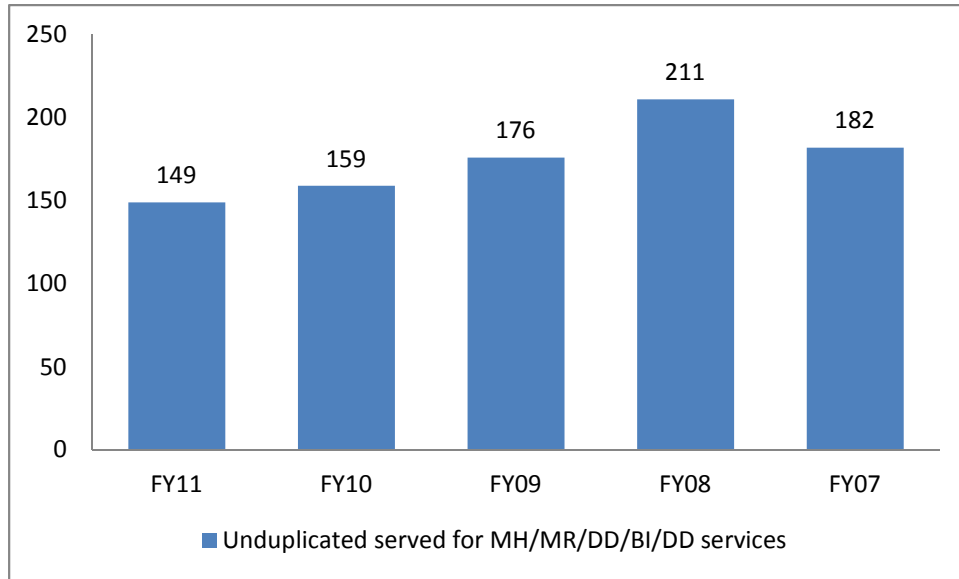
During the course of FY11 Cherokee County did not maintain a waiting list. All services were fully funded with Support Team input after applicants met eligibility thresholds.

FY11 CoMis and CSN Merged Aggregate Reports

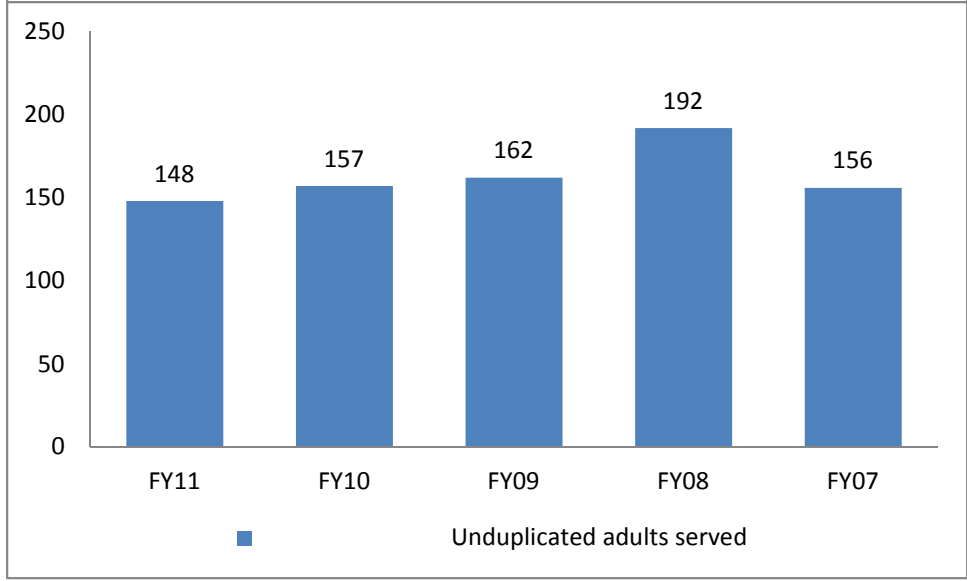
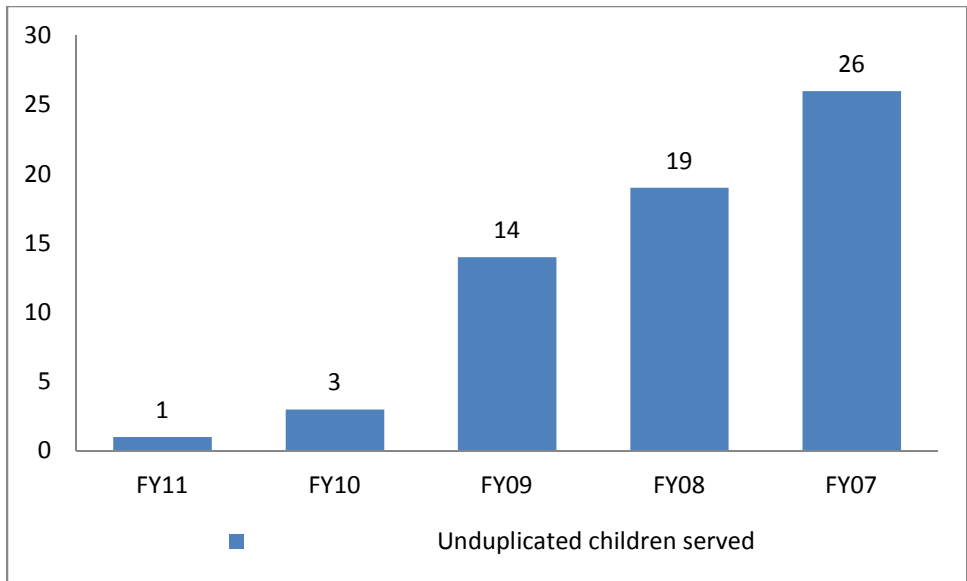
Expenditures by Diagnosis



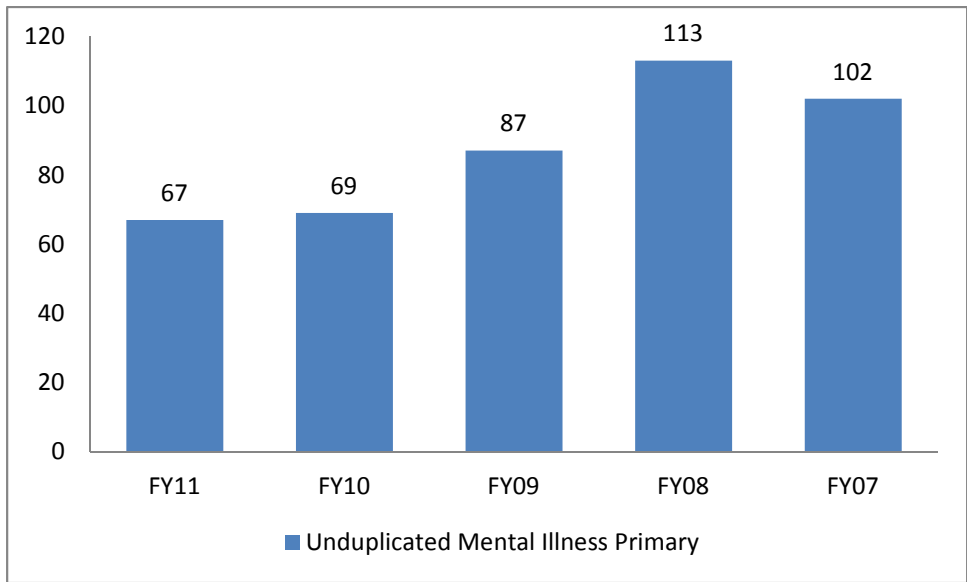
Numbers Served in FY11 compared to previous years:

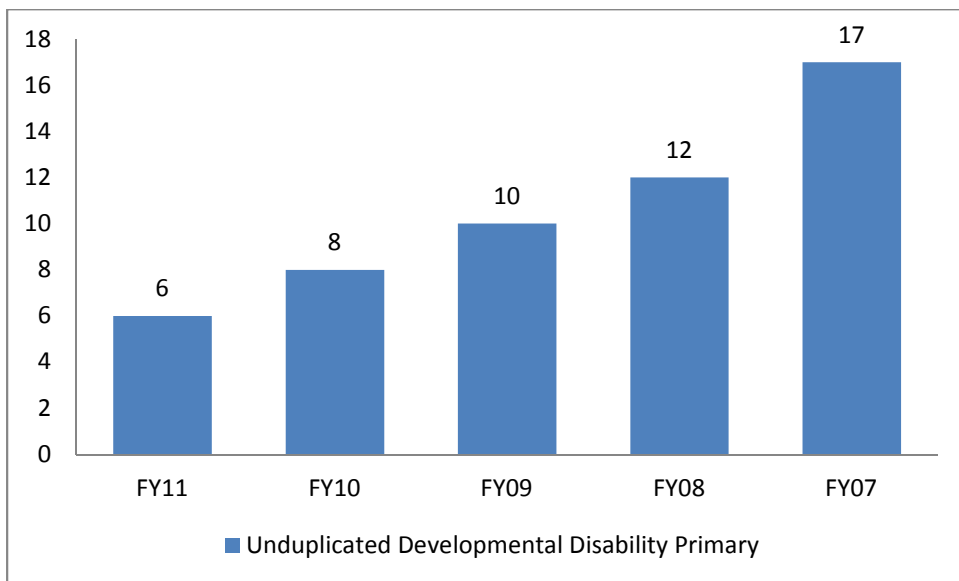
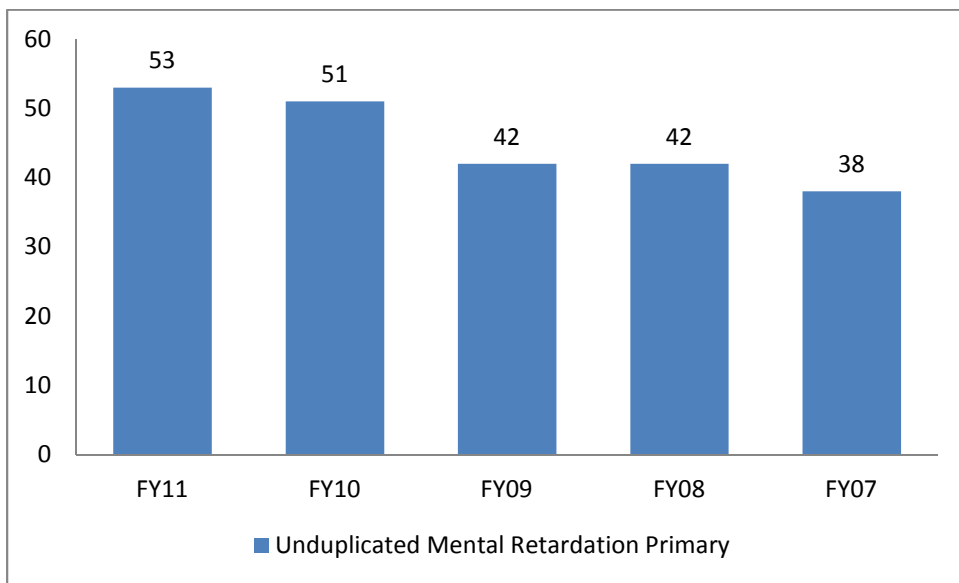
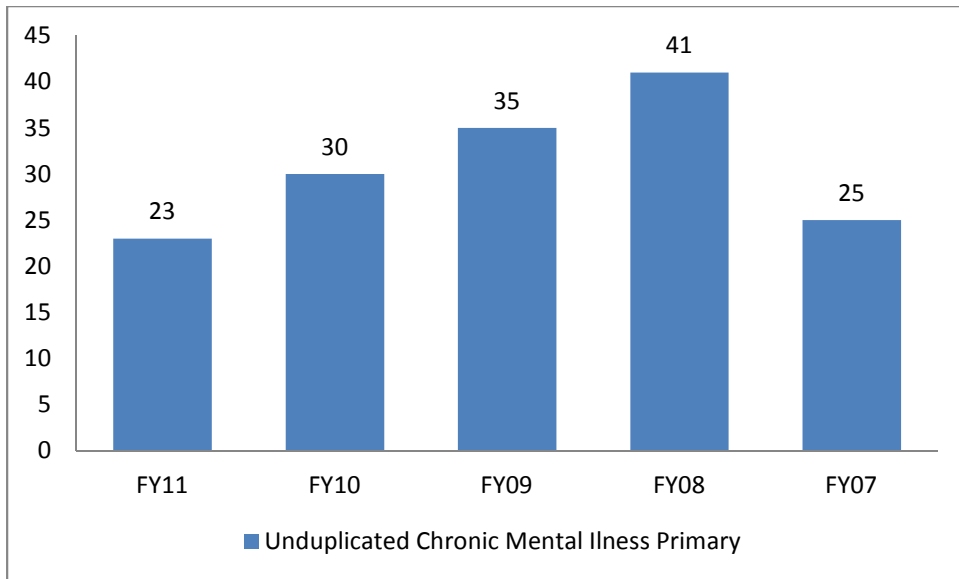


By Age



By Diagnosis





FY11 Total Expenditures By Diagnosis

