



CICS

Supporting Individuals. Strengthening Communities.

CICS Adult Regional Advisory Committee Meeting Tuesday October 13, 2020 @ 1:30 pm

Agenda

SPECIAL NOTE TO THE PUBLIC: Due to recommendations to limit gatherings to no more than ten (10) people in order to help slow the spread of the COVID-19 virus, public access to the meeting will be provided via zoom:

Join Zoom Meeting

<https://us02web.zoom.us/j/82608088524?pwd=Qm9HSWd1cm9sUERhVUY2U2c4ZmdXZz09>

Meeting ID: 826 0808 8524

Passcode: 348474

One tap mobile

+13017158592,,82608088524#,,,,,0#,,348474# US (Germantown)

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Dial by your location

+1 301 715 8592 US (Germantown)

+1 312 626 6799 US (Chicago)

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1. Welcome and Introductions: Roll Call of Committee Members

- | | | |
|---|--|--|
| <input type="checkbox"/> BJ Hoffman | <input type="checkbox"/> JD Deambra | <input type="checkbox"/> Jennifer Ellis |
| <input type="checkbox"/> Diana Dawley | <input type="checkbox"/> Tamara Morris | <input type="checkbox"/> Sharon Swope |
| <input type="checkbox"/> Kathy Hanzek | <input type="checkbox"/> Grace Sivadge | <input type="checkbox"/> Julie Smith |
| <input type="checkbox"/> Nikki Fischer | <input type="checkbox"/> Mary Nelson | <input type="checkbox"/> Robert Sproule |
| <input type="checkbox"/> Brandon Greenfield | <input type="checkbox"/> Shan Sasser | <input type="checkbox"/> Kirsten Klepfer |
| <input type="checkbox"/> Anthony Wubben | <input type="checkbox"/> Jeff Vance | <input type="checkbox"/> Sherry Becker |

2. Adoption of the Agenda – Action

Motion to Approve: _____

Second: _____

Vote on Motion: _____

3. Approval of 7/14/20 meeting minutes – Action

Motion to Approve: _____

Second: _____

Vote on Motion: _____

4. Highlights of Regional Governing Board – Julie Smith and JD Deambra – Informational

5. Requests from Cerro Gordo County, Webster County and Wright County to Join CICS Region
– Russell Wood - Informational

6. CARES Act COVID-19 Funds – Russell Wood - Informational

7. Service Coordination FY20 Report – Linn Adams – Informational

8. Recognition of Advisory Committee Member Terms Ending 12/31/20: Hardin, Hamilton,
Franklin, Jasper, Boone Counties – Karla Webb – Informational

9. Agency Update/Information Sharing

10. Next Meeting Date: January 12, 2021 @ 1:30pm

11. Adjournment





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CICS Adult Regional Advisory Committee Meeting Minutes

Tuesday July 14, 2020 @ 1:30 pm

Due to recommendations to limit gatherings to no more than ten (10) people in order to help slow the spread of the COVID-19 virus, public access to the meeting was provided via zoom:

- I. **Welcome and Introductions: Roll Call of Committee Members:** Chair Jennifer Ellis called the meeting to order at 1:35 PM. Present: Mary Nelson, JD Deambra, Tamara Morris, Jeff Vance, Jennifer Ellis, Sharon Swope, Sherry Becker. Diana Dawley and Kathy Hanzek joined while the meeting was in progress, Kathy left the meeting after completion of action items.
- II. **Adoption of the Agenda – Action:** Motion by Sherry Becker to approve the agenda, second by JD Deambra, motion approved.
- III. **Election of Vice-Chair to Fill Vacancy – Action:** Motion by Jeff Vance to elect Sherry Becker as Vice-Chair, second by Kathy Hanzek, motion approved. Vice-Chair term ends 12/31/20.
- IV. **Election of an individual who utilizes mental health and disability services or is an actively involved relative of such an individual to CICS Governing Board for 2 year term – Action:** Self nomination by JD Deambra, Sherry Becker seconded, motion approved.
- V. **Approval of 1/14/20 meeting minutes – Action:** Motion to approve 1/14/20 meeting minutes as presented, second by Sharon Swope, motion approved.
- VI. **Highlights of Regional Governing Board – Julie Smith and JD Deambra – Informational:** JD Deambra reported work has been occurring on children’s mental health services and implementation of those services.
- VII. **Update from CICS CEO – Russell Wood - Informational:** Russell Wood reported changes in regard to the CICS Administrative team with Jody Eaton and Jill Eaton retiring this month and John Grush retiring at a future date. The Administrative team currently consists of five officer positions from eight positions. Russell Wood, Chief Executive Officer; Linn Adams, Coordination Officer; Betsy Stursma, Finance Officer; Patti Treibel-Leeds, Planning and Development Officer; Karla Webb, Operations Officer. Russell noted work is being done in regard to development of children’s mental health services, subacute services, and other services.
- VIII. **Service Coordination Update – Linn Adams – Informational:** Linn Adams reported on FY20 service coordination data in regard to number of individuals served and since the onset of Covid 19 and a decrease in number of individuals served in a residential care facility. Linn

provided service coordination staffing updates and reported on the Justice Coordination Project with service coordination staff in Boone, Franklin, Greene, Hamilton, and Hardin counties. Linn will plan to share the FY20 service coordination report once it is finalized.

- IX. **Agency Update/Information Sharing:** Mary Nelson reported FIA Friendship Club, Inc. has transitioned to a non-profit agency. The drop-in-center is currently open and serving eight to nine individuals per day with safety measures in place. Jeff Vance with CIRSI, Inc. reported the agency is cautiously going forward with a lot of modifications during this Covid 19 period. Sharon Swope with Mid-Iowa Triumph Center, Inc. reported the drop-in-center has reopened with precautions implemented. They also are making phone calls to individuals who are self-isolating, and are receiving referrals from the mental health center. Sherry Becker with NIVC Services, Inc. reported they are focused on health and wellness. Sherry thanked CICS for support with Individual Placement and Support (IPS) service, they have received an exception to policy that can be used to get rates into rules for Medicaid funding for the service. They have seen a 77% success rate with IPS in Franklin and Hardin counties. Diana Dawley reported Poweshiek County offices are currently open to the public with the Treasurer's office requiring appointments for driver's license.
- X. **Next Meeting Date:** 10/13/20 @ 1:30pm
- XI. **Adjournment:** Meeting adjourned at 2:10pm.





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This document was updated on 9/23/2020 with new financial information.

CICS Governing Board,

In this attachment you will find information and thoughts regarding the counties who are requesting permission to join CICS, as well as some general thoughts about the advantages and disadvantages of adding counties to CICS. At this time, three counties (Cerro Gordo, Webster, and Wright) have applied to join CICS. These counties would bring in additional clients, expenditures, revenues, and providers.

FINANCES:

The administrative team has been looking at supplied information and performing some general analysis such as expenditures vs. revenues, numbers of clients in services and types of services being provided.

The following table shows the expenditures of each county. These are unaudited, non-accrual and have had adjustments made by CICS staff that are based on our assumptions. They are shown three ways.

- 1) The first column shows the expenditures for last fiscal year not including the administrative dollars. This is shown this way because CICS will have administrative expenses that are different than those of CSS.
- 2) The second column shows those expenditures and additionally removes costs that are associated with provider functions that CSS performs and also some one-time expenditures that CSS made last year.
- 3) The final column shows the expenditures without including the above and further removing all staff costs. This was done due to the fact that staff costs may be different than what they were last fiscal year and this gives a base cost.

Previous Year's Expenditures

	Expenditures Not including Administrative	Expenditures Not including Provider Staff	Expenditures Not including All Staff
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Cerro Gordo	Expenditures	\$ 1,212,918.25	\$ 1,033,731.76	\$ 807,459.05
	Population	42450	42450	42450
	Per Capita	\$ 28.57	\$ 24.35	\$ 19.02

Webster	Expenditures	\$ 1,253,920.69	\$ 1,132,011.58	\$ 819,995.54
	Population	35908	35908	35908
	Per Capita	\$ 34.92	\$ 31.53	\$ 22.84

Wright	Expenditures	\$172,870.00	\$ 144,738.00	\$ 100,162.00
	Population	12562	12562	12562
	Per Capita	\$ 13.76	\$ 11.52	\$ 7.97

In doing a revenue and expenditure analysis, CICS staff looked at the potential of the counties in question to generate tax dollars to cover the costs of the services that were funded for them. This looked at the current levy and the potential the county had to levy. Basically, can a county cover the costs that they bring to CICS or would CICS have to levy to cover it from current members.

The following table shows the amount of property taxes that the counties in CICS and those applying would generate under the current \$26.00 per capita amount and the maximum \$35.50 per capita amount.

Current and Maximum Levies

		Current Levy	Max Levy
Boone	26,234	\$ 682,084	\$ 931,307
Franklin	10,070	\$ 261,820	\$ 357,485
Greene	8,888	\$ 231,088	\$ 315,524
Hamilton	14,773	\$ 384,098	\$ 524,442
Hardin	16,846	\$ 437,996	\$ 598,033
Jasper	37,185	\$ 966,810	\$ 1,320,068
Madison	16,338	\$ 424,788	\$ 579,999
Marshall	39,369	\$ 1,023,594	\$ 1,397,600
Poweshiek	18,504	\$ 481,104	\$ 656,892
Story	97,117	\$ 2,525,042	\$ 3,447,654
Warren	51,466	\$ 1,338,116	\$ 1,827,043
CICS Totals	336,790	\$ 8,756,540	\$ 11,956,045

Cerro Gordo	42450	\$ 1,103,700	\$ 1,506,975
Webster	35908	\$ 933,608	\$ 1,274,734
Wright	12562	\$ 326,612	\$ 445,951
New Totals	427,710	11,120,460	15,183,705

CICS does not look at per capita expenditures by county when planning and funding services for current counties. This was done only to identify the expenses being brought into the region.

Based on the numbers, the counties who are requesting to join CICS could levy the amount necessary to cover the costs of the services they provide. Also, consider that CICS does provide some services that are not in CSS and others in ways different than CSS as every region is unique. This may change the numbers above. As such, they are only for planning and informational purposes and are not a guarantee of future expenditures.



POPULATION

The following shows the current regional layout in the state of Iowa with current regional populations:



Region	Population
Central Iowa Community Services	336,790
County Rural Offices of Social Services	78,160
County Social Services	419,880
Eastern Iowa MHDS Region	300,102
Heart of Iowa Region	109,638
MHDS of the East Central Region	600,915
Northwest Iowa Care Connection	63,408
Polk County Health Services	490,161
Rolling Hills Community Services Region	197,196
Sioux Rivers MHDS	102,798
South Central Behavioral Health Region	78,490
Southeast Iowa Link	161,163
Southern Hills Regional Mental Health	29,116
Southwest Iowa MHDS Region	187,253



The following shows the potential regional layout in the state.

(Population numbers for CICS are in the table above.)



The question has been asked: How big is too big?

The answer to the above question is: It is too big if your staff cannot provide the same, or better, quality services to your clients, taxpayers, and other stakeholders.

CICS has a different corporate structure than most regions as it has an administrative team with five individuals with specific duties and skill sets. CICS Administrative Team members will capitalize on their strengths and analyze the need for additional staff resources, or re-deployment of staff resources in additional or different areas.

Specific items that would need to be accomplished by the July 1, 2021 entry of any county would include:

- 1) Finance: Budgeting (regional and county) and potential addition to claims processing
- 2) Operations: Contracts with new providers and potential additional support for contracting
- 3) Service Coordination: Funding Authorizations for new clients and potential additional lead
- 4) Planning and Development: Gap Analysis to begin the development of necessary services
- 5) CEO: Work with new county on roles and responsibilities of Board and County members, learn from each county the unique needs of that county, identify current staff levels of each county and work to meet the needs of the county.

The above activities are why the decision to add counties would be better now than later.



General advantages and disadvantages to adding counties

- 1) Any change creates change. This is an uncertain and is always the first objection to doing things differently. CICS is operating well and adding other counties may make things better or worse, but we won't know which until we change.
- 2) Adding counties adds covered lives. From an insurance perspective this allows the region and additional counties to spread their financial risk across a greater population.
- 3) Adding counties adds contract providers. This allows CICS to do negotiating and prioritizing of investments with providers to meet the needs of our clients. Additional providers also allow for diversification in contracting and allow for reduced risk in contracting by ensuring a provider panel that is both robust and deep.
- 4) Adding counties adds some specialist providers to the region including a hospital with a behavioral health inpatient unit and many medication prescribers.
- 5) Adding counties adds "critical mass" when looking at the development of new services. The region's intensive services could benefit by having other "service anchors". This can only be accomplished if the client numbers and available funds are enough to meet the need. This would apply to things like access centers, sub-acute, intensive residential, ACT and other complex needs services.
- 6) Adding counties allows for capitalization on specific skill sets. CICS staff can use and obtain skills that benefit the clients we serve. Adding population allows for specialization for staff and can help ensure services have outcomes that meet the goals of clients without overtaxing the system.

There are many reasons not listed why adding counties may or may not be good for CICS.

Ultimately, the question that comes before the governing board is does adding counties **better equip or interfere with** our goal of "improving the health, hope, and successful outcomes for the adults in our region who have mental health disabilities, intellectual/developmental disabilities, and brain injuries, including those with multi-occurring issues and other complex human service needs, and for children who have a diagnosis of serious emotional disturbance."

Thank you for reading this report,



Russell Wood, Chief Executive Officer
Central Iowa Community Services





CICS

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Service Coordination Annual Report Fiscal Year 2020

Submitted by:

Linn Adams and Betsy Stursma, Coordination Officers

September 30, 2020

Every day, individuals turn to CICS in 11 central Iowa counties for health, hope and successful outcomes to improve their quality of life. It could be an adult struggling with depression, an individual in crisis who does not know who to turn to, or someone recently released from prison trying to get their feet back on the ground. Whatever the situation, CICS is here to help by coordinating a multitude of services and securing financial assistance for individuals struggling with mental health or intellectual and other developmental disabilities. No one knows what services and funding sources are available better than the local CICS Service Coordinators. Helping people navigate the system, regional Service Coordinators provide the valuable link with community resources best suited to meet individuals' personal needs and goals. Service Coordinators are available to assist with applications for Medicaid, food assistance, housing, Social Security and more.

Coordination Officers and Service Coordination Staff

The two Coordination Officers, Linn Adams and Betsy Sturmsma, oversee the service coordination functions performed by 16 service coordination staff throughout the Region, including 14 Service Coordinators and 2 Service Coordination Specialists during FY20. In each CICS member county there is at least one Service Coordinator. Story County has Service Coordination staff to equal 3.5 full-time equivalent (FTE) positions and the other ten counties have up to one FTE position, depending on other local duties.



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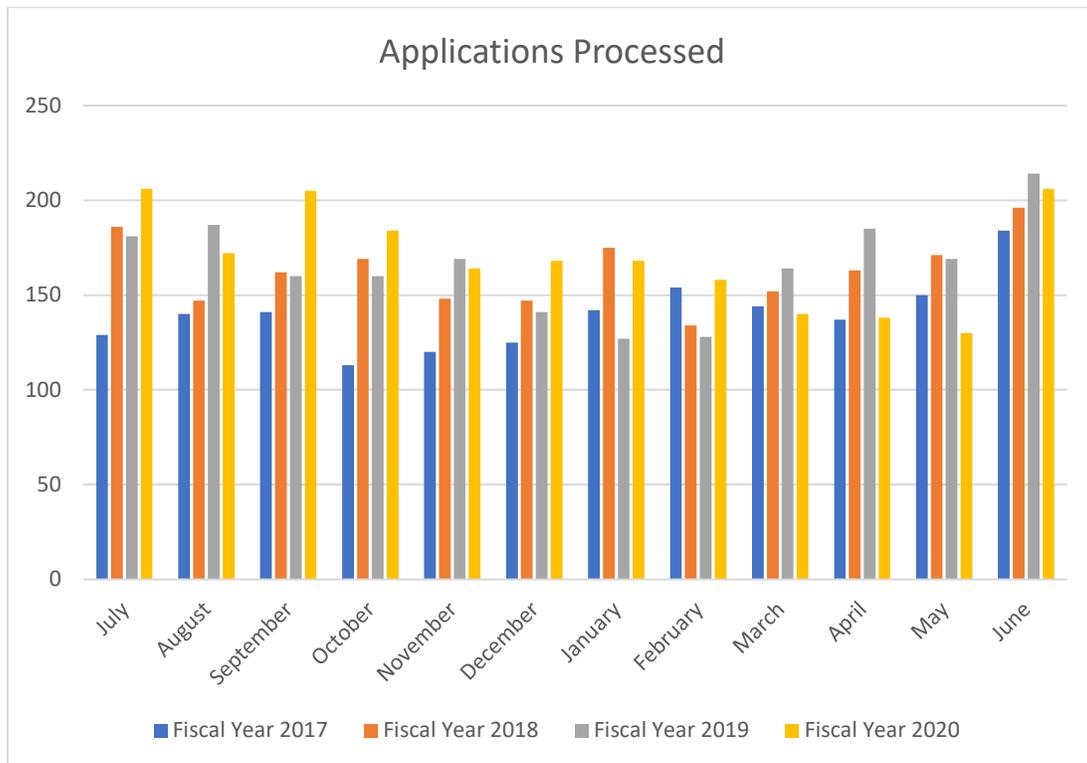
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Applications

One of the primary functions of the local Service Coordinators is to process all funding applications received by CICS. In FY20, there was a 2.7% overall increase in the number of applications received and processed. In FY20, 2,039 applications were processed compared to 1,985 in FY19, 1,950 in FY18, 1,679 in FY17, and 1,369 in FY16. The COVID-19 coronavirus had an impact on the number of applications. For the first two-thirds of the fiscal year, July, 2019 to February, 2020, the applications increased nearly 14% over the previous year. Applications for the period after COVID-19 struck, March through June, 2020, were down significantly.



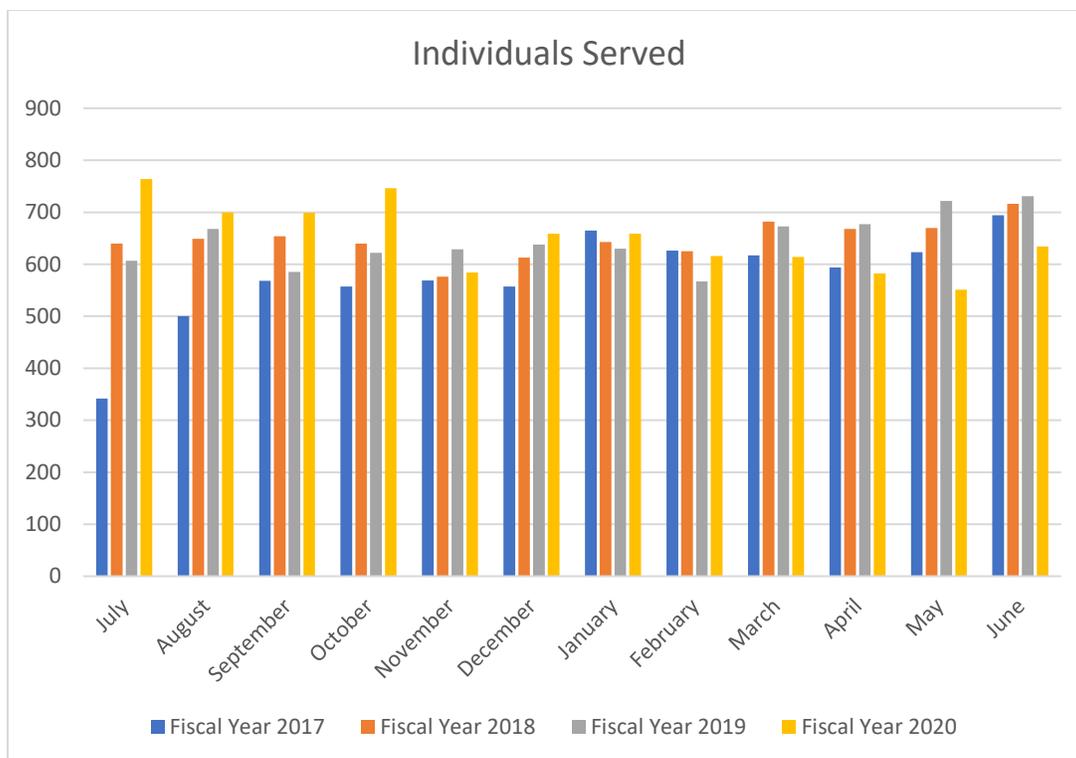
Coordination of Services

In addition to processing applications and requesting funding approvals from the Service Coordination Officers, the Service Coordinators provide the local connection to the individuals accessing the services CICS funds. In addition to helping access mental health services, they also provide information and referral to a multitude of community resources, including, but not limited to, Medicaid health insurance, food assistance, General Assistance, food pantries, housing resources, and Social Security. The number of individuals truly served by Service Coordinators is much greater than the number of applications received and processed.

CICS tracks how many individuals the Service Coordinators provide services to each month. This includes those whose applications they are processing, as well as, contact with ongoing clients, collateral contact with provider agencies, contact with family members and other interested parties, email correspondence regarding ongoing clients, and other activities on behalf of those we serve. In FY20, CICS served an average of 651 individuals monthly, a .06% increase over the



previous year. Similar to the impact that the COVID-19 had on the number of applications, the numbers of individuals served increased 9.7% for the first two-thirds of the fiscal year but dropped significantly for the months of March through June after the virus hit. In FY18 and FY19 CICS served an average of 647 individuals each month. The monthly average was 579 in FY17.



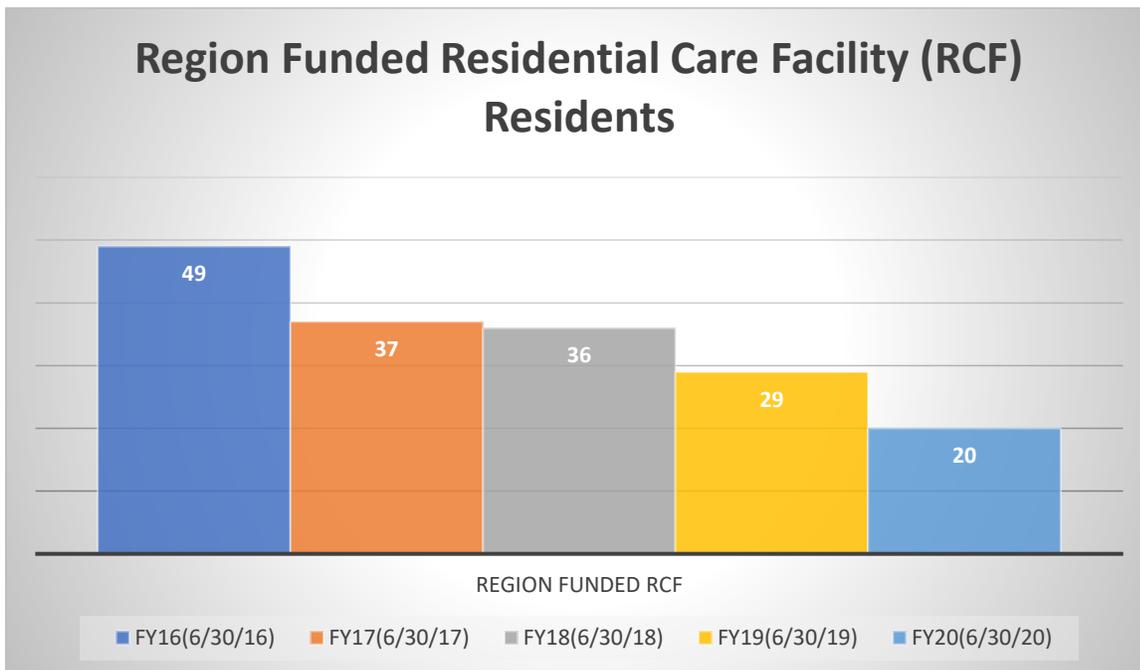
Service Coordination Specialist Positions

In addition to the 14 local Service Coordinators, two Service Coordination Specialists worked with individuals in Residential Care Facilities (RCFs) and the Mental Health Institutes (MHIs) in FY20. Specialists assist with transitioning the individuals to appropriate community-based services. During FY20, Liza Howard and Meghan Freie were the Specialists. At the end of FY20 a new position of Lead Service Worker was created, and Liza Howard was hired and transferred to the new position, leaving Meghan as the only Specialist.

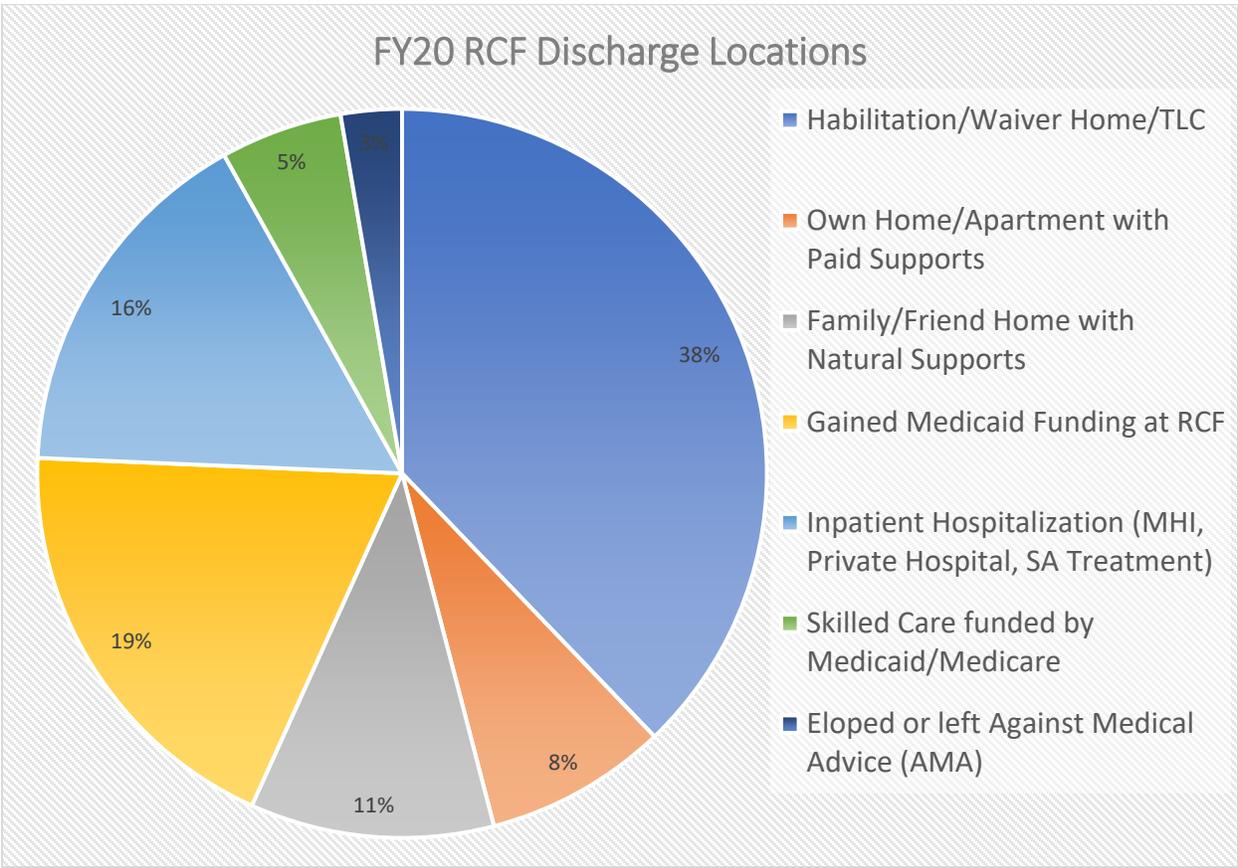
A primary service goal of CICS is to serve individuals in community-based settings. Since 2016 the Specialists and Coordination Officers have worked diligently to reduce the number of individuals in institutional settings. Strategies to reduce the number of individuals at Residential Care Facilities (RCF) have included working to reduce the number of admissions to RCFs, identifying RCF providers who have shown a willingness to stabilize and assist in community placement, focusing on a targeted list of individuals appropriate to move to a lower level of care, and building a base of community providers willing to work with individuals discharging from RCFs. Additionally, in FY20 the CICS RCF Policy was revised to reduce the amount of time

individuals spend in RCFs that are otherwise eligible to be served in community-based Habilitation funded settings. Efforts were also strengthened to look at alternative services, such as sub-acute, crisis stabilization, and transitional living, to help an individual stabilize and return to their home.

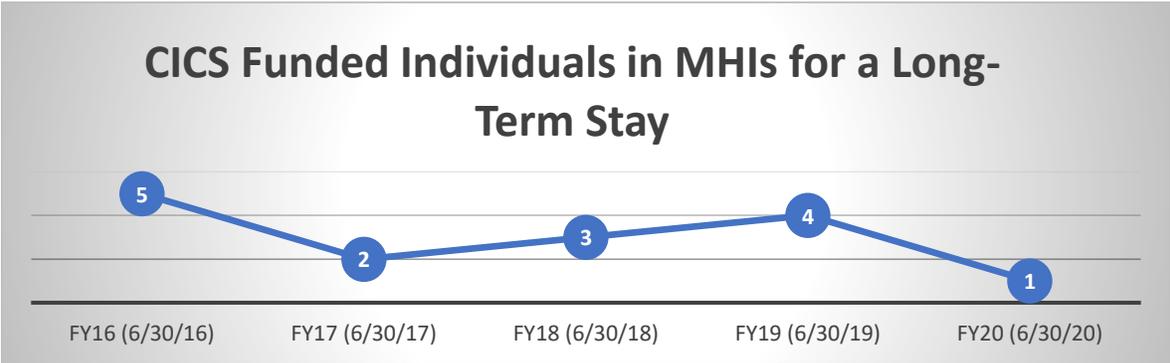
During FY20 there were 28 admissions to RCFs, however, there were 37 discharges, resulting in a net reduction of 9 from the end of the previous year. At the end of FY20 (6/30/20) the number of regionally funded individuals in RCFs was 20, a decrease of 31% from the previous year. This is a 59% decrease from the FY16 baseline year. Efforts will continue to enhance community-based services and reduce individuals in RCFs.



Many individuals that are discharged from the RCFs continue to need ongoing support. In FY20 57% moved to a lower level of care in the community compared with 59% in FY19. 43% continued to need RCF or a higher level.



In FY20, CICS saw a reduction in individuals at the State Mental Health Institutes (MHIs) down to 1 at the end of FY20 compared to 4 at the end of FY19. When an individual is at one of the two MHI facilities (Independence or Cherokee) for more than 30 days it is considered a “long-term stay” and the individual joins the Specialist’s caseload. There were 8 “long-term stay” MHI admissions in FY 20, however, there were 11 discharges for those clients resulting in a net decrease of 3. Of the 11 “long-term” discharges, 5 moved to RCFs, 3 went home, 2 moved to Habilitation sites, and 1 was readmitted to the local community hospital.



Fiscal Year 2020 Barriers Report

Annually the Service Coordination Specialists and the Coordination Officers formally review the barriers to individuals moving out of congregate care to community based residential settings. The FY 20 Barriers Report was conducted through a review of all individuals funded by CICS living in congregate care settings (Residential Care Facilities and long-term MHI) as of June 30, 2020. The purpose of this report is to identify the challenges and barriers in assisting these individuals to move into community-based services. The Specialists determined which categories (up to 2) best represented the greatest barrier(s) for the individual to move into a lower level-of-care using the descriptions below:

Safety Due to Behaviors:

This includes safety of the individual, as in areas of self-injury, leaving the home or work area without notifying staff if unsupervised time creates a risk of harm, behavior toward others that invites other to cause harm to the individual, or lack of understanding of illness or situations that place the individual at risk. A second, but equally important concern is safety of others, such as situations involving aggression, sexual assault, or fire-setting. The final concern would be the use of substances, when reintegrated into the community. These behaviors make it difficult for individuals to be served by community providers, due to the cost and ability to hire and maintain staff properly trained to effectively respond with the intensity or frequency of the behaviors.

Social Skills Underdeveloped:

This area has to do with the need for further social skill development. Disruptive behavior is at a level of intensity that people around the person are unwilling or unable to tolerate living, working, or socializing with the individual. This results in difficulty finding housing, jobs, and staff to support these individuals. Housemates may not have the opportunity to participate in activities because this person has to be removed from social events, as well as, the provider may have difficulty maintaining consistent staff due to burn out or repeated threats and accusations.

Health and Safety:

This category has to do with individuals with significant medical needs. Barriers tend to be a lack of understanding or willingness for individuals to seek proper medical treatment. Additionally, they may be older and/or medically fragile and need someone familiar with their medical needs to recognize signs of discomfort or medical need prior to the individual being able to verbally express this. Additionally, they may have many medications, which are difficult for a community provider to manage. Community providers are typically not equipped with medical personnel to be able to provide the needed medical care of these individuals.

Legal Issues:

Individuals on the sex offender registry or with aggressive criminal backgrounds have difficulty finding community providers and affordable housing, due to their legal issues.



Lack of Community Support – Income or Entitlements:

Individuals that do not have income or entitlements such as Medicaid or Social Security benefits, often have difficulty establishing services with community providers.

Lack of Community Support – Affordable Housing:

This area recognizes that individuals may want to live in a community of their choice but are unable to find affordable housing. Their community of choice could be for a variety of reasons, such as natural supports, familiarity, or provider choice.

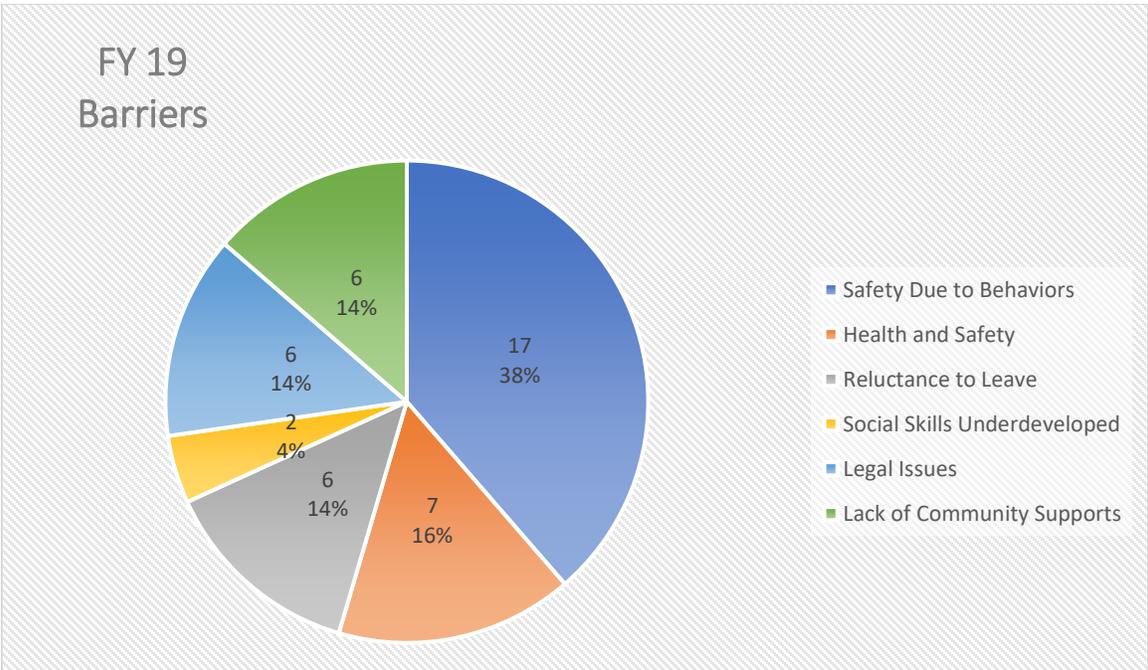
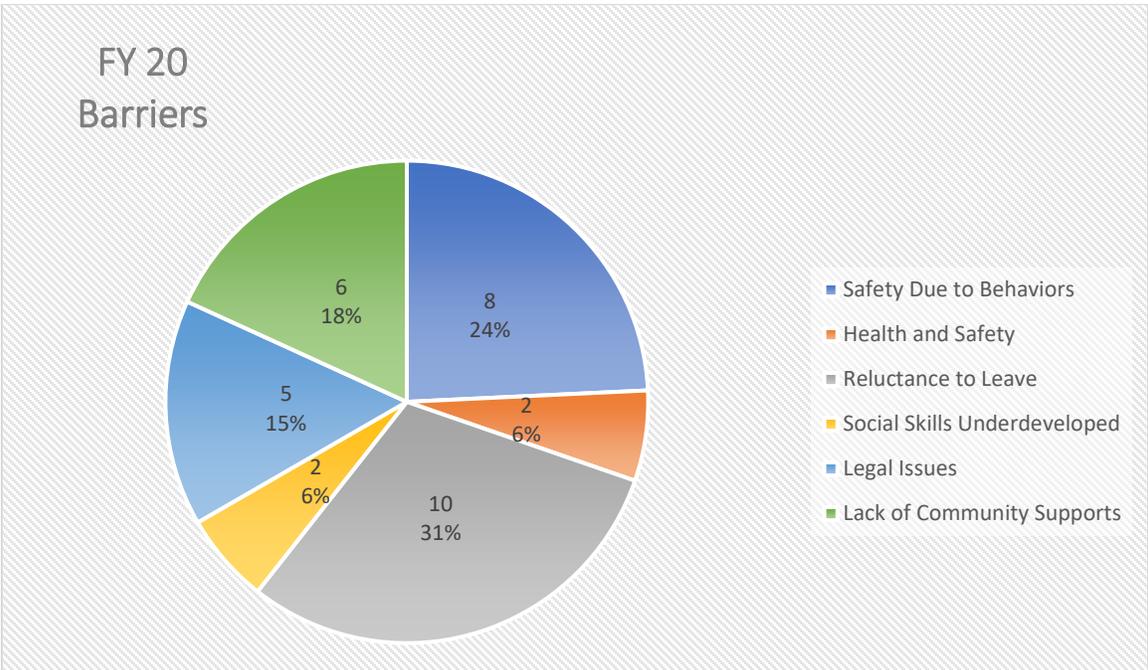
Family/Guardian/Individual/Provider Reluctance:

For many of the individuals living in congregate care settings, they have been there a significant period and are comfortable remaining in the current situation. Often, they have tried community services prior and the team (family, guardian, provider, etc.) express fear and concern about the individual's needs being met by a community provider. There is concerns expressed that the individual will be discharged from a community provider, experience hospitalization, or their health (physical and/or mental) will be jeopardized.

Summary:

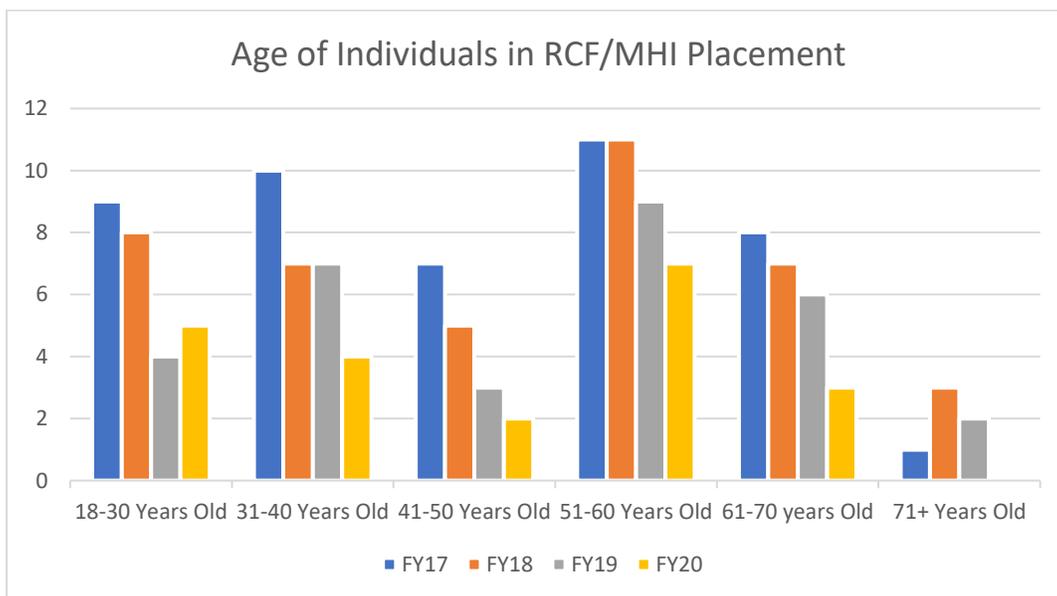
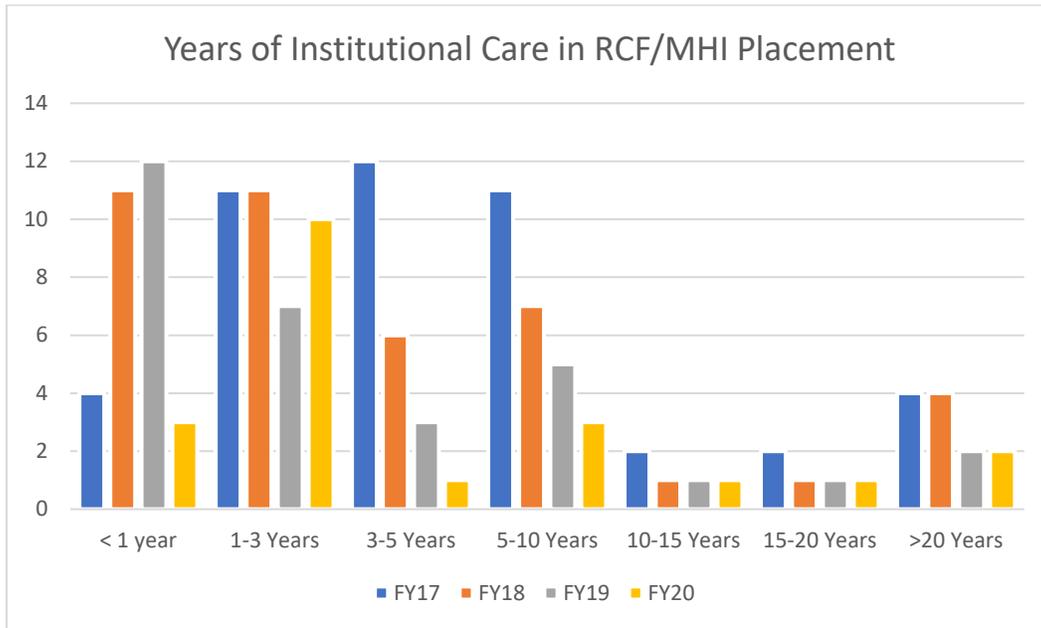
Based on the SC Specialists' caseload as of June 30, 2020, twenty-one individuals were considered in this barriers report (20 RCF and 1 MHI as of 6/30/20). The top two categories identified as barriers to moving to community-based services were reluctance to leave, with 10, and safety due to behaviors, with 8. These two represented 52% of the total barriers identified. Reluctance to leave, on the part of the client, their family, or in the providers reluctance to let them leave, has been an ongoing issue. However, this is the first year since tracking began that this category has garnered the most responses. The previous year, FY19, the top two responses were safety due to behaviors and health and safety, with 55% total. As the total number of individuals in institutional settings has declined, reluctance to leave has become a primary issue for individuals that have been in facilities for three or more years.





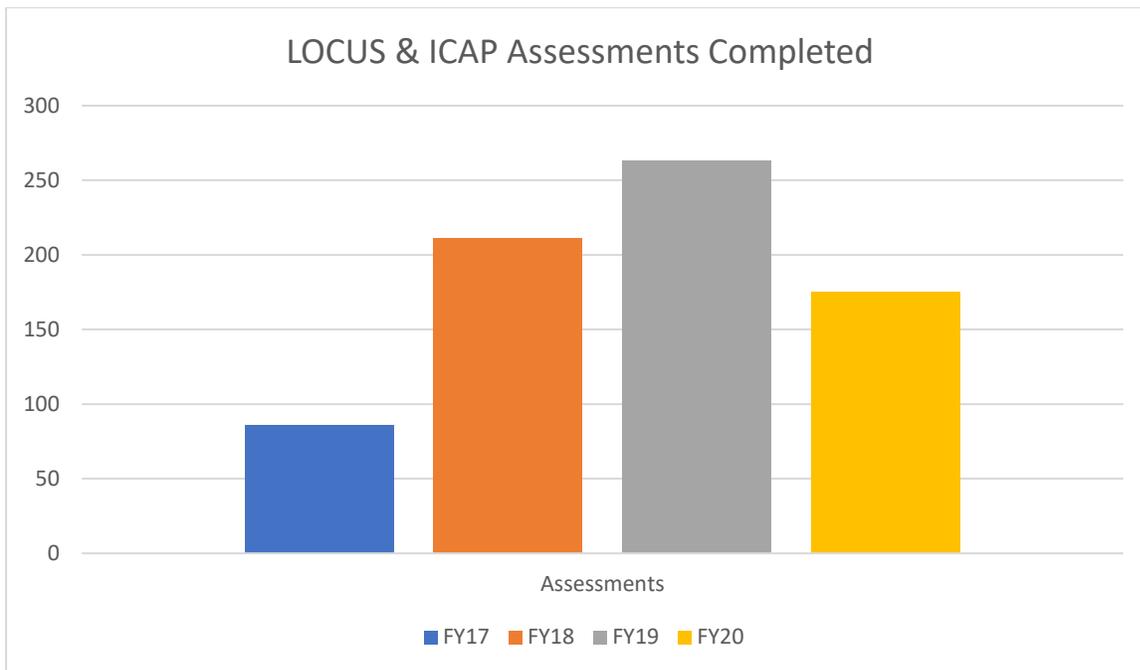
Another area we measure with the barriers report is the number of years the individuals have lived in institutional care. At the end of FY20, 62% of individuals in RCFs and MHI had been institutionalized for less than 3 years. This matched the percentage of last year. Shorter institutional stays have been noted since data began being tracked. In FY 18, 54% had been institutionalized less than 3 years and in FY17 only 33% of individuals had been institutionalized less than 3 years. We continue to utilize RCFs for individuals following incarceration or

hospitalization, as they are needing stabilization prior to entering community-based services. CICS continues to work on alternatives to this institutional care through the utilization of Sub-Acute services, Transitional Living (TLC) services, and expanded community-based residential services. We are also hopeful that the Intensive Residential Service Homes (IRSH) will meet the complex needs of those currently going to RCFs for stabilization or because they are unable to find a community-based service provider able and willing to accept them.



Assessments

In December 2016, CICS implemented the Level of Care Utilization System (LOCUS) assessment tool to assist in determining level of care and needed services for individuals with a mental illness diagnosis. Additionally, we utilize the Inventory for Client and Agency Planning (ICAP) assessment tool for individuals with Intellectual Disabilities (ID) and Development Disabilities (DD). The Service Coordination Specialists assess individuals when RCF, Transitional Living Center (TLC), or ongoing regionally funded services are requested. A standardized assessment is not currently utilized for those not needing ongoing regional funding (considered “gap” funding). In FY20, 175 assessments were completed, in contrast to 263 assessments in FY19, 211 assessments in FY18 and 86 assessments in FY17. The primary reason FY20 assessments were down was the elimination of 4 TLCs.



Medicaid Waiting List Funding

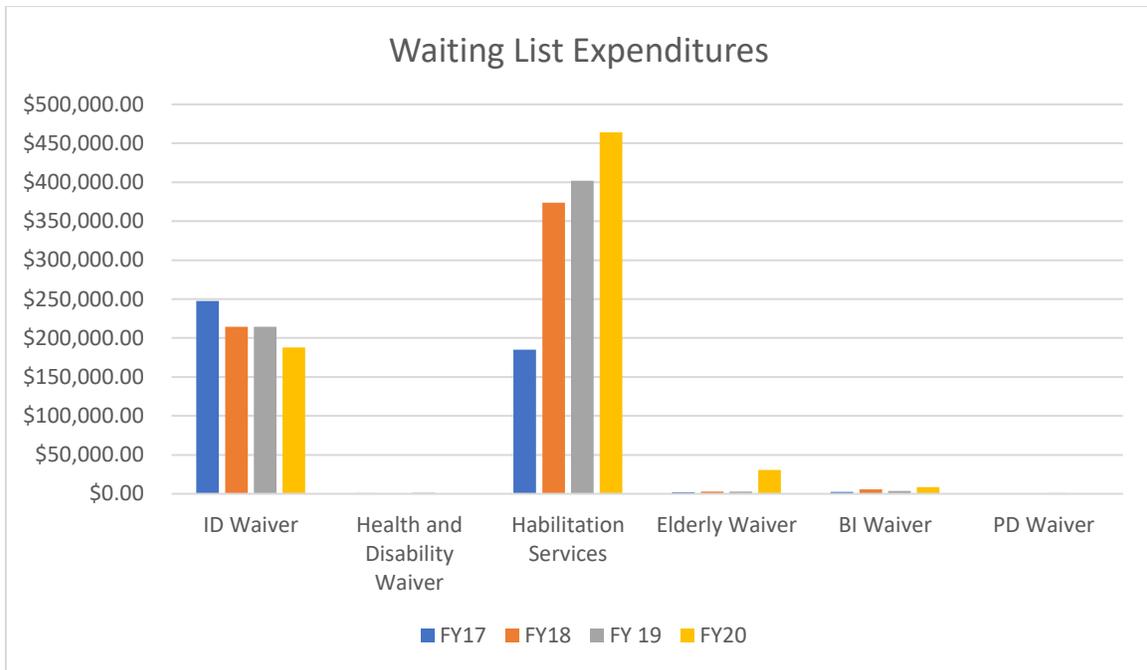
During FY17, CICS began tracking the Medicaid gap funding. CICS funded 141 individuals in FY20 who were waiting for Medicaid waiver funding. This is compared to 121 in FY19, 128 in FY18, and 114 in FY17. According to the Iowa Code, MHDS Regions are not required to fund individuals that are on a Medicaid waiting list. However, CICS implemented a policy that states we will fund minimum necessary services for individuals while they are waiting for Medicaid funding.

CICS expenditures for services that should be Medicaid funded continued to rise in FY20. CICS funded services totaling \$691,838.67 for these individuals in FY20 compared to \$624,567.51 in FY 19. This reflected a 10.8% increase in the expenditures and a 16.5% increase in the number of individuals from the previous year. In FY18 the total expenditures were \$597,152.37.

The funding streams for which individuals may be waiting for include Intellectual Disability (ID) Waiver, Health and Disability (H&D) Waiver, Habilitation Services, Elderly Waiver, Physical Disability (PD) and Brain Injury (BI) Waiver.

Medicaid Waiting List Information

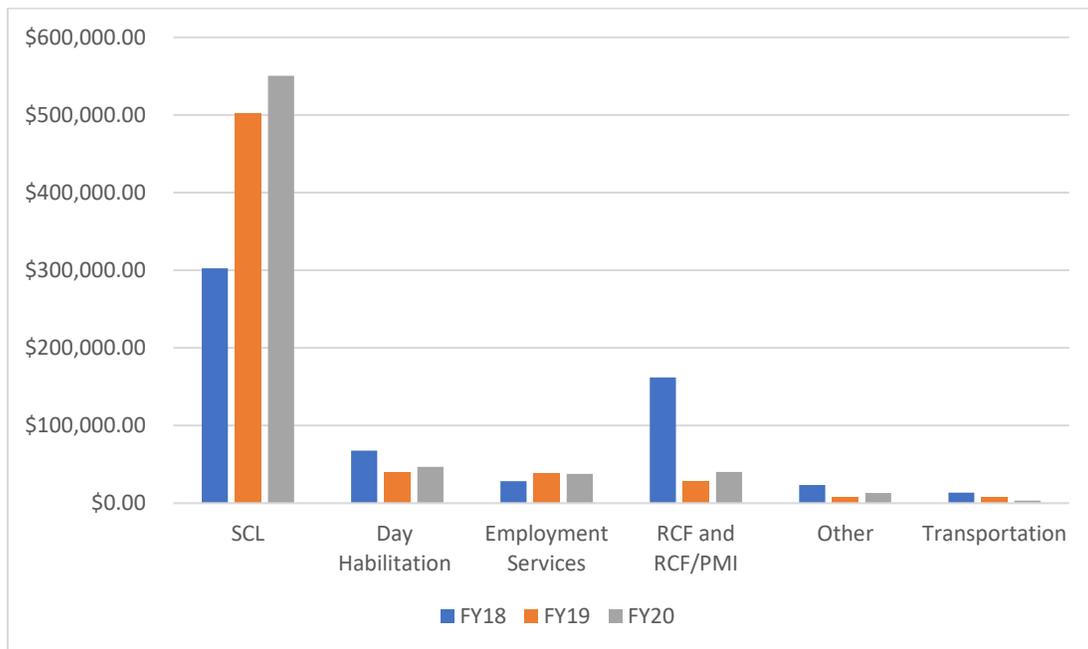
Waiver	FY18		FY19		FY20	
	Individuals Funded	Amount Paid	Individuals Funded	Amount Paid	Individuals Funded	Amount Paid
BI Waiver	3	\$5,754.13	2	\$3,481.77	2	\$8,720.40
Elderly Waiver	3	\$2,828.79	4	\$2,932.71	10	\$30,434.65
Habilitation Services	103	\$373,915.53	89	\$401,965.39	97	\$464,088.05
ID Waiver	19	\$214,653.92	23	\$214,324.74	29	\$187,770.97
H&D Waiver	0	\$0	2	\$1,069.06	1	\$410.90
PD Waiver	0	\$0	1	\$793.84	2	\$413.70
Total	128	\$597,152.37	121	\$624,567.51	141	\$691,838.67



Waiver	FY17	FY18	FY19	FY20
ID Waiver	56.5%	35.9%	34.3%	27.1%
Habilitation Services	42.2%	62.6%	64.4%	67.1%
BI Waiver	0.6%	1%	0.6%	1.3%
Elderly Waiver	0.5%	0.5%	0.5%	4.4%
Health and Disability Waiver	0.2%	N/A	0.2%	<1%
Physical Disability Waiver	N/A	N/A	0.1%	<1%

We continue to fund a variety of services for individuals waiting on Medicaid funding.

Service	FY18 Amount	FY18 %age Of Total	FY19 Amount	FY19 %age Of Total	FY20 Amount	FY20 %age Of Total
Supported Community Living (hourly & daily)	\$302,683.55	50.7%	\$502,031.64	80.4%	\$550,557.61	79.6%
Day Habilitation	\$67,487.04	11.3%	\$39,970.92	6.4%	\$46,903.65	6.8%
Employment Services	\$28,289.53	4.7%	\$38,871.36	6.2%	\$37,962.34	5.5%
RCF & RCF/PMI	\$162,056.54	27.1%	\$28,523.97	4.6%	\$40,116.36	5.8%
Other	\$23,236.39	3.9%	\$7,301.43	1.2%	\$13,072.65	1.9%
Transportation	\$13,399.32	2.2%	\$7,868.19	1.3%	\$3,226.06	.4%



Data was taken from paid claims in CSN, our online data system, where it was identified an individual was waiting for some type of Medicaid funding.

Exceptions to Policy

In addition to overseeing regional service coordination functions, the Coordination Officers review and approve funding authorizations to ensure compliance with the CICS Management Plan and eligibility policies.

The CICS Management Plan states that an Exception to Policy (ETP) may be considered in cases when an individual is significantly adversely affected by the regional eligibility policy. The Coordination Officers review the ETP request and submit a recommendation to the CEO. A written decision is issued to the individual requesting and the Service Coordinator submitting the ETP request.

In FY20, 28 ETP requests were submitted on behalf of 21 individuals. This is compared to 32 ETP requests on behalf of 27 different individuals for FY 19 and 48 ETP requests on behalf of 33 individuals in FY18. Of the 28 requests, 18 were approved as requested, 7 were approved with revisions, and 3 were denied. The requests that were approved with revisions were primarily changes in the funding length, number of units, or amount the client would be required to pay towards their services.

Requests were submitted for residents of 8 of the 11 CICS counties.

	FY19 ETP Requests	FY20 ETP Requests
Boone County	2	1
Franklin County	3	1
Greene County	1	1
Hamilton County	0	0
Hardin County	1	0
Jasper County	6	8
Madison County	1	0
Marshall County	2	2
Poweshiek County	1	3
Story County	11	11
Warren County	4	1
TOTAL	32	28

The ETPs granted were related to the following:

	FY18	FY19	FY20
Income: modifications or adjustments to income, required copayments, or household size	31	18	7
Resources: property or other resources	8	1	1
Maximum Housing Assistance: those needing more than allowed months of assistance per Housing Assistance Policy.	3	1	4
Rent in Subsidized Housing Units: those who were waiting for their rent to be adjusted based on income change	1	2	0
Level of Care: Funding programs for safety when the level of care assessments did not score at service needed	1	1	1
Other Basic Need: Gap and other funding beyond the amount allowed by regional policies.	0	9	15
TOTAL	44	32	28

The 3 denied ETP request were related to the following:

- A request to supplement Medicaid for an individual receiving ID Waiver services that did not meet the MCO criteria for the requested service.
- A request to exceed the agreed number of bed days funded at an RCF.
- A request to not charge a copayment for an individual whose income exceeded the MHDS Plan limits.