Five Year Proforma (January 21, 2020)

Revenue		FY20 Est		FY21 Budget		FY22		FY23		FY24		FY25
Property Tax/Fund Bal Transfer	\$	16,024,349	\$	13,651,744	\$	13,632,000	\$	13,959,000	\$	14,280,000	\$	14,280,000
Medicaid Reimbursement (TCM)	\$	160,000	\$	160,000	\$	160,000	\$	160,000	\$	160,000	\$,
I-START	\$	200,000	\$	200,000	\$	160,000	\$	200,000	\$	200,000	\$,
Misc.	\$	200,000	\$	200,000	\$	300,000	\$	200,000	\$	200,000	\$,
Total Revenue	\$	16,584,349	\$	14,211,744	\$	14,252,000	\$	14,519,000	\$	14,840,000	\$	14,840,000
Core												
Treatment	\$	704,268	\$	718,353	\$	745,140	\$	760,042	\$	775,243	\$	782,996
Crisis Services	\$	474,220	\$	483,704	\$	493,378	\$	503,246	\$	513,311	\$	
Support for Community Living	\$	1,724,460	\$	1,758,949	\$	1,824,537	\$	1,861,028	\$	1,898,249	\$	1,917,231
Support for Employment	\$	456,959	\$	466,098	\$	483,478	\$	493,147	\$	503,010	\$	508,040
Recovery Services	\$	81,023	\$	82,643	\$	85,725	\$	87,439	\$	89,188	\$,
Service Coordination	\$	1,682	\$	1,716	\$	1,780	\$	1,816	\$	1,852	\$	
Sub-acute Services	\$	107,200	\$	109,344	\$	113,421	\$	115,690	\$	118,003	\$,
Evidence Based Treatment	\$	406,632	\$	414,765	\$	430,230	\$	438,835	\$	447,612	\$	452,088
Mandated	\$	868,130	\$	885,493	\$	918,511	\$	936,882	\$	955,619	\$	965,175
Additional Core	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Justice System Involved Services	\$	332,566	\$	400,000	\$	408,000	\$	416,160	\$	424,483	\$	428,728
Evidence Based Treatment	\$	173,845	\$	177,321	\$	183,933	\$	187,612	\$	191,364	\$	193,278
Other Informational Services	\$	47,072	\$	48,013	\$	49,804	\$	50,800	\$	51,816	\$	52,334
Essential Community Living Support Services	\$	3,747,471	\$	3,822,420	\$	3,898,868	\$	3,976,846	\$	4,056,383	\$	4,137,510
Other Congregate Services	\$	2,551,483	\$	1,800,000	\$	1,836,000	\$	1,872,720	\$	1,910,174	\$	1,929,276
Administration	\$	1,500,000	\$	1,530,000	\$	1,560,600	\$	1,591,812	\$	1,623,648	\$	1,656,121
County Provided Case Mangement	\$	208,576	\$	212,747	\$	220,680	\$	225,094	\$	229,596	\$	231,892
Service Development	\$	1,675,000	\$	3,216,546	\$	3,030,000	\$	2,690,000	\$	2,690,000	\$	2,690,000
Service Development Total Expenditures	ĺ.	<i>1,675,000</i> 15,060,586	\$ \$	3,216,546 16,128,113	\$ \$	3,030,000 16,284,087		2,690,000 16,209,169	\$ \$	2,690,000 16,479,552		2,690,000
	\$				\$		\$	16,209,169	<i>.</i>		\$	
Total Expenditures	\$\$	15,060,586 1,523,763 12,123,763	\$	16,128,113	\$	16,284,087	\$	16,209,169	\$	16,479,552	\$	<u>16,679,381</u> (1,839,381)
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19	\$	15,060,586 1,523,763 12,123,763 10,600,000	\$	<u>16,128,113</u> (1,916,369) 10,207,395	\$ \$	<u>16,284,087</u> (2,032,087) 8,175,308	\$	<u>16,209,169</u> (1,690,169) 6,485,139	\$	<u>16,479,552</u> (1,639,552) 4,845,587	\$	<u>16,679,381</u> (1,839,381) 3,006,206
Total Expenditures Net Ending Reserve	\$\$	15,060,586 1,523,763 12,123,763	\$	<u>16,128,113</u> (1,916,369)	\$ \$	16,284,087 (2,032,087)	\$	<u>16,209,169</u> (1,690,169)	\$	<u>16,479,552</u> (1,639,552)	\$	<u>16,679,381</u> (1,839,381)
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19	\$\$	15,060,586 1,523,763 12,123,763 10,600,000	\$	<u>16,128,113</u> (1,916,369) 10,207,395	\$ \$	<u>16,284,087</u> (2,032,087) 8,175,308	\$	<u>16,209,169</u> (1,690,169) 6,485,139	\$	<u>16,479,552</u> (1,639,552) 4,845,587	\$	<u>16,679,381</u> (1,839,381) 3,006,206 18%
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19 Ending Fund Balance %	\$ \$ \$	15,060,586 1,523,763 12,123,763 10,600,000 80%	\$ \$	<u>16,128,113</u> (1,916,369) 10,207,395 63%	\$	<u>16,284,087</u> (2,032,087) 8,175,308 50%	\$	<u>16,209,169</u> (1,690,169) 6,485,139 40%	\$ \$	<u>16,479,552</u> (1,639,552) 4,845,587 29%	\$\$\$	<u>16,679,381</u> (1,839,381) 3,006,206 18%
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19 Ending Fund Balance % Per Capita Levy	\$ \$ \$	15,060,586 1,523,763 12,123,763 10,600,000 80% 35.18	\$ \$	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00	\$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00	\$ \$	<u>16,209,169</u> (1,690,169) 6,485,139 40% 33.00	\$ \$	<u>16,479,552</u> (1,639,552) 4,845,587 29% 34.00	\$\$	<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19 Ending Fund Balance % Per Capita Levy CSS Region Population	\$ \$ \$	15,060,586 1,523,763 12,123,763 10,600,000 80% 35.18	\$ \$	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00 426,617	\$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00 426,000	\$ \$	16,209,169 (1,690,169) 6,485,139 40% 33.00 423,000	\$ \$	16,479,552 (1,639,552) 4,845,587 29% 34.00 420,000	\$\$	<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00 420,000
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19 Ending Fund Balance % Per Capita Levy CSS Region Population Inflation Factor	\$ \$ \$	15,060,586 1,523,763 12,123,763 10,600,000 80% 35.18	\$ \$	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00 426,617	\$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00 426,000	\$ \$	16,209,169 (1,690,169) 6,485,139 40% 33.00 423,000	\$ \$	16,479,552 (1,639,552) 4,845,587 29% 34.00 420,000	\$\$	<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00 420,000 1.01
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19 Ending Fund Balance % Per Capita Levy CSS Region Population Inflation Factor Service Development:	\$ \$ \$ \$	<u>15,060,586</u> 1,523,763 12,123,763 10,600,000 80% 35.18 455,496	\$ \$	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00 426,617 1.02	\$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00 426,000 1.02	\$\$\$	16,209,169 (1,690,169) 6,485,139 40% 33.00 423,000	\$ \$	16,479,552 (1,639,552) 4,845,587 29% 34.00 420,000	\$ \$	<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00 420,000 1.01
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19 Ending Fund Balance % Per Capita Levy CSS Region Population Inflation Factor Service Development: YourLlfe Iowa Access Center Mobile Response	\$ \$ \$ \$	<u>15,060,586</u> 1,523,763 12,123,763 10,600,000 80% 35.18 455,496	\$ \$ \$ \$ \$ \$	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00 426,617 1.02 110,000	\$ \$ \$ \$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00 426,000 1.02 110,000 100,000 1,400,000	\$ \$ \$ \$ \$	<u>16,209,169</u> (1,690,169) 6,485,139 40% 33.00 423,000 1.02 -	\$ \$ \$ \$ \$	<u>16,479,552</u> (1,639,552) 4,845,587 29% 34.00 420,000 1.02	\$ \$ \$	<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00 420,000 1.01
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19 Ending Fund Balance % Per Capita Levy CSS Region Population Inflation Factor Service Development: YourLife Iowa Access Center Mobile Response Assertive Community Treatment	\$ \$ \$ \$ \$ \$ \$	<u>15,060,586</u> 1,523,763 12,123,763 10,600,000 80% 35.18 455,496 20,000	\$ \$ \$ \$ \$	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00 426,617 1.02 110,000 500,000	\$ \$ \$ \$ \$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00 426,000 1.02 110,000 100,000	\$ \$ \$ \$ \$ \$ \$	<u>16,209,169</u> (1,690,169) 6,485,139 40% 33.00 423,000 1.02 - 100,000	\$ \$ \$ \$ \$	<u>16,479,552</u> (1,639,552) 4,845,587 29% 34.00 420,000 1.02	\$ \$ \$ \$ \$	<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00 420,000 1.01
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19 Ending Fund Balance % Per Capita Levy CSS Region Population Inflation Factor Service Development: YourLlfe Iowa Access Center Mobile Response Assertive Community Treatment Intensive Residential Services	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	15,060,586 1,523,763 12,123,763 10,600,000 80% 35.18 455,496 20,000 90,000 10,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00 426,617 1.02 110,000 500,000 750,000 500,000	\$ \$ \$ \$ \$ \$ \$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00 426,000 1.02 110,000 100,000 1,400,000 500,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	16,209,169 (1,690,169) 6,485,139 40% 33.00 423,000 1.02 - 100,000 1,400,000 20,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<u>16,479,552</u> (1,639,552) 4,845,587 29% 34.00 420,000 1.02 - 100,000 1,400,000 20,000	\$ \$ \$ \$ \$	<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00 420,000 1.01 - 100,000 1,400,000 20,000
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19 Ending Fund Balance % Per Capita Levy CSS Region Population Inflation Factor Service Development: YourLlfe Iowa Access Center Mobile Response Assertive Community Treatment Intensive Residential Services Children Services	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	15,060,586 1,523,763 12,123,763 10,600,000 80% 35.18 455,496 20,000 90,000 10,000 50,000	\$ \$ \$ \$ \$ \$ \$ \$ \$	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00 426,617 1.02 110,000 500,000 750,000	\$ \$ \$ \$ \$ \$ \$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00 426,000 1.02 110,000 100,000 1,400,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	16,209,169 (1,690,169) 6,485,139 40% 33.00 423,000 1.02 - 100,000 1,400,000	\$ \$ \$ \$ \$ \$ \$ \$ \$	<u>16,479,552</u> (1,639,552) 4,845,587 29% 34.00 420,000 1.02	\$ \$ \$ \$ \$ \$ \$ \$ \$	<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00 420,000 1.01 - 100,000 1,400,000 20,000
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19 Ending Fund Balance % Per Capita Levy CSS Region Population Inflation Factor Service Development: YourLlfe Iowa Access Center Mobile Response Assertive Community Treatment Intensive Residential Services Children Services Road to Community	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	15,060,586 1,523,763 12,123,763 10,600,000 80% 35.18 455,496 20,000 90,000 10,000 50,000 1,300,000	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$<	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00 426,617 1.02 110,000 500,000 750,000 500,000 500,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00 426,000 1.02 110,000 100,000 1,400,000 500,000 750,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	16,209,169 (1,690,169) 6,485,139 40% 33.00 423,000 1.02 - 100,000 1,400,000 20,000 1,000,000	s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s	<u>16,479,552</u> (1,639,552) 4,845,587 29% 34.00 420,000 1.02 - 100,000 1,400,000 20,000 1,000,000		<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00 420,000 1.01 - 100,000 1,400,000 20,000 1,000,000
Total Expenditures Net Ending Reserve Ending Reserve Ending Reserve Ending Reserve Ending Fund Balance % Per Capita Levy CSS Region Population Inflation Factor Service Development: YourLlfe Iowa Access Center Mobile Response Assertive Community Treatment Intensive Residential Services Children Services Road to Community CIT	s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s	15,060,586 1,523,763 12,123,763 10,600,000 80% 35.18 455,496 20,000 90,000 10,000 1,300,000 10,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00 426,617 1.02 110,000 500,000 750,000 500,000 500,000 500,000 20,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00 426,000 1.02 110,000 1,00,000 1,400,000 500,000 750,000 20,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	16,209,169 (1,690,169) 6,485,139 40% 33.00 423,000 1.02 - 100,000 1,400,000 20,000 20,000	<mark>\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ </mark>	<u>16,479,552</u> (1,639,552) 4,845,587 29% 34.00 420,000 1.02 - 100,000 1,400,000 20,000 20,000		<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00 420,000 1.01 - 100,000 1,400,000 20,000 20,000
Total Expenditures Net Ending Reserve Ending Fund Balance % Per Capita Levy CSS Region Population Inflation Factor Inflation Factor Service Development: YourLife Iowa Access Center Mobile Response Assertive Community Treatment Intensive Residential Services Children Services Road to Community CIT ITP	s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s	15,060,586 1,523,763 12,123,763 10,600,000 80% 35.18 455,496 20,000 90,000 10,000 1,300,000 10,000 10,000	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$<	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00 426,617 1.02 110,000 500,000 750,000 500,000 500,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00 426,000 1.02 110,000 100,000 1,400,000 500,000 750,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	16,209,169 (1,690,169) 6,485,139 40% 33.00 423,000 1.02 - 100,000 1,400,000 20,000 1,000,000	s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s	<u>16,479,552</u> (1,639,552) 4,845,587 29% 34.00 420,000 1.02 - 100,000 1,400,000 20,000 1,000,000		<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00 420,000 1.01 - 100,000 1,400,000 20,000 20,000
Total Expenditures Net Ending Reserve Ending Fund Balance 6/30/19 Ending Fund Balance % Per Capita Levy CSS Region Population Inflation Factor Service Development: YourLlfe Iowa Access Center Mobile Response Assertive Community Treatment Intensive Residential Services Children Services Road to Community CIT ITP ACSC Cash Flow for MCO Claims	s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s	15,060,586 1,523,763 12,123,763 10,600,000 80% 35.18 455,496 20,000 90,000 10,000 1,300,000 10,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<u>16,128,113</u> (1,916,369) 10,207,395 63% 32.00 426,617 1.02 110,000 500,000 750,000 500,000 500,000 500,000 20,000 150,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<u>16,284,087</u> (2,032,087) 8,175,308 50% 32.00 426,000 1.02 110,000 1,00,000 1,400,000 500,000 750,000 20,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	16,209,169 (1,690,169) 6,485,139 40% 33.00 423,000 1.02 - 100,000 1,400,000 20,000 20,000	<mark>\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ </mark>	<u>16,479,552</u> (1,639,552) 4,845,587 29% 34.00 420,000 1.02 - 100,000 1,400,000 20,000 20,000		<u>16,679,381</u> (1,839,381) 3,006,206 18% 34.00 420,000 1.01 - 100,000 1,400,000 20,000 20,000
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COUNTY SOCIAL SERVICES 28E GOVERNING BOARD AGENDA

To: County Social Services Board Members Cc: County Social Services Stakeholders/Public is encouraged to attend From: Bob Lincoln

- Date: January 16, 2020
 - Date: Wednesday, January 22, 2020

Re: County Social Services Board Meeting Time: 1:00 PM

Place: Please participate by:

- 1. Joining us in Cresco, at the Howard County Fair Grounds, Featherlite Conference Center (north end of Historical Building) 314 West 7th Street.
- 2. Only CSS Directors will have remote access to the meeting by phone.

Vision Statement: County Social Services connects persons experiencing complex life-changing challenges with innovative resources and supports to assist them in moving towards hopeful and happy lives.

Mission Statement: County Social Services increases community inclusion and capacity through nurturing partnerships.

Goal 1: County Social Services will deliver research/evidence-based community health care management throughout the region.

Goal 2: Create a budget that provides sufficient funds for risk and cash flow, invest in increased capacity and competency and to expand coverage to relieve other tax funded supports, resulting in affordable health care.

Goal 3: Reduce acute and institutional care. Increase community and crisis services for all lives. Community inclusion resulting in customized employment.

No Finance Committee

9:00 AM to Noon Strength Based Case Management Summit

1:00 PM County Social Services Board Meeting Agenda

- 1. Call County Social Services Board Meeting to order
- 2. Introductions and welcome by host. Director Murray
- 3. Approve today's agenda and the minutes of December 4, 2019
- 4. Move Roy Schwickerath from Vice Chair to Chair; Craig White from Secretary/Treasurer to Vice Chair. Discussion/Action
- 5. HR Committee presentation of nomination for Secretary/Treasurer. Discussion/Action
- 6. Provider feedback-Marcia Oltrogee
- 7. Consumer feedback-Eric Donat

Human Resources- HR Committee

- 8. Update on the transition to One Employer.
- 9. Raina Kellogg transitioned from Floyd County employment to CSS on January 1,2020. She received her last full check on December 20th believing that it was for the period worked from December 1st to December 13th (the dates listed on the time sheet she submitted prior to receiving her check the following Friday, December 20th). I would ask the CSS Board to approve allocation of her full two-week salary for the pay period of December 14 to December 27 and prorated payment for December 30th and 31st. This adjustment should apply to any other CSS team members that lost anticipated pay transitioning to CSS. The HR Committee will be reviewing all staff next month and making any additional recommendations for team members negatively impacted. Discussion/Action
- 10. Bob Lincoln has been elected to serve on the NAMI Iowa Board of Directors for the next two years to support their mission to serve as a catalyst around advocacy, education, support and public awareness so that all Iowans affected by mental illness can build better lives. Does CSS support the allocation of time and travel expenses for this role? Discussion/Action

Programs

- 11. The Road to the Community Project with Prairie View is moving forward. To facilitate the downsizing of the residential care facility to 16 beds or below (so services become eligible for Medicaid reimbursement) CSS will buy down beds at a rate of \$31,990 for each CSS client served in the facility on or after March 1, 2020. Prairie View agrees to charge no further fees for those individuals until they are transitioned to a Medicaid reimbursed service. This buy down will give Prairie View the resources to maintain staffing, add sprinklers, and remodel the facility into welcoming efficiencies that will offer subacute, crisis residential stabilization, habilitation, waiver and intensive residential support homes. (40*\$31,990=\$1,279,600). Discussion/Action
- 12. Due to the number and benefit of allowing our Network Providers to serve 5 individuals, exceeding the current cap 4 in the administrative rules under Medicaid Waiver with MHDS Region approval; CSS hereby authorizes the CEO to grant approval on behalf of the CSS Board and regularly report such action taken. Discussion/Action
- 13. North Iowa Juvenile Detention Center that is ramping up our Access Center in Waterloo has not been paid by Iowa Total Care since they took over July 1, 2019 and United Health Care left the state still owing \$40,000. North Iowa Juvenile Detention Center is requesting \$185,000 from CSS to cashflow these outstanding claims

so they can move forward with implementation of the Access Center and will return a portion or all of the \$185,000 collected from the MCOs. Discussion/Action

14. 70 statewide organizations are urging policymakers to fix the patchwork of services that is putting our children's mental health and well-being at risk. CSS is asked to join and support these 70 agencies under the Coalition to Advance Mental Health in Iowa for Kids legislative agencies. Discussion/Action

Organizations

15. The following is the CSS Board of Directors meeting dates for 10:00 AM. The Executive Committee and Human Resource Committee will meet the Wednesday prior to a Board Meeting in Charles City at the Floyd CSS Office at 10:00 AM. All other committees assigned will meet at 9:00 AM prior to the Board Meeting. Discussion/Action

a.	February 26, 2020	Humboldt County	Approve Cost of Living
b.	March 25, 2020	Kossuth County	Approve Service Plan FY21
c.	April 22, 2020	Quadrant Advisory Committee	es
d.	May 27, 2020	Mitchell County	
e.	June 24, 2020	Pocahontas County	
f.	July 22, 2020	Tama County	HIPPA Training
g.	August 5, 2020	Cerro Gordo CSS Office	CSS Annual Retreat
h.	August 26, 2020	Quadrant Advisory Committee	es
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j.	October 28, 2020	Winneshiek County	Legislative Meeting
k.	November 18, 2020	Annual Advisory Committee	FY2020 Annual Report
1.	December 2, 2020	Wright County	Levy Determination
m.	January 27, 2021	Allamakee	FY2022 Budget/ Sec/Tre Election
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- 16. Swisher and Cohrt, PLC, our legal counsel, has requested a rate increase to the standard public fee of \$185 per hour effective January 1, 2020. Discussion/Action
- 17. To standardize our reimbursement of occupancy cost, the following formula is being proposed. CSS will calculate the occupied space in our county owned facilities. The Auditor will calculate the total occupied space in the building (excluding common areas, rest rooms etc.). The Auditor will then calculate the percentage that CSS occupies in the building and use this percentage to bill CSS for any identified building expenses. CSS will reimburse occupancy twice a year or annually. Bills must be submitted before July 31st for the previous fiscal year. Capital expenditures must have prior approval. Cost must be verifiable. Discussion/Action
- 18. Worth, Winnebago and Kossuth County have met with the Executive Committee and are request the following actions to facilitate their transition to North West Care Connections July 1, 2020:
 - a. Be allowed to retain any office furniture, equipment and supplies purchased from Fund 10 that are retained in their CSS Offices June 30, 2020.
 - b. CSS to notify all Network Providers and enrolled clients residing in the three counties by April 1st that contracts and support services will end June 30, 2020 with contact information to reenroll with NW Care Connections.
 - c. Provide NW Care Connections with an estimated budget for the three counties based on current region expenditures.
 - d. Allow Worth and Winnebago to raise their per capita levy for fiscal year 2021 not to exceed \$43.65 as determined by NW Care Connections.
 - e. Submit a population percentage of the FY2020 accrual fund 10 balance to NW Care Connections no later than December 31, 2020 less any owed or unallocated dollars.
- 19. Winnebago County has submitted a request for proportional reimbursement for capital improvements to the court house in the amount of \$14,625. Discussion/Action
- 20. November, December Monthly Summary Report and claims approval. Discussion/Action
- 21. FY2021 Budget and review of levy request. Discussion/Action

Consent Agenda

- 22. Authorize Chair to sign provider agreements and rate requests. Discussion/Action
 - a. Youth Shelter Care of North Central Iowa, Inc for Youth Crisis Residential Stabilization, \$360/day
 - b. University of Iowa Hospital and Clinics \$154 per hour
 - c. ISAC Health Plan
 - d. Cerro Gordo Hospital Referee Agreement
- 23. Exception to Policy Report. Discussion/Action
- 24. CEO's Updates: Governor's Funding Proposal
- 25. Adjourn Next CSS Board Meeting: Wednesday, February 26, 10:00 AM, Humboldt County, Professional Services Building, 101 1st Ave. NW, Clarion, Iowa

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9:00 AM to Noon **Strength Based Case Management Summit** 1:00 PM

County Social Services Board Meeting Agenda

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- 2. Introductions and welcome by host. Director Murray
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December 2019 County Social Services Board Minutes

The December 2019 County Social Services Board Meeting was held in Hancock County at the Garner Public Library on Wednesday, December 4, 2019 at 10:00 A.M.

Present: Greg Barnett, Butler; Chris Watts, Cerro Gordo; Jacob Hackman, Chickasaw; Sharon Keehner, Clayton; Roy Schwickerath, Floyd; Gary Rayhons, Hancock; Pat Murray, Howard; Sandy Looney, Humboldt; Barb Francis, Mitchell; Bill Jensvold, Winnebago; Floyd Ashbacher, Winneshiek; Ken Abrams, Worth; Karl Helgevold, Wright; Marcia Oltrogge; Provider Rep.

Absent: Dennis Koenig, Allamakee; Craig White, Black Hawk; John Pluth, Emmett; Jeanine Tellin, Fayette; Jim Ross, Grundy; Donnie Loss, Kossuth; Clarence Siepker, Pocahontas; Larry Vest, Tama; Mark Campbell, Webster

Guests: Aaron McHone, Jay Ricke, Pam Moldovan, Brodie Long, Heather Curtis, Bobbie Jensen, Lori Jurgens, Todd Rickert, Alison Hauser, Megan Taets, Karen Dowell, Lisa Trainer

Prior to Board Meeting the Finance Committee met at 9 am to review:

- 1. Review monthly summary report.
- 2. Review ETP report.
- 3. Review MHDS per capita expenditures for FY19/discuss FY21 levy.
- 4. Depository and signatures on the account.
- 1. Vice Chair, Schwickerath called the meeting to order.
- 2. Introductions and welcome were done by host, Director Rayhons.
- 3. Motion by Watts, Cerro Gordo and Second by Francis, Mitchell to approve today's agenda and approve minutes from October 23, 2019 minutes. Motion carried.
- 4. Provider Feedback presented by Marcia Oltrogge with written material provided.
- 5. Consumer Feedback presented by Eric Donat.
- 6. Motion by Hackman, Chickasaw and Second by Barnett, Butler to approve Eric Donat at Consumer Representative for period January 1, 2020 through December 31,2021. Motion carried.
- 7. Discussion on the selection of Secretary/Treasurer for CSS Board. No action taken.
- 8. Motion by Murray, Howard and Second by Loney, Humboldt to approve designating Jeanine Scott as Project Manager for the transition of financial functions effective December 2, 2019. Motion carried.
- 9. Motion by Abrams, Worth and Second by Helgevold, Wright to approve 10 paid Holidays for CSS Staff. Motion passed.
- 10. Motion by Loney, Humboldt and Second by Francis, Mitchell to approve four new I-START staff. Motion carried.
- 11. Motion by Hackman, Chickasaw and Second by Keehner, Clayton to approve Adoption of 457 Plan through Nationwide. Roll call vote: Motion carried.

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

12. Motion by Loney, Humboldt and Second by Helgevold, Wright to approve transition to Tyler Technologies for internal financial functions. Motion carried.

- 13. Motion by Francis, Mitchell and Second by Murray, Howard to approve Mobile Response Contract with Berryhill Community Mental Health Center. Motion Carried.
- 14. Motion by Abrams, Worth and Second by Hackman, Chickasaw to approve Mobile Response Contract Seasons Center. Motion Carried.
- 15. Motion by Barnett, Butler and Second by Loney, Humboldt to approve Mosaic request for 5 bedroom home. Motion carried.
- 16. Motion by Loney, Humboldt and Second by Francis, Mitchell to approve UnityPoint Rural Access Hospitals (Fort Dodge, Humboldt, and Pocahontas Hospitals) to provide telepsychiatry. Motion passed.
- 17. Motion by Murray, Howard and Second by Rayhons, Hancock to approve Fiscal Year 2019 Annual Report with the addition of a note regarding The Spectrum loan payoff.
- 18. Motion by Hackman, Chickasaw and Second by Keehner, Clayton to approve additional Allocation request from Kossuth County. Motion carried.
- 19. Motion by Loney, Humboldt and Second by Francis, Mitchell to approve opening bank account at Farmers State Bank in Waterloo and authorize Karen Dowell, Chief Operating Officer and Lisa Trainer, Finance Manager and Bob Lincoln, Chief Executive Officer to access and legally deposit and distribute funds. Roll call vote: motion carried.

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

- 20. Motion by Abrams, Worth and Second by Helgevold, Wright to approve lease with Systems Unlimited for ECR I-START Office space. Motion carried.
- 21. Motion by Murray, Howard and Second by Loney, Humboldt to approve lease with Hancock County Health Systems for Office space. Motion carried.
- 22. Motion by Barnett, Butler and Second by Loney, Humboldt to accept Monthly Summary Report. Motion carried.
- 23. Motion by Hackman, Chickasaw and Second by Helgevold, Wright to approve with following amendment: Move per capita levy to \$34.00 for Fiscal Year 2021 with exception of Kossuth County levy at \$43.65. Motion carried.
- 24. Motion by Hackman, Chickasaw and Second by Murray, Howard to authorize Chair to sign Provider Rate Sheets. Motion carried.
 - a Rise, Ltd
 - b Lifeworks Community Services
- 25. Motion by Keehner, Clayton and Second by Francis, Mitchell to accept Exception to Policy Report. Motion carried.
- 26. Administrator Updates: Strength Based Case Management Kickoff January 22, 2020
- 27. Motion by Hackman, Chickasaw and Second by Abrams, Worth to adjourn. Next CSS Board Meeting will be Wednesday, January 22, 2020 at 1 pm in Howard County.

Provider Report

January 2020

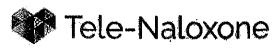
I received a question about the plans for the Conservator/Guardian/Payee program at BHC with a recent retirement of Susan Schreiber. Providers believe the program is crucial to the community and needs to continue.

Providers would like a brief summary report on the Access Center and how it is working out.

Legislative session is in full swing. Priorities for many providers are:

- Increase access and ensure sustainability of Behavioral Health Services
- Require MCOs to contract with community-based professionals to ensure whole-person, patient-centered and coordinated care
- Fund telehealth services
- Stable and reliable funding for behavioral health and children's services
- Programs to support workforce growth and retention

There is a new program called Tele-Naloxone that is a collaborative efforts between the University of lowa and lowa Department of Public Health. I encourage you to share this information in your counties. Many families cannot afford to purchase Naloxone to have on hand due to the high cost. This allows people to have it available at no cost. It is not just for family members or individuals with SUD concerns. Providers and community members also qualify if they are likely to be in situations where they may encounter someone who has overdosed. https://www.naloxoneiowa.org/telenaloxone



Tele-Naloxone is a partnership between the lowa Department of Public Health and University of Iowa Health Care,

These organizations understand that you might not be comfortable asking for naloxone from your family doctor, a local pharmacy or a community organization; and that's okay.

With this program you will simply visit with a pharmacist by tele-medicine, directly from your smart phone or taptop, and get FREE naloxone delivered to your door.

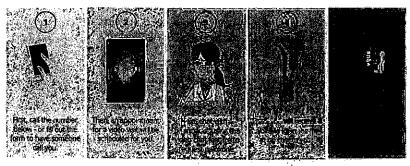




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Tuesday: 8:00am - 4:00pm	
Wednesday: 8:00am - 8:00pm	
Thursday: 8:00am - 4:00pm	18
Friday: 8:00am - 4:00pm	Ċ.
Saturday: 8:30am - 12:30pm	k.
Sunday: Closed	ĺ.
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returned within one business day.	Ř.
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Harra at On

How does it work?



Remember, this service is always free to you and your participation is confidential. Your insurance will not be billed for your visit or your natoxone. This is possible with support from the Iowa Department of Public Health.

Get Started Now!

*o/s

If you are ready to have Naloxone on hand call us today at 319-678-7825 or fill out this contact form and we will reach out to you.

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What is the best time of day to reach y	out	

5

This project is to facilitate the transition of Prairie View's residential care facility into a transitional recovery hub for the east quadrant of County Social Services. The hub will support keeping individuals in the community and assist them to transition back to the community.

Rationale

Prairie View has built an expertise in serving individuals with complex needs transitioning from acute psychiatric inpatient care. They have served individuals across the state and have been the primary "go to" for inpatient units struggling to discharge individuals who have gained maximum benefit from inpatient care but have recovery needs that require a medically monitored setting that will support medication management of their complex conditions. Prairie View has struggled with the community perception that their program has become a magnet for challenging individuals who, at times, overwhelm local law enforcement and medical services. In response and in partnership with these stakeholders Prairie View has charted a course to downsize and transition their focus to serving their community (east quad) and away from long-term institutional residential support services.

County Social Services is committed to this vision and will support the transition through value-based contracting that will provide economic incentives. These economic incentives will be client focused with the outcome to transition individuals to supports covered by their medical insurance when possible. This will create a sustainable network of quality care while leveraging CSS dollars to reduce ongoing costs to our property tax payers.

Plan

Goal One

Downsize the Fayette residential care facility to a 16-bed unit making it a reimbursable setting for Medicaid. The 16-beds will include a combination of subacute, intensive residential support services and a few long-term residential beds for individuals unable to make the transition to the community. Subacute level of care will replace residential care facility level of care for individuals transitioning from acute psychiatric inpatient.

Action Steps

- Prairie View will complete an assessment of the facility with the Department of Inspection and Appeals to identify upgrades and investments necessary for licensing the subacute beds. (Target date 11/1/2019)
- Prairie View will add subacute to their array of services with Iowa Medicaid Enterprise and the two Managed Care Organizations. This level of care reimburses at \$400 per day through Medicaid and allows length of stay 10-14 days based on medical necessity. (7/1/2020)
- Prairie View will set a time table for transition and downsizing that is client focused that supports individual choice of where they live and how they receive support for their recovery. (1/1/2020 to 6/30/2020)
- 4. CSS will provide incentive (value-based) funding to support Prairie View for effective outcomes. CSS would fund individuals at PV on 1/1/2020 at the current per diem for a negotiated period (i.e. 6 to 12 months). PV would be paid this amount and allowed to retain any savings realized by transitioning them to a Medicaid funded service prior to this defined period and be at risk to serve individuals beyond this period at no cost to CSS. The savings realized by PV would be used

to ensure adequate staffing, invest in any needed physical plant improvements and recruitment of additional professional staff. (12/10/2019)

- 5. CSS would agree to fund any individuals approved for placement in a subacute bed beyond medical necessity (psych-social necessity) until alternative placement or enough supports are in place to return to the community. (ongoing)
- CSS will provide a Project Manager to ensure strong communication and accountability for shared outcomes. The Regional Coordinator will also provide care coordinators to assist with the transition. (12/1/2019-7/1/2020)
- 7. CSS will facilitate collaboration with ACSC that has a subacute facility. (ongoing)

Goal Two

Prairie View will launch an Assertive Community Treatment Team. CSS is required to have this available by July 1, 2021 and is consistent with the CSS mission to expand community-based service options. This interdisciplinary treatment team approach will provide the continuity of care from facility back to home. This will allow individuals to stay in their homes and limit the need for "placement" services.

Action

- 1. Prairie View will complete a search for a psychiatric provider for the ACT team and to perform rounds in the subacute setting. (7/1/2020)
- 2. CSS will collaborate with the recruitment of a psychiatric provider to assist with economic barriers. PV will also explore the use of telepsychiatry services. (7/1/2020)
- 3. PV will secure MCO contracting for ACT services. This will allow PV to immediately bill Medicaid once they begin enrollment of individuals in the third month at the fidelity rate of no more than 6 individuals a month until they are a full program of about 36.
- 4. CSS will provide a funding commitment for two months of total cost reimbursement. On the third month CSS will cover the cost incurred above the amount they are able to bill Medicaid until the program reaches the agreed upon sustainable population. At the end of the negotiated start up period CSS will reimburse the documented net costs to PV.
- 5. CSS will provide technical assistance for the start-up and fidelity review.
- 6. CSS will facilitate collaboration with state resources i.e. RHD, Berryhill, University of Iowa Hospital and Clinics.



December 18, 2019

To Whom It May Concern,

Our agency is seeking approval of an exception to policy as it pertains to our members' needs. Chapter 77.37(14) in the Iowa Administrative Code reads as the following:

The department shall approve living units designed to serve up to four persons except as necessary to prevent an overconcentration of supported community living units in a geographic area. f. The department shall approve a living unit designed to serve five persons if both of the following conditions are met:

(1) Approval will not result in an overconcentration of supported community living units in a geographic area. (2) The county in which the living unit is located provides to the bureau of long-term care verification in writing that the approval is needed to address one or more of the following issues: 1. The quantity of services currently available in the county is insufficient to meet the need; 2. The quantity of affordable rental housing in the county is insufficient to meet the need; or 3. Approval will result in a reduction in the size or quantity of larger congregate setting

We believe that it is in our members' best interest to have a 5th member reside in a residence that currently houses three daily IDW members and one hourly IDW member. The member for which we are seeking an exception to policy has been with our agency for over five years and has benefited greatly from the services in place. Recently, his mental health symptoms have increased and he is in need of additional staff support and supervision. We believe that he is best served by remaining with our agency, receiving the increase in structure and support that can be provided to him at this site. Additionally, this member would be moving from a geographical area that has a high concentration of community members served by various community providers to an area of less population of such.

If you have questions, please reach out to myself, Sarabeth Tschantz, Quality Assurance Specialist, at <u>stschantz@cvcss.com</u> or by phone at (319) 826-3421 ext. 203. Our Director of Operations, Melody Moser, can assist you as well. Melody can be reached at <u>mmoser@cvcss.com</u> or (319) 826-3421 ext. 202.

Thank You

Sarabeth Tschantz Quality Assurance Specialist

Approved Office Form 9/9/2018

CANHI4 KIDS

The Coalition to Advance Mental Health in Iowa for Kids (CAMHI4Kids) represents more than 70 statewide organizations urging policymakers to listen to Iowans and invest in fixing the patchwork of services that is putting our children's mental health and well-being at risk. A fully funded children's behavioral health system will allow families to know where to turn when they need help and will allow Iowans to access the same array of services regardless of where they live. Mental health is connected to social, emotional, and cognitive development and is a foundation for a healthy life, healthy community, and healthy state. When we ensure children's mental health needs are met, they are more likely to do better in school, graduate and more likely to be healthy, productive adults in our community.

House File 690 provided a great start and framework for a system to support children's mental health in Iowa; now we need to provide adequate and sustainable funding for it. Our children are our future. Tapping into their potential is vital to our state's well-being. As Iowans, if we choose to invest in a fully-funded children's behavioral health system, we are choosing to invest in the things that make our communities stronger and ensure that every child meets their fullest potential.

As a first step to fund a comprehensive children's mental system, CAMHI4Kids asks the Legislature to:

- 1) Ensure adequate, predictable, and sustainable funding for Iowa's mental health system across the lifespan.
 - a. Ensure sustainable regional funding for mental health services across the state.
 - b. Increase Medicaid provider reimbursement rates to give lowans better access to essential services and address workforce shortages.
- 2) Expand access to policies and programs that support prevention, early identification and early intervention for children's social-emotional development so that we can mitigate long-term, chronic, and expensive health conditions later in life.
 - a. Ensure that all children receive EPSDT-covered screenings and treatment.
 - b. Expand programs that have proven successful and cost efficient, such as the 1st Five Healthy Mental Development Initiative and System of Care.
- 3) Fully fund children's mental health crisis services, including the statewide hotline and costs associated with providing local mobile crisis services (training, capacity, dispatch, etc.).

Cash Summary Report For Period Ending 11/30/2019 YTD 42%



Revenue		Budget	Ρ	rior Month	Cu	rrent Month		YTD	% YTD	
Property Tax/Fund Bal Transfer	\$	16,435,220	\$	-	\$	5,080,181	\$	5,125,181	31%	
Medicaid Reimbursement (TCM)	\$	212,600	\$	14,535	\$	-	\$	81,359	38%	
I-START	\$	100,000	\$	24,000	\$	34,400	\$	79,061	79%	
Misc.	\$	497,000	\$	10,525	\$	10,302	\$	318,374	64%	
Total Revenue	\$	17,244,820	\$	49,060	\$	5,124,883	\$	5,603,974	32%	_
Domain										
Core										
Treatment	\$	1,170,000	\$	92,890	\$	67,822	\$	285,372	24%	
Crisis Services	\$	2,661,000	\$	35,758	\$	59,687	\$	182,694	7%	
Support for Community Living	\$	2,624,800	\$	131,640	\$	174,392	\$	705,895	27%	
Support for Employment	\$	650,000	\$	34,968	\$	42,898	\$	184,734	28%	
Recovery Services	\$	180,000	\$	8,916	\$	8,129	\$	30,718	17%	
Service Coordination	\$	60,000	\$, <u>-</u>	\$	280	\$	280	0%	
Sub-acute Services	\$	50,000	\$	1,600	\$	9,600	\$	44,400	89%	1
Evidence Based Treatment	\$	1,355,000	\$	43,112	\$	46,837	\$	168,470	12%	
Mandated	\$	1,000,000	\$	83,819	\$	76,763	\$	364,681	36%	
Additional Core										
Justice System Involved Services	\$	447,000	\$	31,828	\$	29,366	\$	146,247	33%	
Evidence Based Treatment	\$	105,000	\$	16,451	\$	15,168	\$	67,194	64%	2
Other Informational Services	\$	96,722	\$	3,233	\$	4,590	\$	20,116	21%	
Esential Community Living Support	\$	4,013,200	Ŝ	338,605	Ŝ	317,336	\$	1,569,455	39%	
Services	•	-,_ · _,	Ŧ	,	Ŧ	011,000	Ŧ	1,000,100	0070	
Other Congregate Services	\$	2,500,000	\$	207,499	\$	254,308	\$	1,059,048	42%	
Administration	\$	1,500,000	\$	100,139	\$	80,377	\$	587,183	39%	
County Provided Case Mangement	\$	212,600	\$	19,714	\$	17,892	\$	88,767	42%	
Total Expenditures	\$	18,625,322	\$	1,150,171	\$	1,205,445	\$	5,505,254	30%	

December 2019 Claims								
12/3/2019	\$508,247.92							
12/10/2019	\$281,591.97							
12/17/2019	\$167,066.15							
12/24/2019	\$163,079.61							
TOTAL	\$1,119,985.65							

Ending Cash Balance 12/24/19 \$9,885,792.94

1 Non-Medicaid funded individuals needing sub-acute							
2 More social support access than we had anticipated							
Last 3 Months' Per Capita Annualized Expenditure Rate:	\$	28.92					
Year-to-Date Per Capita Annualized Expenditure Rate:	\$	28.86					

Cash Summary Report For Period Ending 12/31/2019 YTD 50%

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Revenue		Budget	P	rior Month	Cu	rrent Month		YTD	% YTD	
Property Tax/Fund Bal Transfer	\$	16,435,220	\$	5,080,181	\$	1,503,525	\$	6,628,706	40%	
Medicaid Reimbursement (TCM)	\$	212,600	\$	-	\$	-	\$	81,359	38%	
I-START	\$	100,000	\$	34,400	\$	-	\$	79,061	79%	
Misc.	\$	497,000	\$	10,302	\$	10,607	\$	328,981	66%	
Total Revenue	\$	17,244,820	\$	5,124,883	\$	1,514,132	\$	7,118,106	41%	_
Domain										_
Core										
Treatment	\$	1,170,000	\$	67,822	\$	66,762	\$	352,134	30%	
Crisis Services	\$	2,661,000	\$	59,687	\$	54,416	\$	237,110	9%	
Support for Community Living	\$	2,624,800	\$	174,392	\$	156,335	\$	862,230	33%	
Support for Employment	\$	650,000	\$	42,898	\$	43,746	\$	228,479	35%	
Recovery Services	\$	180,000	\$	8,129	\$	9,793	\$	40,511	23%	
Service Coordination	\$	60,000	\$	280	\$	561	\$	841	1%	
Sub-acute Services	\$	50,000	\$	9,600	\$	9,200	\$	53,600	107%	1
Evidence Based Treatment	\$	1,355,000	\$	46,837	\$	34,846	\$	203,316	15%	
Mandated	\$	1,000,000	\$	76,763	\$	69,385	\$	434,065	43%	
Additional Core										
Justice System Involved Services	\$	447,000	\$	29,366	\$	20,036	\$	166,283	37%	
Evidence Based Treatment	\$	105,000	\$	15,168	\$	19,728	\$	86,922	83%	2
Other Informational Services	\$	96,722	\$	4,590	\$	3,420	\$	23,536	24%	
Essential Community Living Support	\$	4,013,200	\$	317,336	\$	304,281	\$	1,873,735	47%	
Services	Ŧ	.,,	Ŧ	0.1,000	¥	001,201	¥	1,010,100	11 /0	
Other Congregate Services	\$	2,500,000	\$	254,308	\$	216,693	\$	1,275,742	51%	
Administration	\$	1,500,000	\$	80,377	\$	86,067	\$	673,250	45%	
County Provided Case Mangement	\$	212,600	\$	17,892	\$	15,521	\$	104,288	49%	
Total Expenditures	\$	18,625,322	\$	1,205,445	\$	1,110,789	\$	6,616,043	36%	

January 20	20 Claims
1/7/2020	\$5,780.60
1/14/2020	\$65,679.95
TOTAL	\$71,460.55

Ending Cash Balance 1/31/2020

1 Non-Medicaid funded individuals needing sub-acut	e	
2 More social support access than we had anticipate	d	
Last 3 Months' Per Capita Annualized Expenditure Rate:	\$	30.29
Year-to-Date Per Capita Annualized Expenditure Rate:	\$	28.90

County Social Services Exception to Policy and Reconsiderations - November 2019

Clients	-	Decision	Impact
1	Day Habilitation & Supported	Funding until services are found that member's waiver will fund.	\$ 712.30
2	Community Living Guardian/Conservator	Member refuses to see a doctor or psychiatrist on a regular basis but the service is needed.	\$ 150.00
3	Supported Community Living - Home Based	Waive copay for 6 months, once member is eligible for MEPD there will not be a copay.	\$ 765.00
4	Homemaker/Home Health Aid	Gap funding until waiver starts funding, applied 6-2018, no slot yet.	\$ 200.00
5	Supported Community Living	Gap funding until waiver starts funding.	\$ 1,330.80
6	Individual Supported Employment	Current waiver does not fund this service, member is on a wait list for waiver that will fund, IVRS was funding, ended 3-31-19, without funding member is at risk of losing employment.	\$ 361.58
7	Day Hab & Supported Community Living	Current waiver does not fully fund, is on the ID waiver waiting list, CSS funds remainder after EW pays.	\$ 8,188.41
8	Supported Employment Services	Service coordinator having problems securing diagnosis and intake paperwork.	\$ 361.58
9	RCF Maintenance Fees	Member has income and refused to pay RCF maintenance fees due to poor decision-making. ETP funding ends 11-30-19, RCF will be member's payee 12-1-19.	\$ 875.56
10	Basic Needs - Rent Payments	Finances changed due to spouse's removal from home, member is seeking employment, only income is child support.	\$ 100.00
11	Supported Community Living - Home Based	Service coordinator met with MCO 9-13-19, assessment for hab is scheduled for October 2019, gap funding until waiver starts funding.	\$ 1,020.00
12	Community Based Settings-Other	ETP awaiting waiver funding, member was private pay and exhausted private funds.	\$ 4,324.40
13	Residential Care Facility	Current EW does not fully fund, is on the ID waiver waiting list, case manager was asked to pursue HAB funding as an option.	\$ 3,884.30
14	Supported Community Living	Gap funding until waiver starts funding (gap funding started mid-month).	\$ 255.00
15	Supported Community Living	Service coordinator working on securing proper documentation of member's disability.	\$ 510.00
16	Day Habilitation	Gap funding until waiver starts funding (gap funding started 11-23-19).	\$ 297.88
17	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	\$ 649.14
18	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	649.14
19	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	649.14
20	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	376.92
21	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	\$ 1,298.28
22	Basic Needs - Rent Payments	Member's child's other parent was hurt at work and could not help providing for child, member was short for rent, member and child would be evicted if full rent wasn't paid.	\$ 159.00
23	Basic Needs - Rent Payments	Member is blind, is in need of a payee, receives MH services but does not have 2 MH hospitalizations.	\$ 550.00
24	Day Habilitation	The plan is to build physical stamina & reliability for pre-voc services then decrease or replace day hab funding (current waiver does not fund day hab).	\$ 1,100.00
25	Day Hab & Transportation	Member's waiver doesn't fund for these services, just respite, needs day hab, otherwise isolates.	\$ 827.31

Clients	County Social Services Exe Service	ception to Policy and Reconsiderations - December 2019 Decision		Impact
1	Day Habilitation & Supported	Funding until services are found that member's waiver will fund.	\$	712.30
2	Community Living Guardian/Conservator	Member refuses to see a doctor or psychiatrist on a regular basis	\$	150.00
3	Supported Community Living Home	· · · · ·	\$	765.00
	Based	a copay.	4	
4	Homemaker/Home Health Aid	Gap funding until waiver starts funding, applied 6-2018, no slot yet.	Ş	200.00
5	Supported Community Living	Gap funding until waiver starts funding.	\$	1,330.80
6	Individual Supported Employment	Current waiver does not fund this service, member is on a wait list for waiver that will fund, without funding member is at risk of losing employment.	\$	361.58
7	Day Hab & Supported Community Living	Current EW does not fully fund, is on the ID waiver waiting list, CSS funds remainder after EW pays.	\$	8,188.41
8	Basic Needs - Rent Payments	Finances changed due to spouse's removal from home, member is seeking employment, only income is child support.	\$	100.00
9	Supported Community Living	Gap funding until waiver starts funding.	\$	1,774.40
10	Day Habilitation	Gap funding until waiver starts funding.	\$	731.98
11	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	\$	649.14
12	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	\$	649.14
13	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	\$	649.14
14	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	\$	376.92
15	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded.	\$	1,298.28
16	Community Based Settings-Other	ETP awaiting waiver funding, member was private pay and exhausted private funds.	\$	4,324.40
17	Supported Community Living - Home based	Gap funding until waiver starts funding, MCO funding possibly starting 1-1-2020.	\$	1,020.00
18	Supported Community Living	Gap funding until waiver starts funding.	Ś	510.00
20	Basic Needs - Rent Payments	Member is blind, in need of a payee, receives MH services but does not have 2 MH hospitalizations as needed per CSS policy.	Ş	550.00
21	Basic Needs - Rent Payments	Member needs assistance to prevent eviction.	\$	550.00
22	Basic Needs - Rent Payments	Member needs assistance to prevent eviction.	\$	554.00
23	Basic Needs - Rent Payments	Member needs assistance to prevent eviction.	\$	50.00
24	Day Habilitation	The plan is to build physical stamina & reliability for pre-voc services then decrease or replace day hab funding (current waiver does not fund day hab).	\$	1,100.00
25	Day Hab & Transportation	Member's waiver doesn't fund for these services, just respite, needs day hab, otherwise isolates.	\$	827.31
26	Residential Care Facility	Current EW does not fully fund, is on the ID waiver waiting list, case manager was asked to pursue HAB funding as an option.	\$	3,884.30
27	Voc/Day - Supported Employment Services	Funding to allow time for case worker to secure documents needed for eligibility.	\$	67.67

Approximate monthly impact: \$ 31,374.77

Plan
OWD
Buvd

					New Max Levy
	Region	FY 2019 Actual	FY 2020	Property Tax	\$12.50 Per
Region	Population	Expenditures	Max Levy	Reduction	Capita
Central lowa Community Services	337,038	\$ 12,082,568	\$ 11,964,849	\$ 7,751,874	\$ 4,212,975
County Rural Offices of Social Services	78,318	4,258,244	3,064,583	2,085,608	978,975
County Social Services (CSS)	457,834	13,334,172	19,984,454	14,261,529	5,722,925
Eastern Iowa MHDS Region	300,308	12,978,788	9,243,480	5,489,630	3,753,850
Heart of lowa Region	103,483	3,344,645	2,674,001	1,380,464	1,293,538
MHDS of the East Central Region	595,913	19,055,573	21,756,784	14,307,872	7,448,913
Northwest lowa Care Connections	62,307	1,874,363	1,887,902	1,109,065	778,838
Polk County Health Services	481,830	20,895,629	14,874,092	8,851,217	6,022,875
Rolling Hills Community Services Region	197,659	3,413,834	8,457,829	5,987,092	2,470,738
Sioux River MHDS	71,872	3,885,776	2,191,377	1,292,977	898,400
South Central Behavioral Health Region	78,597	4,248,549	3,716,066	2,733,604	982,463
Souteast lowa Link (SEIL)	162,772	5,960,661	6,934,087	4,899,437	2,034,650
Southern Hills Regional Mental Health	29,368	1,019,134	1,204,969	837,869	367,100
Southwest lowa MHDS Region	188,412	6,520,725	8,574,630	6,219,480	2,355,150
TOTAL	3,145,711	\$ 112,872,661	\$ 116,529,103	\$ 77,207,716	\$ 39,321,388