

**IOWA DISTRICT COURT, FIFTH JUDICIAL DISTRICT**

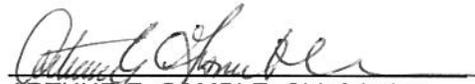
IN THE MATTER OF THE APPOINTMENT OF THE MENTAL HEALTH ADVOCATE FOR DECATUR COUNTY, IOWA

ADMINISTRATIVE ORDER 2012-13

**COMES NOW** the Chief Judge of the Fifth Judicial District who finds that Decatur County is without a Mental Health Advocate and finds it appropriate to appoint a new advocate at this time.

**IT IS THEREFORE ORDERED** that Mary L. Johnston is hereby appointed to be the Mental Health Advocate of Decatur County, Iowa, effective as of the date of this order. Compensation shall be at a rate of \$14.50 per hour, plus reasonable expenses as set forth in Administrative Order 2005-60 (copy attached), at the expense of Decatur County, Iowa as provided in Section 229.19, Code of Iowa. Claims shall be filed in accordance with the procedures set forth in Administrative Order 2005-60.

Done this 12 day of April, 2012.

  
ARTHUR E. GAMBLE, Chief Judge  
Fifth Judicial District of Iowa

Copies to:

Mary L. Johnston  
Traci Tharp, Decatur and Wayne Counties Clerk of Court  
Decatur County Board of Supervisors  
Decatur County Attorney  
Decatur County Auditor  
Decatur County CPC

FILED  
DECATUR COUNTY, IA  
2012 APR 12 AM 11:52  
CLERK DISTRICT COURT

**IOWA DISTRICT COURT, FIFTH JUDICIAL DISTRICT**

**IN RE: MENTAL HEALTH ADVOCATE  
COMPENSATION CLAIMS AND  
HEARINGS**

**ADMINISTRATIVE ORDER 2005-60**

**WHEREAS** Iowa Code Section 229.19 provides that the Court, in counties where the Board of Supervisors does not appoint the Mental Health Advocate, shall prescribe a reasonable rate of compensation for the services of the Mental Health Advocate, and the actual compensation of the advocate shall be based upon reports filed by the advocate with the Court, for payment by the applicable County to which the Mental Health Advocate is appointed;

**AND, WHEREAS** the County responsible for payment of the advocate's compensation is entitled to notice and hearing on the advocate's claims for compensation before allowance and entry of order for payment;

**IT IS THEREFORE ORDERED THAT:**

1. Filing of Claims: Mental Health Advocates of the Fifth Judicial District appointed by the Court shall file their claims for compensation on a monthly basis and shall submit their claims in the manner prescribed in this Order unless otherwise agreed upon in writing (e.g. resolution, contract, 28E Agreement) by the Mental Health Advocate and applicable County, as approved by the Chief Judge. The claims shall be filed with the Clerk of the District Court in the county responsible for the claim within twenty (20) days of the applicable month's end.

2. Approval of Claims: The Clerk of District Court shall deliver the claim to a District Court Judge no later than the next Court Service Day following the filing of the Advocate's claim. The District Court Judge shall, by order, set a time and place for hearing on the Advocate's claim, and shall direct the Clerk of the District Court to give notice thereof to the Advocate, the Board of Supervisors, and the County Attorney of the appropriate county. The Clerk of District Court shall append to the notice of hearing a file stamped copy of the Advocate's claim. A District Court Judge shall preside over the hearing on the Advocate's claim for compensation.

a. In lieu of a hearing on the Advocate's claim, the Advocate may, prior to filing the claim with the Clerk of District Court, obtain from the Board of Supervisors or County Attorney of the appropriate county, a waiver of the hearing on the compensation claim. The waiver shall be in the form of a statement endorsed upon the claim, to-wit: "Hearing on this claim is waived, \_\_\_\_\_ County, Iowa, by \_\_\_\_\_, Chairperson, Board of Supervisors or \_\_\_\_\_, County Attorney.

b. All claims bearing this or substantially similar endorsements shall be delivered to the Clerk of District Court who shall deliver such claim to a District Court Judge, who shall, without hearing, review the claim, allow appropriate compensation and expenses, and order the payment of the claim by the appropriate county. Upon approval, the claim shall be submitted by the Clerk of Court to the applicable county CPC or other appropriate county staff person as designated by the County for payment. Court approved claims shall be paid in a timely manner by the appropriate county entity.

3. Claim Itemization: All claims for compensation by the Mental Health Advocate shall be itemized with the following information and submitted with appropriate supporting documentation including corresponding patient identification number(s) for patient specific services rendered (see Section 5 below):

a. Dates and location of services rendered, with applicable mileage pursuant to Section 4 below (travel voucher or equivalent county form is acceptable documentation);

- b. List of the type of services rendered with corresponding time frames:
- Travel;
  - Patient visits;
  - Records review;
  - Communications with medical or treatment personnel, or other pertinent parties including other patient communications;
  - Iowa Code Section 229.9A Hospitalization hearings;
  - Administrative duties (e.g. preparing reports and claims, attending meetings, conferences or seminars related to duties); and
  - Other reasonable advocate services or actions within the scope of Iowa Code Section 229.19.
- c. Itemized list of reasonable business expenses associated with maintaining an office out of the MH Advocate's residence, including but not limited to necessary office supplies, postage and telephone calls, if not otherwise provided for by the County.

4. Domicile for Travel: For purposes of calculating travel mileage reimbursement if not otherwise agreed to in writing pursuant to Section 1 above, if the MH Advocate is a resident of the county he or she is appointed to serve, the designated office of the Advocate shall be the Advocate's place of residence (home office), unless the County has otherwise provided reasonable office accommodations at the county seat in proximity to the courts and/or CPC location. If the MH Advocate is appointed to serve in a county(ies) other than the Advocate's county of residence, travel reimbursement shall be calculated from the Advocate's residence or the county seat in the Advocate's county of residence, whichever is less.

5. Patient Identification Numbers: As noted above in Section 3, Advocates' claims for reimbursement shall clearly identify patient specific services rendered with the individual patient for whom services were rendered, noting the patient involved by a patient identification number. The Advocate shall then maintain a separate confidential list of the patient identification numbers and the corresponding actual patient names. Such confidential list shall be placed in a sealed envelope marked "Confidential - pursuant to Iowa Code Section 22.7" and shall be attached to the Advocate's claims for services submitted to the Clerk of Court pursuant to Section 1 above. Such confidential sealed envelope shall be available to the Court and the County for purposes of review, however this confidential list shall be safeguarded at all times as a confidential record not available for public inspection.

6. Compliance: The procedures set out herein shall be substantially adhered to when considering mental health advocate claims for compensation within the Fifth Judicial District. This administrative order hereby updates and supersedes Administrative Order 1992/02, In Re: Hearing on Mental Health Advocate Claim for Compensation, and is effecting upon signing.

Dated the 28th day of November 2005.

*/s/ARTHUR E. GAMBLE, CHIEF JUDGE*  
Fifth Judicial District of Iowa

**Copies to:**

All Fifth Judicial District Judges  
All Fifth Judicial Clerks of District Court  
All Fifth Judicial District County Attorneys  
All Fifth Judicial District County Auditors  
Supreme Court Liaison Justice Marsha Ternus

All Fifth Judicial District Mental Health Advocates  
All Fifth Judicial District Boards of Supervisors  
All Fifth Judicial District County CPC's  
State Court Administrator  
Fifth Judicial District Court Administrator