

CHAPTER 207
RESIDENTIAL SERVICES FOR ADULTS

[Prior to 2/11/87, Human Services[498]]

PREAMBLE

These rules define the residential services program for handicapped adults administered by the Iowa department of human services. This program provides habilitation, rehabilitation and related services for adults who are not able to live independently because of a physical or mental handicap or developmental disability. Persons enrolled in this program must live in a licensed, 24-hour-per-day residential care facility operated by a service provider.

Residential services are individually planned for each person by the person's interdisciplinary team and are based on assessments by a physician and other relevant professional people. These services are integrated with the room and board, supervision, personal care, and other services required of residential care facilities by licensure regulations.

The residential services program is one in a continuum of service programs available to Iowa's handicapped adults. Its purpose is to provide services which will enable handicapped adults to achieve or maintain their optimum in self-care, self-reliance and independence. Upon completion of this program, persons may advance into a community supervised apartment living arrangement or an independent living arrangement or return to their families or other previous living arrangements. They would then have increased knowledge, skills and interests, and be better able to care for themselves and contribute to the work in their households.

These rules describe the residential services program for handicapped adults in the department's purchase of services program.

441—207.1(234) Definitions.

"Department" means the Iowa department of human services.

"Individual program plan" means a written goal-oriented plan of care and services developed for a person by the person's interdisciplinary team.

"Interdisciplinary team" means a group of people representing the client, the provider, the department and relevant professionals, who plan, monitor and replan the care and services for a person.

"Provider" means an organization which has a written purchase-of-service agreement with the department to furnish residential services.

"Qualified professional" means personnel who meet the following professional standards:

1. *"Qualified physician"* means a person licensed to practice medicine and surgery under the provisions of Iowa Code chapter 148, or to practice osteopathic medicine and surgery under Iowa Code chapter 150A.

2. *"Qualified social worker"* means a person who is licensed as a social worker under Iowa Code chapters 147 and 154C, or who is certified as a social worker by the Academy of Certified Social Workers, or who holds a bachelor's or master's degree in social work from an accredited college or university, or who has a bachelor's degree in a field other than social work from an accredited college or university and three years of social work experience under the supervision of a qualified social worker and who, in all cases, has one year or more of experience in providing services to physically or mentally handicapped persons.

3. “*Qualified psychologist*” means a person who is licensed to practice psychology under Iowa Code chapters 147 and 154B or who has at least a master’s degree in psychology from an accredited college or university and specialized training, or one year or more of postgraduate experience, in providing services to physically or mentally handicapped persons.

4. “*Qualified nurse*” means a person who holds a bachelor’s degree in liberal arts or a bachelor of science degree from an accredited college or university and is a registered nurse under the provisions of Iowa Code chapter 152 and has one year or more of experience under the supervision of a qualified professional in providing services to physically or mentally handicapped persons.

“*Reserve bed days*” means a payment mechanism which allows state supplementary assistance and social service block grant residential care payments to continue for a specified period during a recipient’s vacation, visitation or hospitalization. The purpose of these payments is to enable recipients to pay providers to “hold” their bed in the residential care facility and their enrollment in the providers’ program during prescribed absences.

“*Residential services*” means a program of habilitation, rehabilitation, and other services which will enable adults who are unable to live independently, due to handicapping physical or mental conditions or developmental disability, to achieve or maintain their optimums in self-care, self-reliance and independence.

“*Residential services*” includes the following component services: basic living skills training, social living skills training, independent living skills training; health screening services; leisure-time and recreational services, special treatment services, behavior therapy, support services, transportation, and transition services.

“*Respite care*” means a program of residential services for handicapped adults, provided on a temporary basis, for up to 36 days per year, to give needed relief to the handicapped adult person’s usual caregiver(s). Respite care is one of the department’s Title XIX waiver programs.

441—207.2(234) Eligibility requirements. Residential services shall be available to anyone who meets the eligibility requirements for services from the department, as defined in rule 441—130.3(234) and the following additional conditions:

207.2(1) The person must be handicapped because of a physical, mental or developmental condition and therefore require supervision, personal care or other assistance on a daily basis to live in reasonable safety and comfort.

207.2(2) The person must live in a residential care facility or a residential care facility for the mentally retarded which is licensed by the department of public health and which operates a program of care to serve adults.

207.2(3) A licensed physician of medicine or osteopathy must complete Form SS-1719-0, Physician’s Report, certifying that the person needs care, personal services or supervision on a daily basis but does not need nursing services and the person’s needs can be met in a licensed residential care facility. The Physician’s Report shall be completed yearly and used for all redeterminations of eligibility.

207.2(4) Persons are eligible for those specific components of residential services which:

- a. Are needed to enable them to achieve or maintain self-care, self-reliance or independence.
- b. Have been planned for them by their interdisciplinary team and are included in their individual program plan.
- c. Are directed toward the goals specified in 441—subrule 130.7(1), paragraph “b,” “d,” or “e.”

441—207.3(234) Services provided. Recipients of residential services receive both purchased services and direct services.

207.3(1) Direct services. Social casework services shall be provided to persons by a department service worker, as described in rule 441—130.6(234). This may be a part of case management services, as described in 441—Chapter 24.

207.3(2) Purchased services. Persons shall be provided the components of purchased residential services which are required by their individual program plan. The component services in purchased residential services shall include the following:

a. Basic living skills training: Instruction, planned experiences and guidance in activities which are essential to a person's successful functioning in daily living. It includes training in self-help, physical development, socialization, and personal health.

(1) *Self-help training:* Services which enable a person to develop the knowledge, habits and skills essential to care of the self. It includes training in the areas of eating and drinking, toileting, bathing and grooming, dressing and undressing, and physical movement.

(2) *Physical development training:* Services which enhance motor and sensory development and services which enable the person to acquire or maintain the knowledge, attitudes and skills needed for physical fitness. It includes special training and physical exercise programs.

(3) *Personal health training:* Services designed to enable the person to develop the knowledge, habits and skills essential to maintain good personal health and avoid the spread of disease. It includes training in the areas of personal hygiene and sanitation, nutrition, sickness, communicable disease, medication and health habits.

b. Social living skills training: Instruction, planned experiences and guidance in matters which are essential to a person's successful functioning in interpersonal and group relationships and in the activities of the family, neighborhood and community. It includes socialization training and communication training.

(1) *Socialization training:* Services designed to enable the person to develop self-awareness, self-control, social responsiveness, interpersonal and group relationship skills, social amenities, and other useful personal characteristics and social skills.

(2) *Communication training:* Instruction and guided practice in verbal, nonverbal and written language provided to develop the person's receptive and expressive communication and knowledge of communication techniques and processes.

c. Independent living skills training: Planned instruction and experiences and guidance in matters which are essential to a person's management of personal property, physical environment, personal and family business affairs and community living. It includes arithmetic training and training in meal preparation and menu planning, laundry and care of clothing, housekeeping, use of telephone, money management, time management, travel, shopping, banking, the use of other private businesses and of public services, and personal safety.

Arithmetic training: Services designed to enable the person to develop number recognition and skills in the numerical computations useful in daily living, such as counting, making change, telling time, addition and subtraction.

d. Health screening services: Examination, testing and study of persons to identify and assess their physical, mental and sensory problems or conditions. These are provided by members of the health professions for the purpose of early detection and referral of persons for treatment of acute and chronic health conditions and correction of or compensation for sensory deficits.

e. Leisure time and recreational services: Instruction, planned activities and guidance provided to persons to help them develop recreational, social, hobby and cultural skills and the ability to use leisure time constructively. Activities include tours, performances, lectures, training experiences and guided active or spectator participation in crafts, games, gardening, sports, the arts and other avocational pursuits.

f. Special treatment services: Services which reduce or eliminate the personal and social problems and functional limitations associated with acute and chronic physical, mental or developmental conditions. These are provided by individuals licensed by the state or certified by their professions and include occupational therapy, physical therapy, psychotherapy, and speech therapy.

g. Behavior therapy: Behavior modification programs, including token economy, positive reinforcement and other programs planned by a qualified psychologist or other qualified professional trained in this treatment modality. In behavior therapy, the desirable and undesirable behaviors of persons are identified and prescribed measures are taken by caretaker and professional staff to change, modify or reinforce the behaviors.

h. Support services: Counseling, guidance and other services provided to enable persons to resolve problems, achieve understandings, enhance their personal development or make successful adaptations to their environment, living arrangement, the significant people in their lives, and to their conditions of work and programs of training and service.

(1) Counseling consists of planned interviews and discussions provided on an individual, small group or family basis.

(2) Guidance consists of coaching, advising, modeling, encouragement and informal instruction or correction provided to instruct or to reinforce or change the behavior or performance of persons.

i. Transportation: Movement of persons from one place to another in a car, van or bus to enable them to receive services or meet essential needs. This may be provided to persons on an individual or group basis and by public or private-sector carrier.

j. Transition service: Case-planning, counseling, consultation and other services which enable persons to make a successful transition and adaptation to a new living arrangement or job or training program.

441—207.4(234) Administration.

207.4(1) Providers eligible. The department may purchase residential services from a provider who meets the requirements in 441—Chapter 150 for purchase of service contracts and who meets the following additional conditions. The provider:

a. Must have a licensed residential care facility, which is used as a living arrangement and also as a training site for recipients of residential services.

b. Must arrange a day activity program for each client based upon the client's individual program plan.

c. Must be able to furnish all of the components of residential services either directly or through subcontracting as allowed in subrule 207.4(2).

207.4(2) Provisions of components. The provider must furnish the components of residential services to persons in its residential service program either directly or by written contract or agreement with another source as follows:

a. The support services, including counseling and guidance, the program of behavior therapy and transition services shall be provided directly by provider staff.

b. The provider may subcontract for some, but not all of each of the following components: Leisure-time and recreational services, independent living skills training, social living skills training, and basic living skills training services. These services, whether subcontracted or not, shall be provided by qualified professionals or by people who work under their direction and supervision.

c. The provider may provide directly or subcontract for health screening services and special treatment services. These services must be provided by or under the direction and supervision of individuals who are licensed by the state of Iowa or certified by their professions to provide the services to be rendered.

d. The provider may provide directly or subcontract for transportation services with providers meeting the requirements of 441—subrule 150.5(3)“*d.*”

207.4(3) Payment. The following policies shall apply to payment for residential services under the department’s purchase of services program:

a. Services eligible. Payment may be made for only those services described in subrule 207.3(2). Prevocational, vocational and religious training services are not eligible for payment.

b. Subcontracted services. The provider agency shall include all residential services furnished by subcontract in their unit cost.

c. Unit of service. For payment purposes, one day of service to a client shall be considered a unit of service.

d. Rate of payment. Payment for residential services shall be determined by the department’s rate setting procedures described in rule 441—150.3(234).

e. Out-of-state placement. Payment for residential services provided by an agency out of Iowa shall be determined in accord with rule 441—150.3(234).

207.4(4) Reserve bed days. The policies governing reserve bed days for service payment shall be the same as those established for reserve bed days in the department’s state supplementary assistance residential care program. (See 441—subrule 52.1(3), paragraphs “*e*” and “*f*.”)

441—207.5(234) Method of provision. Residential services must be integrated with the standards and requirements of state licensure for residential care facilities, contained in the department of inspections and appeals rules 481—Chapters 57, 60, and 62. In addition, the requirements of the department’s state supplementary assistance residential care program apply for persons who are recipients of that program. Other considerations regarding service planning and service delivery are as follows:

207.5(1) Interdisciplinary team. Residential services shall be individually planned for each person by the person’s interdisciplinary team.

a. Membership. The interdisciplinary team shall include, at minimum:

(1) The person, and as appropriate, the person’s representative as designated by the person or the court.

(2) Representatives of the provider who are, or will be, directly involved in providing services to the person.

(3) The person’s department service worker.

(4) At least one qualified professional.

Individuals writing reports which are to be used in developing a person’s individual program plan shall be invited to meetings of the interdisciplinary team and to participate in planning for the person.

b. Meetings. The interdisciplinary team shall meet as often as necessary, but at least semiannually, to review the person's health status, performance and needs, and to replan and rewrite the person's individual program plan.

207.5(2) Individual program plan. Each person receiving residential services shall have an individual program plan written by their interdisciplinary team which is reviewed and revised semiannually or more often if required by the person's condition or situation.

a. Contents. The individual program plan shall include the following:

(1) A description of the person's development, physical and mental health, and functional abilities and limitations.

(2) Short- and long-range goals and specific objectives the person is to achieve.

(3) The specific components of service, supervision, maintenance and care to be provided the person, and for each, the expected date of initiation, the number of units, the expected duration of each component, and the person or agency responsible for each component.

(4) The schedules for evaluation and for rewriting of the individual program plan.

b. Reports. To assist them in developing the individual program plans, the interdisciplinary team shall have current reports from a qualified physician and from other representatives of professions, disciplines and services areas relevant to identify the person's needs and designing programs to meet them.

207.5(3) Provider responsibilities. The provider shall ensure that the following conditions apply for each person in its residential service program.

a. An interdisciplinary team is established and appropriately staffed and individual program plans are developed and maintained as required by these rules.

b. The care, supervision and services provided each person are based on the person's own individual program plan.

c. Residential services are provided by qualified professionals or by people who work under their direction and supervision.

d. All the components of residential services are available and provided when needed.

e. Other services are made available to the person when they are needed.

f. Semiannual reports and termination reports are submitted to the department service worker responsible for the person, as specified in 441—subrule 150.3(3).

441—207.6(234) Reduction, denial or termination of services. Residential services may be denied, terminated or reduced according to rule 441—130.5(234). In addition, services shall be denied or terminated when the department's service worker determines in consultation with the person's interdisciplinary team that either of the following conditions apply:

207.6(1) The person could live in a less restrictive living arrangement and receive needed services.

207.6(2) The person's behavior or condition is such that the person requires a higher level of care.

441—207.7(234) Appeals. Decisions made by the department or its designee adversely affecting clients may be appealed pursuant to 441—Chapter 7. Decisions made by the department adversely affecting service providers may be reviewed pursuant to 441—subrule 150.3(9) or 150.10(7).

These rules are intended to implement Iowa Code section 234.6(6)“h.”

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CHAPTER 208

Reserved

CHAPTER 209

CHILDREN IN NEED OF ASSISTANCE OR

CHILDREN FOUND TO HAVE COMMITTED A DELINQUENT ACT

Rescinded IAB 11/1/89, effective 1/1/90. See 441—Ch 151.