

CHAPTER 37
STANDARDS FOR THE CARE OF AND SERVICES
TO COUNTY CARE FACILITY RESIDENTS WITH
MENTAL ILLNESS AND MENTAL RETARDATION

PREAMBLE

This chapter establishes standards for the care of and services to persons with mental illness and mental retardation who live in county care facilities. A county care facility is a health care facility that is owned and operated by a county. Like all health care facilities, a county care facility must be licensed by the department of inspections and appeals. The standards in this chapter are in addition to the regulations a county care facility must meet in order to be licensed as a health care facility.

This chapter also contains standards for an annual evaluation of each resident. The annual evaluation is to be completed for every resident of a county care facility. All other standards for services apply only to residents in the facility with mental illness and mental retardation. Standards for services to other residents of the county care facility are beyond the authority of this chapter.

All standards in this chapter apply only to the publicly owned county care facilities. Standards for services to persons with mental illness and mental retardation who live in health care facilities that are operated in the private sector are also beyond the authority of this chapter.

The standards in this chapter will be enforced as part of the health care facility licensure survey.

441—37.1(227) Definitions.

“Academic services” are those activities provided to assist a person to acquire general information and skills which establish the basis for subsequent acquisition and application of knowledge.

“Age-appropriate” refers to activities, settings, and personal appearance and possessions commensurate with the person’s chronological age.

“Commission” means the mental health and mental retardation commission.

“Community living skills training services” are those activities provided to assist a person to acquire or sustain the knowledge and skills essential to the person’s independent functioning to the person’s maximum potential in the physical and social environment. These services may focus on the following areas:

1. Independent living skills are those skills necessary to sustain oneself in the physical environment and are essential to the management of one’s personal property and business. This includes self-advocacy skills.
2. Socialization skills include self-awareness and self-control, social responsiveness, group participation, social amenities, and interpersonal skills.
3. Communication skills include expressive and receptive skills in verbal and nonverbal language including reading and writing.
4. Leisure time and recreational skills include the skills necessary for a person to use leisure time in a manner which is satisfying and constructive to the person.
5. Parenting skills are those skills necessary to meet the needs of the person’s child. (This service is designed to assist the person with disabilities to acquire or sustain the skills necessary for parenting.)

“Developmental disability” means a severe, chronic disability which:

1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before a person attains the age of 22.
3. Is likely to continue indefinitely.

4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

5. Reflects a person's need for a combination and sequence of services which are of lifelong or extended duration.

"*Division*" means the division of mental health, mental retardation, and developmental disabilities of the department of human services.

"*Evaluation services*" are those activities designed to identify a person's current functioning level and those factors which are barriers to maintaining the current level or achieving a higher level of functioning. These activities provide sufficient information in order to identify appropriate services, service settings, and living arrangements necessary to assist the person to maintain the current level or achieve a higher level of functioning. These services may focus on the following:

1. Screening which is the identification of the possible existence of conditions, situations or problems which are barriers to a person's ability to function.

2. Diagnosis which is the investigation and analysis of the cause or nature of a person's condition, situation or problem.

3. Evaluation which is the determination of the effects of a condition, situation or problem on a person's level of functioning and the provision of sufficient information to identify the appropriate services, service settings, and living arrangements to assist the person to maintain or achieve a higher level of functioning.

"*Individual program plan*" means a written plan for the provision of services to the resident that is developed and implemented using an interdisciplinary process, that is based on a resident's functional status, strengths and needs, and which identifies service activities designed to enable a person to maintain or move toward independent functioning. The plan identifies a continuum of development and outlines progressive steps and anticipated outcomes of services.

"*Individual service plan*" means an analysis by a referral agency of the general type of program needed by a person which includes the identification of services and types of living arrangements appropriate to the person's level of functioning and needs.

"*Interdisciplinary team*" means the group of persons who develop a single, integrated individual program plan to meet the resident's needs for services. The interdisciplinary team consists of, at a minimum, the resident, the resident's legal guardian, if applicable, referral agency representative, the service coordinator, other appropriate staff members, other providers of services, and other persons relevant to the resident's needs.

"*Least restrictive environment*" means the environment in which the interventions in the lives of people with mental illness and mental retardation can be carried out with a minimum of limitation, intrusion, disruption, and departure from commonly accepted patterns of living. It is the environment which allows persons to participate in everyday life and to have control over the decisions that affect them. It is an environment that provides needed supports in such a way that they do not interfere with personal liberty. Whatever supports used do not interfere with a person's access to the normal events of life.

"*Legal services*" are those activities designed to assist the person in exercising the person's constitutional and legislatively enacted rights.

"*Mental health professional*" means a person who is one of the following and who holds a current license when required by law:

A psychiatrist, psychologist, social worker, psychiatric nurse or mental health counselor; or

A doctor of medicine or osteopathic medicine or a person who has at least a master's degree or its equivalent with coursework focusing on diagnosis and evaluation and psychotherapeutic treatment of mental health problems and mental illness, and who has two years of documented supervised experience in providing mental health services; or

A current employee of a community mental health center or mental health service provider accredited by the commission who has less than a master's degree but at least a bachelor's degree and sufficient training and experience as determined by the chief administrative officer with the approval of the commission with coursework and experience focusing on diagnosis and evaluation and treatment of persons with mental health problems and mental illness.

Psychiatrist, psychologist, social worker, psychiatric nurse, and mental health counselor as used in this definition mean the following:

1. "*Psychiatrist*" means a doctor of medicine or osteopathic medicine and surgery who is certified by, or eligible to apply for certification by, the American Board of Psychiatry and Neurology and who is fully licensed to practice medicine in the state of Iowa.

2. "*Psychologist*" means a person who is licensed to practice psychology in the state of Iowa, or who is certified by the department of public instruction as a school psychologist, or who is eligible for the above licensure or certification, or who meets the requirements for eligibility for a license to practice psychology in the state of Iowa that were effective prior to July 1, 1985.

3. "*Social worker*" means a person who is licensed or eligible to be licensed to practice social work in the state of Iowa.

4. "*Psychiatric nurse*" means a person who is certified or eligible for certification as a psychiatric-mental health nurse practitioner pursuant to board of nursing rules 655—Chapter 7.

5. "*Mental health counselor*" means a person who is certified or eligible for certification as a mental health counselor by the National Academy of Certified Clinical Mental Health Counselors.

"*Mental illness*" is a substantial disorder of thought or mood which significantly impairs judgment, behavior, or the capacity to recognize reality or the ability to cope with the ordinary demands of life. Mental disorders include the organic and functional psychoses, neuroses, personality disorders, alcoholism and drug dependence, behavioral disorders and other disorders as defined by the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders.

"*Mental retardation*" refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the development period.

1. General intellectual functioning is defined as the results obtained by assessment with one or more of the individually administered general intelligence tests developed for the purpose of assessing intellectual functioning.

2. Significantly subaverage functioning is defined as approximately 70 intelligence quotient (IQ) or below.

3. Adaptive behavior is defined as the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected for age and cultural group.

4. Developmental period is defined as the period of time between conception and the eighteenth birthday.

"*Mental retardation professional*" is (1) a person who has a degree from an accredited four-year college or university in one of the following fields: behavioral sciences, education, health care, human service administration, social sciences; who holds a current license when required by law; and who has one year of experience in evaluating the needs of, and in planning and implementing services for persons with mental retardation; or (2) a licensed registered nurse who has had at least three years of experience in evaluating the needs of, and in planning and implementing services for persons with mental retardation.

The qualifications in this definition apply only to the activities outlined in this chapter. A person meeting these qualifications may not qualify as a “qualified mental retardation professional” under federal or other regulations.

“*Normalization*” means helping persons, in accordance with their needs and preferences, to achieve a life-style that is consistent with the norms and patterns of general society and in ways which incorporate the age-appropriate and least restrictive principles. Indicators of normalization include, but are not limited to, the following: access to, use of, and interaction with community professional, social and recreational resources, businesses and public services; typical schedules for work or school, mealtimes and leisure activities; freedom of choice and movement; typical dress, personal appearance and personal possessions, and social and sexual behavior; opportunities for interacting in a group of a size and composition that reduces the likelihood of the group as being seen by the community as different or negative; opportunities to face risks which are a typical part of normal growth and development such as the use of electrical appliances, cleaning supplies, cooking facilities, and public transportation (to the extent current licensure rules for health care facilities will allow); opportunities for being related to as an individual as opposed to a member of a group.

“*Resident*” means a person who has been admitted to the facility to receive care and services.

“*Self-care training services*” are those activities provided to assist a person to acquire or sustain the knowledge, habits and skills essential to the daily needs of the person. The activities focus on personal hygiene, general health maintenance, mobility skills, and other activities of daily living.

“*Service coordination services*” are those activities provided to ensure that sufficient information has been obtained to identify appropriate services and service settings, to provide assistance to a person in obtaining appropriate services and living arrangements, to coordinate the delivery of services, and to provide monitoring to ensure the continued appropriate provision of services and the appropriateness of the living arrangement. This service includes personal advocacy activities which assist the person to realize the rights to which the person is entitled and remove barriers to meeting the person’s needs. (This service is also known as case management.)

“*Service coordinator*” is the person designated to be responsible for coordinating the development and continued monitoring of the person’s individual program plan and the delivery of all services. (This person is also known as a case manager.)

“*Substance abuse*” means the use of chemical substances by a person to the extent that the person’s health is substantially impaired or endangered or that the person’s social or economic functioning is substantially disrupted.

“*Support services*” are those activities provided to or on behalf of a person in the areas of personal care and assistance and property maintenance in order to allow a person to live in the least restrictive environment.

“*Transportation services*” are those activities designed to assist a person to travel from one place to another to obtain services or carry out life’s activities.

“*Treatment services*” consists of those services designed to assist a person to maintain or improve physical, emotional and behavioral functioning and to prevent conditions that would present barriers to a person’s functioning. These services may focus on the following:

1. Psychotherapeutic treatment activities, which are those activities designed to assist a person in the identification or modification of beliefs, emotions, attitudes, or behaviors in order to maintain or improve the person’s functioning in response to the physical, emotional and social environment.
2. Physical or physiological treatment activities, which are those activities designed to prevent, halt, control, relieve or reverse symptoms or conditions which interfere with the physical or physiological functioning of the human body.

“*Vocational training services*” are those activities designed to familiarize a person with production requirements and to maintain or develop the person’s ability to function in a work setting. This service includes activities which allow or promote the development of skills, attitudes and personal attributes appropriate to the work setting.

“*Written, in writing or recorded*” means that an account or entry is made in a permanent form.

441—37.2(227) Applicability. These rules shall apply to all mentally ill and mentally retarded residents of county care facilities. In addition, the rule for evaluation services, 37.4(227), with the exception of subrule 37.4(5), shall apply to every resident. These rules are supplemental to any rules the facility must meet for licensure by the department of inspections and appeals in accordance with Iowa Code chapter 135C, health care facilities.

441—37.3(227) Preadmission and admission. The facility shall have written preadmission and admission policies and procedures to address each of the following:

37.3(1) Admission criteria to include the definition of admission and description of the population to be served (i.e., age, type of disability or presenting problem, types of service needs, etc.)

37.3(2) Waiting lists and selection priorities.

37.3(3) The requirement that each resident shall have a current evaluation pursuant to rule 37.4(227).

37.3(4) The requirement that a preplacement visit is completed, except in the case of an emergency admission or any readmission, for all persons seeking admission to the facility to familiarize the applicant with the facility and services offered.

The policies and procedures may allow for waiving the requirement that a preplacement visit be completed when the completion of the visit would create a hardship for the person seeking admission. If the distance to be traveled makes it impossible to complete the visit in an eight-hour day, this may be considered to cause a hardship.

a. The requirement to complete a preplacement visit may only be waived with the approval of the person seeking admission or the person’s legal guardian.

b. When a person is admitted who has not completed a preplacement visit, the facility shall maintain documentation in the resident’s file which specifies the reason the visit was not completed and which shows evidence that the person, or person’s legal guardian, agreed to waive the requirement.

c. A person who is unable to complete a preplacement visit shall have the opportunity to receive written and other forms of information which describe the facility and services offered.

441—37.4(227) Evaluation services. Evaluation services shall be provided to each resident. An annual evaluation of each resident shall be completed within 30 days after the resident’s admission and no less than annually thereafter. For residents who are on leave from a state hospital-school or mental health institution, the hospital-school or institution shall be responsible for the completion of the evaluation. The facility shall ensure the completion of the evaluation of all other residents. The evaluation shall identify the resident’s current physical health and the resident’s current level of functioning and need for services.

37.4(1) The portion of the evaluation to identify the resident’s current physical health shall meet the following requirements:

a. Include, but need not be limited to, an evaluation of the following areas or systems:

- (1) Head, ears, eyes, nose, throat.
- (2) Hearing.
- (3) Vision.
- (4) Dentition.
- (5) Respiratory.
- (6) Cardiovascular.

- (7) Gastrointestinal.
- (8) Genitourinary.
- (9) Dermatologic.
- (10) Musculoskeletal.
- (11) Nutrition and hydration.
- (12) Personal hygiene.
- (13) Current medication regimen.
- (14) Immunizations.

b. Result in identification of current illness and disabilities and recommendations for treatment and services.

c. Include an evaluation of the resident's ability for health maintenance.

d. Be performed by a medical doctor or doctor of osteopathic medicine who holds a current license to practice medicine in the state of Iowa or if the evaluation is completed out of state by a physician who holds a current license in the state in which the evaluation is performed.

37.4(2) The portion of the evaluation to identify the resident's current functioning level and need for services shall meet the following requirements:

a. Identify the resident's level of functioning and need for services in each of the following areas:

- (1) Self-care skills.
- (2) Community living skills.
- (3) Treatment.
- (4) Vocational skills.
- (5) Academic skills.

b. Be of sufficient detail to determine the appropriateness of the resident's placement according to the skills and needs of the resident.

c. Be made without regard to the availability of services.

d. Be performed by a mental health professional or mental retardation professional, as is appropriate to the resident being evaluated, in consultation with the resident's interdisciplinary team. The facility shall ensure that representatives from appropriate professions, disciplines and service areas are available to complete evaluation activities as needed by the mental health professional or mental retardation professional.

e. If the facility does not employ a mental health professional or mental retardation professional, the facility shall enter into an agreement with a person who meets the qualifications.

(1) The agreement shall specify the following: the role and responsibilities of the facility and person, including the service activities to be provided; that services will be provided in accordance with the standards of this chapter; the rate and method of payment; and that the resident's legal and human rights will be protected.

(2) There shall be provisions for monitoring, modifying and terminating the agreement.

(3) The agreement shall be evaluated and renewed annually.

37.4(3) Information from other sources may be used in the evaluation provided the information meets the requirements of subrules 37.4(1) and 37.4(2). The preadmission physical may be used to meet the requirement for an evaluation of the resident's current physical health following admission provided it meets the requirement of subrule 37.4(1).

37.4(4) Results of all evaluations shall be in writing and maintained in the resident's record. Evaluations subsequent to the initial evaluation shall be performed in sufficient detail to determine changes in the resident's physical health, skills and need for services.

37.4(5) The facility shall have written procedures for obtaining additional evaluation services for residents when indicated by the results of the annual evaluation or recommended by the interdisciplinary team. The procedures shall provide for assurances that the service is delivered by or under the direction of a qualified or licensed professional as applicable to the type of evaluation being performed.

441—37.5(227) Service coordination, social history, and individual program plan.

37.5(1) Service coordination services shall be provided to each resident.

a. A service coordinator shall be designated for each resident. The facility shall specify in written policies and procedures the qualifications required of the service coordinator.

(1) Minimal qualifications shall include a bachelor's degree from an accredited college or university in the behavioral sciences, education, health care, human service administration or the social sciences, and one year of postdegree experience in the delivery, planning, coordination or administration of human services; or a high school diploma (or its equivalent) and five years of postdegree experience in the delivery, planning, coordination or administration of human services; or a combination of post-high school experience in the delivery, planning, coordination or administration of human services and post-high school education in the behavioral sciences, education, health care, human service administration or the social sciences which totals five years. One of the five years must be experience.

(2) In addition to required monthly in-service training, the service coordinator shall annually complete one continuing education unit or ten hours of equivalent training in the social or behavioral science field or in the area of the planning, coordination, delivery, or administration of human services.

b. The service coordinator shall be responsible for the coordination of services to the resident to include coordination of the following:

(1) Social history development pursuant to subrule 37.5(2).

(2) Individual program planning pursuant to subrule 37.5(3) and to ensure availability, implementation, and coordination of services delivered by other providers.

(3) Transfer or discharge pursuant to rule 37.6(227).

(4) Any other activities needed to provide service coordination services as defined.

c. Service coordinators shall be supervised by a person who has at least a bachelor's degree in the behavioral sciences, education, health care, human service administration, or the social sciences and a minimum of three years of experience in the administration or delivery of human services. Service coordinators meeting these qualifications do not need to be supervised.

37.5(2) A social history shall be completed for each resident.

a. The service coordinator shall be responsible for securing or compiling a social history on each resident within 30 days of the resident's admission.

b. If the social history was secured from another provider, the information contained therein shall be reviewed within 30 days of the resident's admission. The date of the review, signature of the staff reviewing the history and summary of significant changes to the information shall be entered in the resident's record.

c. An annual review of the information contained within the social history shall be incorporated within the individual program plan process.

(1) Significant changes to the information shall be noted and documented in an addendum to the social history, dated and signed by the person writing the addendum.

(2) The coordination of all reviews shall be the responsibility of the service coordinator.

d. The social history shall minimally address the following areas:

(1) Referral source and reason for admission.

(2) Legal status of the resident.

(3) A description of previous living arrangements.

(4) A description of previous services received and a summary of current service involvements.

(5) A summary of significant medical conditions, including, but not limited to illnesses, hospitalizations, past and current drug therapies and special diets.

(6) Substance abuse history.

- (7) Work history.
- (8) Educational history.
- (9) Relationship with family, significant others, and other support systems.
- (10) Cultural and ethnic background and religious affiliation.
- (11) Hobbies and leisure time activities.
- (12) Likes, dislikes, habits, and patterns of behavior.

37.5(3) An individual program plan (IPP) for each resident shall be developed by an interdisciplinary team. The IPP shall be approved by the mental health or mental retardation professional who is responsible for the annual evaluation of the resident. The IPP shall be based on the individual service plan of the referring agency, if available, the information contained in the social history, the need for services identified in the evaluation, and any other pertinent information. The facility shall ensure that academic, community living skills training, legal, self-care training, support, transportation, treatment and vocational training services are available to the resident as needed. The facility may deliver the needed services or use services from other providers. Services to the resident shall be provided in the least restrictive environment and shall incorporate the principle of normalization. If needed services are not available and accessible to the resident, the facility shall document the actions which were taken to locate and access or deliver those services. The documentation shall include the identification of the type of needs which will not be met due to the lack of availability of services.

a. The service coordinator shall be responsible for coordinating the development, implementation and review of the IPP.

b. The IPP shall be developed within 30 days following the resident's admission to the facility and at least annually thereafter.

(1) The IPP shall be in writing, dated, signed by the participating interdisciplinary team members and the mental health or mental retardation professional approving the plan, and maintained in the resident's record.

(2) Written notice of the IPP development shall be sent to all persons to be included in the interdisciplinary team two weeks in advance of the scheduled meeting.

c. The IPP shall include the following:

(1) Goals, which are general statements of attainable, expected accomplishments to be achieved in meeting identified needs.

(2) Objectives, which are specific and time-limited statements of outcomes or accomplishments which are necessary for progress toward the goal.

(3) The specific service(s) to be provided to achieve the objectives, the person(s) or agency(ies) responsible for providing the service(s), and the date of initiation and anticipated duration of service(s).

d. The IPP shall state the evaluation procedure for determining if objectives are achieved which shall include the incorporation of a continuous process for review and revision.

(1) There shall be a review of the IPP by the service coordinator, relevant staff and the resident at least semiannually.

(2) The review shall include the development of a written report which addresses the following: summary of the resident's progress toward objectives; the need for continued services and any recommendation concerning alternative services or living arrangements; any recommended change in guardianship or conservatorship status, if applicable. The report shall reflect those involved in the review and the date of the review, and shall be maintained in the resident's record.

(3) The review shall be approved by the mental health or mental retardation professional who is responsible for approving the IPP.

e. There shall be procedures for recording the activities of each service provider toward assisting the resident in achieving the objectives in the IPP and the resident's response, and which shall include a mechanism for coordination with all service providers.

(1) An entry into the resident's record shall be made by staff whenever possible at the time of service provision but no later than seven days from service provision.

(2) Entries shall be dated and signed by the person providing the service.

(3) When the service includes ongoing activities occurring more than once a week, a summarized entry may be made weekly by staff in the resident's record.

(4) Entries shall reflect objective and subjective observations and specific activities relating to the resident. Entries that involve subjective interpretations of a resident's behavior or progress shall be clearly identified as such and shall be supplemented with the specific information which served as the basis of the interpretation.

(5) The service coordinator shall request quarterly written progress reports from other service providers. If written reports are not available, the service coordinator shall obtain quarterly verbal progress reports. The information shall be entered in the consumer's record.

441—37.6(227) Transfer and discharge. Each facility shall have written policies and procedures regarding transfer of a resident to another facility or program or discharge from the facility.

37.6(1) The policies and procedures shall provide for assurances that any transfer or discharge is in the best interest of the resident and that the resident's needs will be met by the transfer or discharge in the least restrictive manner as defined by the resident's needs. See also department of inspections and appeals rules 481—57.13(2) "c," 57.36(135C), 58.12(2) "c," 58.40(135C), 63.13(2) "c," 63.34(135C), 64.17(8), 64.17(9), and 64.46(135C).

37.6(2) The procedures shall ensure that discharge planning is incorporated within the individual program plan development and review process.

37.6(3) The policies and procedures shall incorporate a mechanism providing for continuity of services to the resident upon transfer or discharge.

441—37.7(227) Release of confidential information. No information personally identifying the resident shall be requested or released without the written consent of the resident or legal guardian.

37.7(1) The resident has the right to refuse to give the release of information.

37.7(2) A release of information form shall be used which includes to whom the information shall be released, what is to be released, the reason for the information being released and how the information is to be used, and the period of time for which the release is in effect.

37.7(3) Exceptions shall be permitted only for disclosures required by law, bona fide medical and psychological emergencies, and facility licensure purposes. (See also department of inspections and appeals rules 481—57.35(5), 57.40(135C), 58.39(5), 58.44(135C), 63.33(5), 63.38(135C), 64.45(5), and 64.50(135C), and department of elder affairs subrule 321—8.3(5).)

441—37.8(227) Staff training.

37.8(1) The facility's staff training program shall include training:

a. In the concept of interdisciplinary individual program planning and staff's role in its development and implementation.

b. Concerning the basic needs of all people and the additional needs of persons with mental retardation, developmental disabilities, mental illness, and substance abuse problems.

c. In providing services in the least restrictive environment and that incorporate the principle of normalization.

d. Concerning the rights and responsibilities of residents.

37.8(2) The training required in subrule 37.8(1) shall apply to all staff having direct contact with the residents of the facility. The administrator, through written policy and procedures, may designate other staff and volunteers to participate in the training.

37.8(3) The training schedule shall be designed to allow for new staff to receive the required training and to allow for continuing education and training to all staff to increase their knowledge and skills in areas identified in subrule 37.8(1).

37.8(4) The training shall be delivered by persons qualified by education or experience in the area of training.

37.8(5) A record of the training completed shall be kept in the employee's personnel file.

441—37.9(227) Resident safety. Each facility shall make available to staff, through the staff training program, training in basic first aid, and cardiopulmonary resuscitation (CPR) and foreign body obstruction of the airway. At least one staff member shall be on duty at all times who is certified in CPR and basic first aid.

441—37.10(227) Report to division. The county care facility shall be required to submit an annual statistical report to the division at the division's request for use in state planning.

441—37.11(227) Implementation of the rules. The rules shall be implemented during state fiscal year 1989 with the exception of rule 37.8(227) which shall be implemented during state fiscal year 1988. The facility shall be in compliance with all rules in this chapter no later than July 1, 1989.

These rules are intended to implement Iowa Code section 227.4.

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