CHAPTER 24
ACCREDITATION OR CERTIFICATION OF PROVIDERS OF SERVICES TO PERSONS WITH MENTAL ILLNESS, MENTAL RETARDATION, AND DEVELOPMENTAL DISABILITIES

DIVISION I
STATE ACCREDITATION OF CASE MANAGEMENT, COMMUNITY MENTAL HEALTH CENTERS, COMMUNITY SUPPORTED LIVING ARRANGEMENTS, AND OTHER MENTAL HEALTH SERVICE PROVIDERS

PREAMBLE

The mental health and developmental disabilities commission has established this set of standards to be met by all mental health and mental retardation organizations and services which are not licensed by the department of inspections and appeals and which are required to meet specific standards for the organizations and services under the authority of the commission.

The mental health and developmental disabilities commission has established this set of standards to be met by community mental health centers, mental health services providers, case management providers and community supported living arrangements per Iowa Code chapter 225C. The commission's intent is to establish standards that are based on the principles of quality improvement, that are designed to facilitate the provision of excellent quality services that lead to positive outcomes, that make organizations providing services responsible for effecting efficient and effective management and operational systems that enhance the involvement of consumers and that establish a best practices level of performance by which to measure provider organizations. The standards are to serve as the foundation of a performance-based review of those organizations for which the commission holds accreditation responsibility as set forth in Iowa Code chapters 225C and 230A.

MISSION OF ACCREDITATION

To ensure consumers and the general public of organizational accountability for meeting best practices performance levels, for efficient and effective management and for the provision of quality services that result in quality outcomes for consumers.

441—24.1(225C) Definitions.

"*Accreditation*" means the decision made by the commission that the provider has met the applicable standards. There will be one accreditation award for all the services based upon the lowest score of the services surveyed.

"*Appropriate*" means the degree to which the services or supports or activities provided or undertaken by the organization are relevant to the consumer's needs, situation, problems, or desires.

"*Assessment*" means the review of the consumer's current functioning in regard to the consumer's situation, needs, strengths, abilities, desires and goals.

"*Benchmarks*" are defined as best practices or competencies of excellent quality organizations producing excellent quality services and outcomes.

"*Case management services*" means those services established pursuant to Iowa Code chapter 225C.

"*Chronic mental illness*" means the same as serious and persistent mental illness for the purposes of these standards.

"Commission" means the mental health and developmental disabilities commission (MH/DD commission) as established and defined in Iowa Code chapter 225C.

"Community mental health center" means an organization providing mental health services which is established pursuant to Iowa Code chapters 225C and 230A.

"Community supported living arrangements" as defined in Iowa Code chapter 225C is now called supported community living services for purposes of accreditation under this chapter.

"Consultation services" means case, program and community levels of professional assistance and information to increase the skill level and effectiveness of services being provided by other service organizations or groups.

"Consumer" means a person who uses the services of the organization.

"Credentialed staff" or *"Staff who have been credentialed"* means staff who have completed the organization credential verification process.

"Credential verification process" means the process used by the organization to define the qualifications of education, training and experience required for each staff position, and the procedures for verifying that staff in the positions meet those qualifications.

"Deemed status" means acceptance by the commission of accreditation or licensure of a program or service by another accrediting body in lieu of accreditation based on review and evaluation by the division (as outlined in accreditation procedures).

"Department" means the Iowa department of human services.

"Direct services" means services involving direct assistance to a consumer such as transporting a consumer or providing therapy or psychosocial activities.

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

"Doctor of medicine or osteopathic medicine" means a person who is licensed in the state of Iowa to practice medicine as a medical physician under Iowa Code chapter 148 or as an osteopathic doctor under Iowa Code chapter 150A.

"Education services" means professional information, training, assistance, and referral services provided to the general public, individual persons and to provider organizations about mental illness and mental health, the promotion of prevention services, and skill training for providers.

"Functional assessment" means the assessment of the consumer's level of effectiveness in the activities and decision making required by daily living situations. The functional assessment also takes into consideration consumer strengths, stated needs, and level and kind of disability.

"Human services field" means a post-high school course of study resulting in a degree from an accredited four-year college in a field of study which includes, but is not limited to, psychiatry, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.

"Indicators" are defined as conditions that will exist when the activity is done competently and benchmarks are achieved. They also provide a means to assess the activity's effect on outcomes of services.

"Informed consent" refers to time-limited, voluntary consent. It may be withdrawn by the consumer or legal guardian at any time without risk of punitive action. The consumer or legal guardian has the opportunity to ask and have questions satisfactorily answered. Informed consent includes a description of the treatment and specific procedures to be followed, the intended outcome or anticipated benefits, the rationale for use, the risks of use and nonuse, and the less restrictive alternatives considered.

"Leadership" means the governing board, the chief administrative officer or executive director, managers, supervisors, and clinical leaders who participate in developing and implementing organizational policies, plans and systems.

"Marital and family therapist" means a person who is licensed under Iowa Code chapter 154D in the application of counseling techniques in the assessment and resolution of emotional conditions. This includes the alteration and establishment of attitudes and patterns of interaction relative to marriage, family life, and interpersonal relationships.

"Mental health counselor" means a person who is licensed under Iowa Code chapter 154D in counseling services involving assessment, referral, consultation, and the application of counseling, human development principles, learning theory, group dynamics, and the etiology of maladjustment and dysfunctional behavior to individuals, families, and groups.

"Mental health professional" means a person who:

1. Holds at least a master's degree in a mental health field, including, but not limited to, psychology, counseling and guidance, psychiatric nursing and social work; or is a doctor of medicine (MD) or doctor of osteopathic medicine and surgery (DO).
2. Holds a current Iowa license when required by the Iowa licensure law.
3. Has at least two years of postdegree experience supervised by a mental health professional in assessing mental health problems, mental illness and needs of persons and in providing appropriate mental health services for those persons.

"Mental health service provider" means an organization whose services are established to specifically address mental health services to individuals or the administration of facilities in which these services are provided. Organizations included are those who are contracting with a county board of supervisors to provide mental health services in lieu of that county's affiliation with a community mental health center (Iowa Code chapter 230A) and those who may contract with a county board of supervisors for special services to the general public or special segments of the general public and are not accredited by any other accrediting body. These standards do not apply to individual practitioners or partnerships of practitioners who are covered under professional licensure laws.

"Mental health treatment services" are those activities, programs, or services which include, but are not limited to, diagnosis, evaluation, psychotherapy, and psychosocial rehabilitation provided to persons with mental health problems, mental illness, or disorders and the stabilization, amelioration, or resolution of the problems, illness, or disorder.

"Mental retardation" means a diagnosis of mental retardation under these rules shall be made only when the onset of the person's condition was prior to the age of 18 years and shall be based on an assessment of the person's intellectual functioning and level of adaptive skills. The diagnosis shall be made by a person who is a psychologist or psychiatrist who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person's adaptive skills. A diagnosis of mental retardation shall be made in accordance with the criteria provided in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association.

"Natural supports" means those services and supports identified as wanted or needed by the consumer and provider by persons not for pay (family, friends, neighbors, and others in the community) and organizations or entities that serve the general public.

"Organization" means the entity being accredited.

"Outcome" means the result of the performance or nonperformance of a function or process or activity.

"Persons with a chronic mental illness" means persons aged 18 and over with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. Persons with chronic mental illness typically meet at least one of the following criteria:

1. Have undergone psychiatric treatment more intensive than outpatient care, more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
2. Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.

In addition, these persons typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:

1. Are unemployed, or employed in a sheltered setting, or have markedly limited skills and a poor work history.
2. Require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
3. Show severe inability to establish or maintain a personal social support system.
4. Require help in basic living skills.
5. Exhibit inappropriate social behavior which results in demand for intervention by the mental health or judicial system.

In atypical instances, a person who varies from the above criteria could still be considered to be a person with chronic mental illness.

"Persons with developmental disabilities" means persons with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitation 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 the person's need for a combination and sequence of services which are of lifelong or extended duration and are individually planned and coordinated, unless this term is applied to infants and young children from birth to the age of five inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

"Procedures" means the steps to be taken to implement the policies of the organization.

"Program" means a set of related resources and services directed to the accomplishment of a fixed set of goals and objectives for the population of a specified geographic area or for special target populations.

"Psychiatric nurse" means a person who meets the requirements of a certified psychiatric nurse and is eligible for certification by the American Nursing Association and licensed by the state of Iowa to practice nursing as defined in Iowa Code chapter 152.

"Psychiatric rehabilitation practitioner" means a person who holds a graduate degree in rehabilitation counseling, mental health counseling, psychology, social work, nursing, or medicine and has at least two years' experience working in a psychiatric rehabilitation program or has at least 60 contact hours of training in psychiatric rehabilitation; or a person who holds a bachelor's degree in one of the above areas and has both at least two years of experience working in a psychiatric rehabilitation program and at least 60 contact hours of training in psychiatric rehabilitation.

"Psychiatric rehabilitation services" means services designed to restore, improve, or maximize level of functioning, self-care, responsibility, independence, and quality of life and to minimize impairments, disabilities, and disadvantages of persons with a disabling mental illness. Services are focused on improving personal capabilities while reducing the harmful effects of psychiatric disability and resulting in consumers' recovering the ability to perform a valued role in society.

"Psychiatrist" means a doctor of medicine or osteopathic medicine and surgery who is certified by the American Board of Psychiatry and Neurology or who is eligible for certification and who is fully licensed to practice medicine in the state of Iowa. (See definition for "doctor of medicine or osteopathic medicine.")

"Psychologist" means a person who is licensed to practice psychology in the state of Iowa, or who is certified by the Iowa department of education as a school psychologist, or is eligible for certification, or meets the requirements of eligibility for a license to practice psychology in the state of Iowa as defined in Iowa Code chapter 154B.

"Qualified case managers and supervisors" means persons who have the following qualifications: (1) a bachelor's degree in a human services field and at least one year of experience in the delivery of services to the population groups they serve, or (2) an Iowa license to practice as a registered nurse and at least three years of experience in the delivery of services to the population groups they serve. Persons employed as case management supervisors on or before August 1, 1993, who do not meet these requirements shall be considered to meet these requirements as long as they are continuously employed by the same case management provider.

"Registered nurse" means a person who is licensed to practice nursing in the state of Iowa as defined in Iowa Code chapter 152.

"Rehabilitation services" means services designed to restore, improve, or maximize the individual's optimal level of functioning, self-care, self-responsibility, independence and quality of life and to minimize impairments, disabilities and dysfunctions caused by a serious and persistent mental or emotional disability.

"Service plan" means a written goal-oriented plan of services developed for a consumer by the consumer and the organization.

"Staff" means a person paid by the organization to perform duties and responsibilities defined in the job description.

"Support services" means those services provided to consumers to enable them to live in the community. The services include the following: provision or arrangement of personal and environmental supports for the consumer and the family, assistance with or referral for basic human needs, the provision or arrangement for family education and coordination services, and assistance with the development of local support systems. These services are provided in the individual's home or other natural community environment.

441—24.2(225C) Standards for organizational activities.

24.2(1) *Assessment and social history.*

a. Performance benchmark: Services provided to the consumer are determined based upon an assessment of the consumer's situation, needs, problems, wants, abilities and desired results.

b. Performance indicators:

(1) Relevant current and historical information regarding the familial, physical, psychosocial, behavioral, environmental, social functioning, cultural and legal aspects of the consumer's life, and their effect upon the presenting problem is collected and analyzed. Family and significant others are involved as appropriate and desired by the consumer. Assessments of children reflect developmental history and needs.

(2) Decisions regarding level, type and immediacy of services to be provided, or need for further assessment or evaluation, are based upon the presenting consumer problem and the analysis of the information gathered in the assessment, and with the consumer's involvement.

(3) Each consumer is reassessed during the course of services to determine the consumer's response to interventions and when a significant change occurs in the consumer's functioning, presenting problem, needs, or desires.

(4) The assessment and social history are completed by staff credentialed in accordance with organization policy and procedure and appropriate professional standards of practice.

24.2(2) *Consumer service plan.*

a. Performance benchmark: Individualized, planned and appropriate services are guided by an individual-specific service plan developed in collaboration with consumer, significantly involved others as appropriate, and staff.

b. Performance indicators:

(1) The service plan is based on the assessment and social history and identifies consumer goals and objectives, time lines, and the actions, interventions, and supports needed to meet the goals and objectives. The service plan includes the persons or organizations responsible for carrying out the interventions or supports as well as the discharge plan for the consumer.

(2) Services defined in the service plan are appropriate to the severity level of problems and specific needs or disabilities, and related to desired consumer outcomes. This plan reflects consumer desires and involves other organizations and individuals as appropriate.

(3) Goals and objectives reflect consumer collaboration, agreement and desired outcomes.

(4) Intervention activities identified in the service plan encourage the consumer's ability and right to make choices, to experience a sense of achievement, and to modify or continue the consumer's participation in the treatment process.

(5) The service plan is monitored by staff with review occurring regularly. At least annually, the service plan is assessed and revised to determine achievement, continued need or change in goals or intervention methods. The review includes the consumer with the involvement of significant others as appropriate.

(6) The service plan is formulated and implemented by staff who are credentialed in accordance with organization policy and procedure and meet professional standards of practice.

24.2(3) *Provision of services and treatments.*

a. Performance benchmark: Individualized and appropriate intervention services and treatments are provided in ways that support the needs, desires, and goals identified in the service plan, and that respect consumers' rights and choices.

b. Performance indicators:

(1) All interventions respect and enhance the consumer's abilities and dignity, encourage the development of a sense of achievement, and allow the consumer to choose to continue or to modify the consumer's participation in the treatment process.

(2) Responsible staff monitor and document the provision of the intervention services, the consumer's response to those services, and the outcomes of the services provided. This documentation shall be in a narrative format.

(3) Intervention services are provided by staff who are credentialed in accordance with organization policy and procedure, who meet relevant standards of practice, and who function within an authorized scope of practice.

(4) Services and treatments provided to consumers are documented in a written descriptive format in accordance with organizational procedures.

(5) Services provided to consumers reflect current practice and knowledge levels.

24.2(4) *Organization of service systems.*

a. Performance benchmark: The organization designs and structures the activities and systems of services to maximize coordination and facilitate continuity and comprehensiveness of services to a consumer.

b. Performance indicators:

(1) The consumer's admission to an appropriate level of service is based on an assessment of the consumer's needs, desires and abilities, and the organization's capability to provide the services.

(2) The organization has established the necessary admission information to determine the consumer's eligibility for acceptance into the service.

(3) Information is provided to the consumer and, when appropriate, family and significant others about the nature of the services to be provided and the consumer's rights, choices, and responsibilities.

(4) Continuity of services has occurred through coordination among the staff and professionals providing services to the consumer during the treatment or rehabilitation process. Coordination of services through linkages with other settings and providers has occurred, as appropriate.

(5) Referral, transfer, or discharge of the consumer to another level of services or provider, or termination of services, is based upon the consumer's assessed needs, abilities, situation and desires, and is planned and coordinated whenever possible.

24.2(5) *Consumer rights.*

a. Performance benchmark: Each consumer is recognized and respected in the provision of services, in accordance with basic human, civil and statutory rights.

b. Performance indicators:

(1) Services are provided in ways that respect and enhance the consumer's sense of autonomy, privacy, dignity, self-esteem and involvement in the consumer's own treatment. Language barriers, cultural differences, and cognitive deficits are taken into consideration and provisions are made to facilitate meaningful consumer participation.

(2) Requirements and expectations for participation in the service program are defined by the organization and staff providing the services.

(3) The organization has a mechanism established to protect the consumers and ensure their rights during any activities, procedure or research that requires informed consent.

(4) The organization informs the consumer about the consumer's rights and provides an avenue to express questions, concerns, complaints or grievances about any aspect of the consumer's service.

(5) The organization provides the consumers and their guardians the right to appeal the application of policies, procedures, or any staff action which affects the consumer. The provider has established written appeal procedures and a method to ensure that the procedures and appeal process are available to consumers.

(6) Identifying information about the consumer in regard to the consumer's involvement and performance in organizational services, treatments, or evaluations is recognized as confidential. State and federal regulations for release of protected confidential information are implemented.

(7) The organization has established and implemented for all staff a code of ethics that addresses confidentiality, professional and legal issues and statutory obligations in providing services to consumers.

(8) The organization has established procedures to ensure due process for consumers when their rights of service participation are to be or have been restricted or limited.

24.2(6) *Performance improvement system.*

a. Performance benchmark: The organization has a systematic, organization wide, planned approach to designing, measuring, evaluating, and improving the level of its performance.

b. Performance indicators:

(1) Organization leaders provide the direction, resources, and training to facilitate quality assessment and improvement activities on an organization wide basis.

(2) There is a systematic process of identifying, collecting, and assessing information and data which is used to measure the organization's level of performance, identify priority areas for improvement, design and assess new systems, and evaluate levels of improvement resulting from a change in existing systems.

(3) Consumer expectations and perceptions, or those of legal guardians and family, and staff identification of priority areas are included in assessing quality of services and effectiveness of performance.

(4) Measurement of organization and consumer-focused outcomes is carried out to assess effectiveness of performance and determine areas where services or systems may need improvement.

(5) Data is gathered about consumer achievements and outcomes so that effectiveness of interventions is measured and monitored.

(6) Performance improvement activities involve all staff and represent all areas and levels of organizational functioning.

(7) Performance improvement activities involve consumers served by the organization and their legal guardians and family members as appropriate.

24.2(7) *Leadership.*

a. Performance benchmark: Organizational leaders provide the framework for the planning, designing, directing, coordination, provision and improvement of services that are responsive to the consumers and the community served by the organization.

b. Performance indicators:

(1) There are clearly articulated mission and values statements which are reflected in the long-range organizational plans and in organization policies.

(2) The annual and long-range budgeting process involves appropriate governing and managing levels of leadership and reflects the organization mission and values. An annual financial audit is done by an independent auditor or as provided by law.

(3) The organization's decision-making process, including policy decisions affecting the organization, reflects involvement of the various levels of leadership and responsiveness to staff.

(4) Organization leaders solicit input from leaders of the various community and consumer groups served by the organization in designing responsive service delivery systems.

(5) The leaders structure, direct and staff service systems commensurate with and appropriate to the level and scope required for the needs of the consumers served by the organization.

(6) The organization leaders structure and support a method of performance improvement that ensures that internal systems and activities throughout the organization are measured, assessed and improved on an ongoing basis.

(7) Organization leaders make educational information and service consultation available to community groups and resources.

24.2(8) *Management information system.*

a. Performance benchmark: Information is obtained, managed and used in an efficient and effective method to document, enhance and improve organizational performance and service delivery to the consumers.

b. Performance indicators:

(1) The organization has provided for the security, confidentiality and integrity of all data and information.

(2) The organization has a system of consumer records, maintained on a current basis, for the organization, compilation, documentation, and maintenance of all individual consumer-specific information related to the provision and outcomes of services and treatments provided to the consumer.

(3) The organization provides opportunities to obtain information to use in planning, designing, managing and improving consumer services and organizational systems.

(4) Information and data are captured, analyzed and available to facilitate the following activities: decision making, service delivery, and performance improvement.

24.2(9) *Human resources.*

a. Performance benchmark: The organization provides an environment that encourages and facilitates performance improvement by staff in order to support the organization's mission and facilitate the provision of quality services to consumers.

b. Performance indicators:

(1) Qualifications and competencies are defined commensurate with the specific job responsibilities and applicable licensure laws and a credentialing review process is established to ensure compliance.

(2) There is a system to ensure that the demonstrated performance and competency of all staff within their job responsibilities are assessed regularly, with provisions made for ongoing improvement goals, and for supervision or peer review.

(3) Ongoing in-service and other learning and educational opportunities are made available to and used by staff to maintain and improve staff competency levels. New staff receive initial orientation, information, and training which includes adult and child abuse mandatory reporter requirements and confidentiality training.

(4) The organization has mechanisms in place that afford staff the right to express concerns about a consumer care issue or to file a grievance concerning a specific employment situation.

(5) Specific competency and credential requirements are defined for staff providing services to consumers with disabilities or special needs.

(6) Human resources systems are reviewed within the organization's performance improvement activities.

24.2(10) *Organizational environment.*

a. Performance benchmark: Services are provided in an organizational environment that is safe and supportive for the consumers being served and the staff providing services.

b. Performance indicators:

(1) The environment enhances the self-image of the consumer and preserves the consumer's dignity, privacy, and self-development.

(2) The environment is safe and accessible and meets all applicable local, state, and federal regulations.

(3) The processes that service and maintain the environment and the effectiveness of the environment are reviewed within the organization's monitoring and improvement system.

(4) Procedures for interventions are established for situations where a consumer may be involved in behavior that presents significant risk to the consumer or others. The interventions also ensure that the consumer's rights are protected and that due process is afforded.

(5) Risk management situations are reviewed by the organization's performance improvement system for necessity, appropriateness, effectiveness and prevention.

(6) The organization has a mechanism that addresses the safe storage, provision, and administration of medication when used within the service environment in accordance with state and federal regulations.

441—24.3(225C) Standards for specific services.

24.3(1) *Case management.* Case management is a service that assists service recipients in gaining access to appropriate living environments, needed medical services, and interrelated social, vocational, and educational services. Case management services link consumers to service agencies and support systems responsible for providing the necessary direct service activities, and coordinate and monitor those services. Case managers shall not provide direct services. Within an accredited case management program, the average caseload shall be no more than 45 consumers per case manager.

a. Performance benchmark: Consumers are enabled to live and work as independently as possible in a community setting through the receipt of skill enhancement services that are coordinated and monitored.

b. Performance indicators:

(1) Consumers receive case management services from qualified case managers.

(2) Consumers are part of a team composed of the case manager and the organizations and natural supports providing the direct services. The team establishes the service plan that guides and coordinates the delivery of the services. The service plan is monitored by the case manager. Goals are to be based upon the consumer's needs for services and information gained from a social history and current assessment.

(3) Consumers are linked to appropriate resources which shall provide necessary direct services and natural supports.

(4) Consumers participate in developing an individualized crisis intervention plan which identifies potential emergencies, how to access emergency services, and supports when needed.

(5) Consumers are facilitated to exercise choice, make decisions, take risks which are a typical part of life and fully participate as members in the community.

(6) Consumers receive services from case managers who are supervised by staff who at least meet the staff requirements for case managers.

(7) Family members of consumers are involved in the planning and provision of services as appropriate and as desired by the consumer.

24.3(2) *Intensive outpatient therapy services and day treatment.* Intensive outpatient services and day treatment services are individualized services emphasizing mental health treatment and intensive psychiatric rehabilitation activities designed to increase the consumer's ability to function independently or facilitate transition from residential placement. Individual and group treatment and rehabilitation services are used based on consumer needs and identified behavioral or mental health issues. A mental health professional provides the mental health treatment services. Supervision of staff and services is done by a mental health professional. Services are provided at least three hours a day, three days per week for an identified period of time.

a. Performance benchmark: Consumers who are experiencing a significantly reduced ability to function are stabilized and improved by the receipt of intensive psychiatric rehabilitation and mental health treatment services, and the need for residential or inpatient placement is avoided.

b. Performance indicators:

(1) Consumers participate with the organization staff in identifying the problem areas to be addressed and the goals to be achieved which are based on the consumer's need for services.

(2) Consumers receive individualized services designed to focus on those identified mental health or behavioral issues that are causing the significant impairment in their day-to-day functioning.

(3) Consumers who receive intensive outpatient and day treatment services receive a comprehensive and integrated schedule of recognized individual and group treatment and rehabilitation services at least three hours per day, three days per week for an identified period of time.

(4) Consumers and staff review their progress in resolving problems and achieving goals on a frequent and regular basis.

(5) Consumers receive services appropriate to defined need and current risk factors.

(6) Consumers receive services from staff who are appropriately qualified and trained to provide the range and intensity of services required by the specific problems or disabilities of the consumer. A mental health professional provides treatment services and is responsible for the supervision of day treatment, intensive outpatient and staff services.

(7) Consumers participate in discharge planning which focuses on coordinating and integrating consumer, significantly involved others as appropriate, community and organization resources.

(8) Family members of consumers are involved in the planning and provision of services as appropriate and as desired by the consumer.

24.3(3) *Psychiatric rehabilitation services.* Psychiatric rehabilitation services are individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or residential setting, and to promote consumers recovering the ability to perform a valued role in society.

a. Performance benchmark: Consumers who are experiencing a significantly reduced ability to function in the community increase their ability to function successfully in personally valued roles in chosen living, learning, working, or social environments by the receipt of psychiatric rehabilitation services and the need for residential or inpatient placement is alleviated. Positive changes in environmental status such as getting a job, moving to a more independent living arrangement, enrolling in an educational program, and joining a community group are achieved by consumers.

b. Performance indicators:

(1) Consumers participate with the provider staff in identifying the problem areas to be addressed and the goals to be achieved.

(2) Consumers receive individualized services designed to focus on those identified mental health needs, functional needs and support needs that are causing the significant impairment in their day-to-day functioning.

(3) Whenever possible, psychiatric rehabilitative services should be provided in natural settings where people live, work, learn, and socialize.

(4) Consumers and staff review their progress in resolving problems and achieving goals on a frequent and regular basis.

(5) Consumers receive services appropriate to defined need and current risk factors.

(6) Consumers receive services from staff who are appropriately qualified and trained to provide the range and intensity of services required by the specific problems or disabilities of the consumer. A psychiatric rehabilitation practitioner provides or supervises the provision of services.

(7) Consumers participate in discharge planning which focuses on coordinating and integrating consumer, family, community and organization resources.

(8) Significantly involved others are involved with the consumer in the planning and provision of services as appropriate and as desired by the consumer.

(9) Consumer outcomes are primarily measured by indicators such as:

1. An increase in motivational readiness to choose valued roles and environments.
2. Increases in skill competency.
3. Increases in the use of critical resources.
4. The achievement of chosen rehabilitation goals.
5. Satisfaction with services.
6. Satisfaction with chosen roles and environments.
7. Positive changes in environmental status such as getting a job, moving to a more independent living arrangement, enrolling in an education program, and joining a community group are achieved by consumers.
8. A decrease in the need for and use of psychiatric inpatient services.

(10) Measurement of consumer outcomes is used to continuously improve services.

24.3(4) *Supported community living services.* Supported community living services is the provision of those services and supports determined necessary to enable consumers with a chronic mental illness, mental retardation, or a developmental disability to live and work in a community setting. Services are consumer individualized, need and abilities focused, and organized according to the following components, which are to be provided by organizational staff or through linkages with other resources: outreach to appropriate support or treatment services; assistance and referral in meeting basic human needs; assistance in housing and living arrangements; mental health treatment; crisis intervention and assistance; social and vocational assistance; support, assistance, and education to the consumer's family and to the community; protection and advocacy; coordination and development of natural support systems; and service coordination. Services are directed to enhancing the consumer's ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

a. Performance benchmark: Consumers with disabilities live, work, participate and recreate in the community.

b. Performance indicators:

(1) Consumers receive services within their home and community setting based on need, desire and mutually identified problem areas.

(2) Consumers participate in a functional assessment at intake to assist in defining areas of service need and establishing a service plan which is based on the consumer's need for services. Consumers with a chronic mental illness also receive a psychiatric evaluation. Functional assessments are reviewed on a regular basis to determine progress.

(3) Consumers receive recognized psychosocial and (re)habilitative services that are directed toward the areas of need identified at admission, that use consumer strengths, that are appropriate to the diagnosed disability level of the consumer, and that are reviewed regularly by the consumer and staff for effectiveness.

(4) Consumers receive support and (re)habilitation services directed to enabling them to regain or attain higher levels of functioning or to maximize current functioning.

(5) Consumers receive services that are enhanced and extended through the organization's linkages with other community resources.

(6) Consumers receive services from staff whose education, training, and competencies address the specific needs and disabilities of the consumer and who meet the requirements of the specific services or supports to be provided. Supervision is by staff who have training, education, and experience in the specific disability of the consumers being served.

(7) Consumers and support systems, identified by the consumer as appropriate, participate in developing a crisis intervention plan which identifies potential emergencies, available supports, and how to access emergency services when needed.

(8) The support systems identified by the consumers receive education services from staff and are involved in service planning and provision at a level deemed appropriate and necessary.

(9) Consumers have medical services provided by licensed physicians, and mental health treatment services provided by mental health professionals. These services are available based on consumer need and desire.

(10) Family members of consumers are involved in the planning and provision of services as appropriate and as desired by the consumer.

24.3(5) *Partial hospitalization services.* Partial hospitalization services is an active treatment program providing intensive group and individual clinical services within a structured therapeutic environment for those consumers who are exhibiting psychiatric symptoms of sufficient severity to cause significant impairment in day-to-day functioning. Short-term outpatient crisis stabilization and rehabilitation services are provided to avert hospitalization or to transition from an acute care setting. Services are supervised and managed by a mental health professional, and psychiatric consultation is routinely available. Clinical services are provided by a mental health professional.

a. Performance benchmark: Consumers who are experiencing serious impairment in day-to-day functioning due to severe psychiatric distress are enabled to remain in their community living situation through the receipt of therapeutically intensive milieu services.

b. Performance indicators:

(1) Consumers and staff mutually develop an individualized service plan which focuses on the behavioral and mental health issues and problems identified at admission. Goals are based on the consumer's need for services.

(2) Consumers receive clinical services that are provided and supervised by mental health professionals. Psychiatric consultation and medication services are provided by a licensed and qualified psychiatrist.

(3) Consumers receive a comprehensive schedule of active, planned and integrated psychotherapeutic and rehabilitation services provided by qualified professional staff at least four hours per day, four days per week.

(4) Consumers receive group and individual treatment services that are designed to increase their ability to function independently.

(5) Consumers are involved in the development of a discharge plan which includes linkages to family, provider, and community resources and services.

(6) Consumers have sufficient staff available to ensure their safety, to be responsive to crisis or individual need, and to provide active treatment services.

(7) Consumers receive services commensurate with current identified risk and need factors.

(8) Support systems identified by consumers are involved in the planning and provision of services and treatments as appropriate and desired by the consumer.

24.3(6) *Outpatient psychotherapy and counseling services.* Outpatient psychotherapy and counseling services is a planned process in which the therapist uses professional skills, knowledge and training to enable consumers to realize and mobilize their strengths and abilities; take charge of their lives; and resolve their issues and problems. Psychotherapy services may be individual, group, or family, and are provided by a person meeting the criteria of a mental health professional, or a person with a master's degree in a mental health field who is directly supervised by a mental health professional.

a. Performance benchmark: Consumers realize and mobilize their own strengths and abilities to take control of their lives and resolve their issues and problems.

b. Performance indicators:

(1) Consumers are prepared for their role as a partner in the therapeutic process at intake where they define their situation, evaluate those factors that affect their situation, and establish desired problem resolution.

(2) Consumers are active participants in the treatment planning process and with staff mutually establish individualized goals and services that address problems identified at intake.

(3) Consumers are encouraged to feel ownership of the process of resolving problems and achieving goals through frequent reviews of their service plan and their progress.

(4) Psychiatric consultation and psychopharmacological services are available as needed by the consumer.

(5) Consumers, families and community resources receive clinical consultation as needed and requested. Clinical consultations are provided by mental health professionals.

24.3(7) *Emergency services.* Emergency services are crisis services that provide a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress, and are available and accessible, by telephone or face-to-face, to consumers on a 24-hour basis. The degree of clinical assessment and psychotherapeutic services is determined and provided by a mental health professional with training in crisis services. A comprehensive social history is not required for this assessment.

a. Performance benchmark: Consumers receive, when needed, emergency services that provide a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress.

b. Performance indicators:

(1) Consumers can access 24-hour emergency services by telephone or in person.

(2) Information about how to access emergency services is publicized to facilitate availability of services to consumers, family members, and the public.

(3) Consumers receive clinical assessments and services from mental health professionals who have been trained in emergency services. Psychiatric consultation is available, if needed.

(4) Consumers receive intervention services commensurate with current identified risk factors.

(5) Significantly involved others of consumers are involved as necessary and appropriate to the situation and as desired by the consumer.

(6) Consumers are involved in the development of postemergency service planning and resource identification and coordination.

24.3(8) *Evaluation services.* Evaluation services are screening, diagnosis and assessment of individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary. Mental health evaluations are completed by persons who meet the criteria of mental health professional.

a. Performance benchmark: Consumers receive comprehensive evaluation services that include screening, diagnosis, and assessment of individual or family functioning, needs and disabilities.

b. Performance indicators:

(1) Consumers receive evaluations that consider emotional, behavioral, cognitive, psychosocial, and physical information, as appropriate, in determining the current status and functioning and in developing recommendations for services and need for any further evaluations.

(2) Consumers receive evaluations that are appropriately focused and comprehensive in relationship to need, completed within set time lines, and result in clearly defined recommendations.

(3) Consumers receive evaluations carried out by persons professionally competent and credentialed to perform and interpret the activities and tests required for the evaluation.

441—24.4(225C) Accreditation. The commission shall consider all cases involving issuance, denial, or revocation of a certificate of accreditation. This accreditation shall delineate all categories of service the organization is accredited to provide. Although an organization may have more than one facility or service site, only one accreditation notice shall be issued to the organization.

24.4(1) *Organizations eligible for accreditation.* The following organizations are accredited by the commission:

a. Providers of case management.

b. Community mental health centers.

c. Providers of community supported living arrangements.

d. Providers of other mental health services.

24.4(2) *Performance outcome evaluations system.*

a. Each of the standards for organizational activities set forth in rule 441—24.2(225C) shall be reviewed. A performance compliance level shall be determined for each benchmark based on the number of indicators present for that benchmark. The performance compliance level for the benchmark of each organizational activity shall have a potential total rating of 100 percent. Each indicator under a benchmark is assigned a percentage weight arrived at by dividing 100 percent by the number of indicators for the benchmark. The percentage compliance level for each benchmark is arrived at by adding the percentage weight for each indicator present.

All ten organizational benchmark rating totals shall be added and divided by ten to determine the organizational performance rating.

b. Each of the services set forth in rule 441—24.3(225C) shall be reviewed if provided by the organization. A performance compliance level shall be determined for each benchmark based on the number of indicators present for that benchmark. The performance compliance level for the benchmark of each service provided shall have a potential total rating of 100 percent. Each indicator under a benchmark is assigned a percentage weight arrived at by dividing 100 percent by the number of indicators for the benchmark. The percentage compliance level for each benchmark is arrived at by adding the percentage weight for each indicator present.

When a provider is accredited for more than one service under this division, staff shall conduct one survey for the organization. There shall be one accreditation award for all the services based upon the lowest score of the services surveyed. When an organization subcontracts with agencies to provide services, on-site reviews shall determine if each agency meets all the requirements in this division. When a provider subcontracts with more than one agency, the length of accreditation shall be determined individually.

c. Rescinded IAB 6/3/98, effective 8/1/98.

24.4(3) *Categories of accreditation.* The commission may issue one of five categories of accreditation for each organization.

a. Initial accreditation. Organizations applying for their first accreditation by the commission may be issued an initial accreditation for 270 calendar days, after which a full on-site survey shall be completed.

b. Accreditation for three years with excellence.

c. Accreditation for three years with corrective action.

d. Accreditation for one year. After two consecutive surveys in which one-year accreditations are awarded, an organization must achieve the performance level of a three-year accreditation or it shall not be recommended for accreditation.

e. Probational accreditation. A probational 270-day accreditation may be issued to those organizations which, because of serious and pervasive compliance deficiencies that exist in the organization, cannot meet requirements for a one-year accreditation. This time period is granted to the organization to establish and implement corrective and improvement activities. During this time period the commission may require division staff to monitor implementation of the corrective action plan through on-site visits, written reports or technical assistance. Probational accreditation issued for 270 calendar days shall not be renewed or extended and shall require a full on-site survey to be completed. The organization shall be required to achieve at least a one-year accreditation status at the time of the resurvey in order to maintain accreditation.

24.4(4) *Accreditation decisions.*

a. Accreditation with excellence (three years). An organization or service is eligible for accreditation with excellence if it has achieved a 90 percent or higher performance compliance level. No corrective action plan or follow-up monitoring is required.

b. Three-year accreditation with corrective action plan. An organization or service is eligible for this type of accreditation if it has achieved an 80 percent to 89 percent average performance compliance level, but needs improvement in specified areas to increase performance level. The organization shall develop and submit a plan of corrective action and improvement which may be monitored either by written report or on-site review.

c. One-year accreditation. An organization is eligible for this type of accreditation when multiple and substantial deficiencies exist in specific areas causing compliance levels with performance benchmarks and indicators to fall between the averages of 70 percent to 79 percent, or when previously required corrective action plans have not been implemented or completed. The organization must submit a corrective action plan to correct and improve specific deficiencies and overall levels of functioning. This plan shall be monitored though on-site reviews, written reports and the provision of technical assistance.

d. Initial 270-day accreditation. Division staff may recommend the commission grant this type of accreditation for a new organization, or for an organization not previously accredited by the commission. Staff may review the organization mission, policies, procedures, staff requirements or credentials, and quality improvement system.

e. Probational 270-day accreditation. An organization is eligible for this type of accreditation at the commission's discretion in lieu of denial when the overall compliance level falls to 69 percent or below and pervasive and serious deficiencies exist; or when previously required corrective action plans have not been implemented or completed. All deficiencies must be corrected by the time of the follow-up, on-site survey at the conclusion of the provisional time period. After this survey the organization shall either be accredited for at least one year, or accreditation shall be denied. Organizations with a one- or three-year accreditation may be downgraded to the probational 270-day accreditation when one or more complaints are founded at an on-site investigation visit conducted by division staff.

f. Accreditation shall expire one or three calendar years, or 270 calendar days, from the month of issue, and a renewal of the accreditation shall be issued only upon application, as required herein. The renewal of a certificate shall be contingent upon demonstration of continued compliance with accreditation requirements.

24.4(5) *Nonassignability.* Accreditation shall not be assignable to any other organization or provider.

24.4(6) *Discontinuation.*

a. A discontinued organization is one which has terminated the service for which it has been accredited.

b. Accreditation is not transferable. Any person or other legal entity acquiring an accredited facility for the purpose of operating a service shall make an application as provided herein for a new certificate of accreditation. Similarly, any organization having acquired accreditation and desiring to fundamentally alter the service philosophy or transfer to different premises must notify the division 30 calendar days before said action in order for the division to review the change and to determine appropriate action.

c. An organization shall notify the division of any sale or change in the business status or transfer of ownership in the business, or impending closure of the accredited or certified service at least 30 calendar days before closure. The organization shall be responsible for the referral and placement of consumers, as appropriate, and for the preservation of all records.

24.4(7) *Application and renewal procedures.* Applying for accreditation usually constitutes the beginning of the accreditation process and the process shall continue until final determination of the organization's accreditation status is made by the commission. The division shall provide Form 470-3005, Application for Accreditation, to all applicants for accreditation or renewal. An applicant for accreditation shall submit the following information.

a. The name and address of the applicant organization.

b. The name and address of the chief executive officer of the applicant organization.

c. The type of organization and specific services for which the organization is applying for accreditation.

d. The targeted population groups for which services are to be provided, as applicable.

e. The number of individuals in each of the targeted population group or groups to be served, as applicable.

f. Other relative information related to the standards as requested by division staff.

g. Form 470-3005, Application for Accreditation. This form shall be signed by the organization's chief executive officer and the chairperson of the governing body.

24.4(8) *Application review.* An organization seeking accreditation shall submit a completed application, Form 470-3005, to the division. The division shall review the application for completion and request any additional material as needed. Organizations applying for first-time accreditation may be granted initial accreditation for 270 days to operate until an on-site survey is completed and determination of their accreditation status is made by the commission.

24.4(9) *Survey review of organizations.* The division shall review organizational services and activities as determined by the accreditation category. This review may include on-site case record audits, administrative procedures, clinical practices, personnel records, performance improvement systems and documentation, and interviews with staff, consumers, boards of directors, or others deemed appropriate, consistent with the confidentiality safeguards of state and federal laws.

a. An on-site visit shall be made with the organization. The division shall not be required to provide advance notice to the provider of the on-site visit for accreditation.

b. The on-site survey team shall consist of designated members of the division staff. If appropriate, the team may include a chief executive officer or clinical supervisor of an organization accredited for a three-year period and selected by the accreditation team leader.

c. The team shall survey the organization that has applied for accreditation or that is being reviewed as determined by accreditation category and the services indicated on the accreditation application in order to verify information contained in the application and ensure compliance with all applicable laws, rules and regulations.

d. The accreditation survey team leader shall send a written report of the findings to the organization within 30 working days after completion of the accreditation survey.

e. Organizations applying for first-time accreditation shall be offered technical assistance. Following accreditation, any organization may request technical assistance from the division to bring into conformity those areas found in noncompliance with this chapter's requirements. The commission may also require that technical assistance be provided to an organization if multiple deficiencies are noted during a survey to assist in implementation of their corrective action plan. Renewal applicants may be provided technical assistance as needed.

f. Organizations required to develop a corrective action and improvement plan shall submit it to the division within 30 working days after the receipt of a report issued as a result of the division's survey review. The corrective action plan shall include: specific problem areas cited, corrective actions to be implemented by the organization, dates by which each corrective measure shall be completed, and quality assurance and improvement activities to measure and ensure continued compliance.

g. The division shall prepare all documents with a final recommendation regarding accreditation to be presented at the commission meeting. The division shall mail summary reports of the on-site service review or desk review and a final recommendation concerning accreditation to all commission members on each application to be processed at the next commission meeting. If the commission approves accreditation, Form 470-3006, Notice of Action-Approval, shall be issued which states the duration of the accreditation and the services for which the organization is accredited to provide. If the commission denies or revokes accreditation, Form 470-3008, Notice of Action-Denial, shall be issued which states the reasons for the denial.

h. The division may grant an extension to the period of accreditation for an organization if there has been a delay in the accreditation process which is beyond the control of the organization, division, or commission; or the organization has requested an extension to permit the organization to prepare and obtain approval of a corrective action plan. The length of the extension shall be established by the division on a case-by-case basis.

441—24.5(225C) Deemed status. The mental health and developmental disabilities (MH/DD) commission may grant deemed status to organizations accredited by a recognized national, not-for-profit, accrediting body when the commission determines the accreditation is for similar services. Deemed status for similar services shall also be granted to providers who are certified under 441—Chapter 24, Division II.

24.5(1) *National accrediting bodies.* The national accrediting bodies currently recognized as meeting commission criteria for possible deeming are:

a. Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

b. Council on Accreditation of Rehabilitation Facilities (CARF).

c. The Council on Quality and Leadership in Supports for People with Disabilities (The Council).

d. Council on Accreditation of Services for Families and Children (COA).

The accreditation credentials of these national bodies must specify the type of organization, programs, and services that they accredit, and include targeted population groups, if appropriate. (For example, residential services programs serving consumers with mental retardation (MR); organizations providing mental health (MH) services such as day treatment programs; organizations providing case management services for consumers with mental illness (MI); supported living services for consumers with MI or MR disabilities.) Deemed status means that the division is accepting an outside body's review, assessment, and accreditation of a provider's functioning and services; therefore, the accrediting body doing the review must be assessing categories of organizations and types of programs and services corresponding to those described under this chapter. For example, having CARF accreditation for residential and workshop services for MR and DD population groups does not allow that organization to be deemed, based on that CARF accreditation, as a mental health organization to provide mental health services. When an organization has received accreditation by deemed status, the organization is still held responsible for meeting all requirements under this chapter and all applicable state laws and regulations. When a provider which is nationally accredited requests deemed status for services not covered by the national body's standards but covered under this chapter, the accreditation for those services shall be done by the division. Technical assistance by division staff shall be provided to deemed status providers as time permits; however, the assistance will be focused on this chapter's requirements.

24.5(2) *Reservations.* When deemed status is granted, the commission and the division reserve the following:

a. To have division staff conduct on-site focused reviews for those organizations applying for deemed status who have not been previously accredited by the division.

b. To have division staff do joint site visits with the accrediting body, attend exit conferences, or conduct focused follow-behind visits as determined to be appropriate in consultation with the national accrediting organization and the provider organization.

c. To be informed of and to investigate all complaints that fall under this chapter's jurisdiction, to make findings as a result of the investigation, and to levy penalties when indicated. Complaints, findings and penalties shall be reported to the national accrediting body. The complaint process outlined in this chapter shall be followed.

d. To review and act upon deemed status under the following circumstances: when complaints have been founded, when focused reviews find instances of noncompliance with this chapter's requirements, when the national accreditation status of the provider expires without renewal, or when the organization's status is downgraded or withdrawn by the national accrediting body.

e. To have division staff conduct either focused or full surveys in instances where the national body has accredited the organization for less than the maximum time period.

24.5(3) *Application for deemed status.* To apply for deemed status, the provider shall:

a. Be currently accredited by a recognized national accrediting body for services that are defined under this chapter.

b. Submit Form 470-3331, Application for Deemed Accreditation, and copies of the latest survey report and accreditation certificate.

c. Sign Form 470-3332, Letter of Agreement, and submit it to the division.

d. Provide any additional information or supporting documentation as required by the division.

When granted, deemed status shall coincide with the time period awarded by the national accrediting body, but under no circumstances shall it be longer than three years.

441—24.6(225C) Complaint process.

24.6(1) *Submittal of complaint.* The division shall receive and record complaints by consumers, employees, any interested persons, and the public relating to or alleging violations of applicable requirements of the Iowa Code or rules adopted pursuant to the Code.

a. The complaint may be delivered personally or by mail to the Division of MH/DD, Department of Human Services, Hoover State Office Building, Des Moines, Iowa 50319-0114, or by calling (515)281-5874. Consumers shall be assisted as needed or requested in making a complaint.

b. The information received should specifically state the basis of the complaint.

24.6(2) *Review of complaint.* Upon receipt of a complaint, the division shall make a preliminary review of the complaint. If the division concludes that the complaint is reasonable, has merit, and is based on a violation of rules in this chapter, it may make an on-site review of the organization (with approval of either the division administrator or designee or the commission) which is subject to the complaint. The on-site review does not require advance notice to the program.

24.6(3) *Decision of division.* The division shall determine an appropriate response which may include, when approved by the administrator (or designee), an on-site investigation. The decision and action shall be made in a timely fashion to preserve the availability of witnesses and avoid beginning an investigation under conditions which may have been significantly altered since the period with which the complaint is concerned. If a decision is made to conduct an on-site investigation, the chief executive officer and board chairperson of the organization involved shall, before or at the commencement of the on-site investigation, be notified that the division has received a complaint.

a. The organization shall be given an opportunity to informally present a position regarding allegations in the complaint. The position may be submitted in writing or presented in personal conference with division staff.

b. A written report shall be submitted by certified mail to the chief administrative officer of the organization and the chairperson of the board of directors within 20 working days after completion of the review.

c. The report shall indicate whether the complaint was or was not substantiated, the basis for the substantiation or nonsubstantiation, the specific rules violated, and a recommendation for corrective action within time lines specified in the report.

d. The date of delivery shown by the certified mail stub shall constitute date of official notice.

24.6(4) *Review by commission.* The commission may review the complaint and investigation report in a closed meeting following applicable Iowa Code section 21.5 requirements pertaining to closed meetings.

a. If the complaint is founded, the commission may take actions deemed appropriate, which may include downgrading or suspending or revoking an organization's accreditation status, depending on the severity of the substantiated complaint.

b. The action taken by the commission shall be voted upon in the reconvened public meeting part and entered into the official record of commission minutes.

c. The complainant and the organization shall be informed of the findings and actions taken by the commission.

24.6(5) *Corrective action plan.* If the complaint is substantiated, the organization may be expected to submit a corrective action plan to the division within 20 days after receiving the commission's decision. This plan must respond to violations cited and commission requirements, and include time lines, internal monitoring systems, and performance improvement planning. Failure of the organization to respond to the report may of itself constitute the basis for revocation or suspension of accreditation. The organization shall be notified if any action is taken.

441—24.7(225C) Appeals. Decisions made by the commission, the division or their designees which adversely affect organizations accredited under this chapter may be appealed pursuant to 441—Chapter 7.

These rules are intended to implement Iowa Code chapter 225C.

441—24.8 to **24.20** Reserved.

DIVISION II
PILOT PROJECT FOR CERTIFICATION OF SERVICES FOR PERSONS WITH MENTAL ILLNESS, MENTAL RETARDATION, DEVELOPMENTAL DISABILITIES, AND BRAIN INJURY

PREAMBLE

This three-year pilot project establishes outcome-based standards for certifying the following organizations which serve persons with a mental illness, mental retardation, developmental disabilities, or brain injury: residential care facilities for persons with mental retardation (RCF/MR); residential care facilities for persons with mental illness (RCF/PMI); and providers of home- and community-based waiver services for persons with mental retardation (HCBS MR), home- and community-based waiver services for persons with brain injury (HCBS BI), community supervised living arrangements (CSLA), vocational services including group settings and supported employment placements, case management services, and respite services.

Notwithstanding the following, a consumer's choice is limited to services available through the approved county management plans pursuant to 441—Chapter 25, Division II. Likewise, a consumer's choice is limited to services available that the state or the department may offer.

441—24.21(76GA,ch1213,135C,225C,249A) Definitions.

"*Appropriate*" means that the services, supports, or activities provided or undertaken by the organization are relevant to the consumer's needs, situation, problems, or desires.

"*Assessment*" means the review of the consumer's current functioning in regard to the consumer's situation, needs, strengths, abilities, desires and goals.

"*Case management services*" means those services established pursuant to Iowa Code chapter 225C.

"*Chemical restraint*" means the emergency use of medication to control or modify the consumer's behavior.

"*Competitive employment*" means work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting for which an individual is compensated at or above the minimum wage and at no less than the customary wage and level of benefits paid by the employer for the same or similar work performed by persons who are not disabled.

"Day activity" means services and supports given by an organization to enable consumers to maintain their inclusion in the community.

"Deemed status" means acceptance of certification or licensure of a program or service by another certifying body in place of certification based on review and evaluation.

"Department" means the Iowa department of human services.

"Direct service" means services involving face-to-face assistance to a consumer such as transporting a consumer or providing therapy.

"Fiscal accountability" means the development and maintenance of budgets and independent fiscal review.

"Mental retardation" means a diagnosis of mental retardation under these rules which shall be made only when the onset of the person's condition was prior to the age of 18 years and shall be based on an assessment of the person's intellectual functioning and level of adaptive skills. The diagnosis shall be made by an individual who is a psychologist or psychiatrist who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person's adaptive skills. A diagnosis of mental retardation shall be made in accordance with the criteria provided in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, published by the American Psychiatric Association (DSM-IV).

"Natural supports" means services and supports identified as wanted or needed by the consumer and provided by persons not for pay (family, friends, neighbors, coworkers, and others in the community) and organizations or entities that serve the general public.

"Organization" means the entity being certified.

"Organizational outcome" means a demonstration by the organization of actions taken by the organization to provide for services or supports to consumers.

"Outcome" means an action or event that follows as a result or consequence of the provision of a service or support.

"Physical restraints" means any manual method or mechanical device that the individual cannot remove easily, and which restricts the free movement of, normal functioning of, or normal access to a portion or portions of an individual's body and which is used to change or control behavior.

"Procedures" means the steps to be taken to implement a policy.

"Process" means the services or supports provided by an agency to a consumer that will allow the consumer to achieve an outcome. This can include a written, formal, consistent and trackable method or an informal process that is not written but is trackable.

"Program" means a set of related resources and services directed to the accomplishment of a fixed set of goals and objectives for the population of a specified geographic area or for special target populations. It can mean an agency, organization, or unit of an agency, organization or institution.

"Respite" means temporary care to a consumer to provide relief to the usual caregiver and provide all the care the usual caregiver would provide.

"Service plan" means a written goal-oriented plan of services developed for a consumer by the consumer and the organization.

"Staff" means a person under the direction of the organization to perform duties and responsibilities of the organization.

"Supported community living services" means services that are provided to the consumer to meet the consumer's daily living needs. Supported community living may be provided from 1 to 24 hours per day. Services may include advocacy, community skills, personal needs, transportation, and treatment. Supported community living services may be provided in a variety of settings. The consumer may live with the consumer's family, guardian, in typical community dwellings, or in large group or institutional settings.

"Supported employment" means competitive work in an integrated work setting with ongoing support services for consumers for which competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of severe disabilities. The consumer must meet the requirements of the organization providing the services.

"Vocational services" means services to consumers with disabilities to assist them in achieving work in the community.

441—24.22(76GA,ch1213,135C,225C,249A) Organizations to be certified. The following organizations are eligible to be certified to provide particular services: residential care facilities for persons with mental retardation (RCF/MR); residential care facilities for persons with mental illness (RCF/PMI); and providers of home- and community-based waiver services for persons with mental retardation (HCBS MR), home- and community-based waiver services for persons with brain injury (HCBS BI), vocational services including group settings and supported employment placements, supported community living services, and case management services. Respite services are required to meet Outcome 1 and participate in satisfaction surveys. Recommendation may be made at the end of the pilot project for an extension of certification to organizations that received three-year recommendations.

441—24.23(76GA,ch1213,135C,225C,249A) Certification process. Reviews of compliance with standards for initial certification and recertification shall be conducted by the department of human services' division of mental health and developmental disabilities quality assurance staff. The division shall seek input from the participating divisions and departments on certification issues with the final decision resting with the department of human services. Certification carries no assurance that the approved provider will receive funding.

24.23(1) *Application for certification and service approval.*

a. Applications for certification shall be submitted to the Division of Mental Health and Developmental Disabilities, Fifth Floor, Hoover State Office Building, Des Moines, Iowa 50319-0114, using Form 470-3375, which is available from the division.

b. The applicant shall submit the completed application to the department at least 90 days before the planned service implementation date.

c. The department may request any information from the prospective service provider which is considered pertinent to arriving at a certification decision. This may include, but is not limited to:

(1) Current accreditations, evaluations, inspections and reviews by regulatory and licensing agencies and associations.

(2) Fiscal capacity of the prospective provider to initiate and operate the specified programs on an ongoing basis.

(3) The prospective provider's written agreement to work cooperatively with the state and the central point of coordination in the counties to be served by the provider.

24.23(2) *Initial certification.*

a. The department shall make a determination regarding initial certification within 60 days of receipt of the application and notify the provider in writing of the decision unless extended by mutual consent of the parties involved. Providers shall be responsible for notifying the appropriate county and the appropriate central point of coordination of the determination.

b. The decision of the department on initial certification of the providers shall be based on all relevant information, including:

(1) The application for status as an approved provider according to requirements of rules.

(2) A determination of the financial position of the prospective provider in relation to its ability to meet the stated need.

(3) The prospective provider's coordination of the service design, development, and application with the applicable local county central point of coordination and other interested parties.

c. Providers applying for initial certification shall be offered technical assistance.

24.23(3) *Recertification.* After initial certification, the level of certification shall be based on a full on-site review unless the provider has deemed status. In those cases, policy at subrule 24.23(5) applies. The on-site reviews use interviews with consumers and significant people in the consumer's life to determine whether or not the 18 individual value-based outcomes set forth in rule 441—24.24(76GA,ch1213,135C,225C,249A) and corresponding processes are present for the consumer.

Once the outcomes and processes have been determined for all the consumers in the sample, a review team then determines which of the 18 outcomes and processes are present for the provider. A specific outcome is present for the provider when the specific outcome is determined to be present for 75 percent or more of the consumers interviewed. A specific process is present for the provider when the process is determined to be present for 75 percent or more of the consumers interviewed.

An exit conference will be held with the organization to share preliminary findings of the certification review. A review report shall be written and sent to the provider within 30 calendar days unless the parties mutually agree to extend that time frame.

24.23(4) *Period of certification.* Provider certification shall become effective on the date identified on the certificate of approval, Form 470-3376, and shall terminate in 270 calendar days, one year, or three calendar years from the month of issue. The renewal of certification shall be contingent upon demonstration of continued compliance with certification requirements.

a. Initial certification. Providers eligible for initial certification by the department shall be issued an initial certification for 270 calendar days based on documentation provided.

b. Recertification. The department may issue four categories of recertification:

(1) Three-year certification with excellence. An organization is eligible for certification with excellence if the number of processes present is 18 or higher and the number of outcomes and corresponding processes present together is 12 or higher. Both criteria need to be met to receive three-year certification with excellence. Corrective actions may be required which may be monitored through the assignment of follow-up monitoring either by written report, a plan of corrective actions and improvements, an on-site review, or the provision of technical assistance.

(2) Three-year certification with follow-up monitoring. An organization is eligible for this type of certification if the number of processes present is 17 or higher and the number of outcomes and corresponding processes present together is 11 or higher. Both criteria need to be met to receive three-year certification with follow-up monitoring. Corrective actions are required which may be monitored through the assignment of follow-up monitoring either by written report, a plan of corrective actions and improvements, an on-site review, or the provision of technical assistance.

(3) One-year certification. An organization is eligible for this type of certification when the number of processes present is 14 or higher and the number of outcomes and processes together is 9 or higher. Both criteria need to be met to receive one-year certification. Corrective actions are required which may be monitored through the assignment of follow-up monitoring either by written report, a plan of corrective actions and improvements, an on-site review, or the provision of technical assistance. One-year certification may also be given in lieu of longer certification when previously required corrective actions have not been implemented or completed.

(4) Probational certification. A probational certification may be issued to those providers who cannot meet requirements for a one-year certification. This time period shall be granted to the provider to establish and implement corrective actions and improvement activities. During this time period the department may require monitoring of the implementation of the corrective actions through on-site visits, written reports or technical assistance. Probational certification issued for 270 calendar days shall not be renewed or extended, and shall require a full on-site follow-up review to be completed. The provider shall be required to achieve at least a one-year certification status at the time of the follow-up review in order to maintain certification.

24.23(5) *Deemed status.*

a. Deemed status is the acceptance of an outside body's review, assessment, and certification of a provider's functioning and services. Deemed status for similar services shall also be granted to providers who are accredited under 441—Chapter 24, Division I. When an organization has received certification by deemed status, the organization is still held responsible for meeting all applicable state laws.

b. Deemed status shall be granted to organizations certified by a recognized national, not-for-profit, certifying body, when the certification is for all of the services for which the organization is requesting certification from the department. The national certifying bodies currently recognized as meeting department criteria for deeming are: Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Council on Accreditation of Rehabilitation Facilities (CARF), The Council on Quality and Leadership in Supports for People with Disabilities (The Council), and Council on Accreditation of Services for Families and Children (COA). The certification credentials of these national bodies must specify the type of organization, programs, and services that they certify, and include targeted population groups, if appropriate. (For example, residential services programs serving consumers with mental retardation (MR), organizations providing case management services for consumers with mental retardation, and supported living services for consumers with MR.)

c. Staff may attend exit conferences with the national certifying organization and the provider organization.

d. Staff may review and act upon deemed status under the following circumstances: when complaints have been founded, when the national certification status of the provider expires without renewal, or when the organization's status is downgraded or withdrawn by the national certifying body.

24.23(6) *Immediate jeopardy.* During the course of the survey, a team member may encounter a situation which places consumers in immediate jeopardy. This refers to circumstances where the life, health, safety or dignity of a consumer will be severely jeopardized if not immediately corrected. In these instances, the team member shall not await team consensus to act. The team member shall immediately notify the provider and the division or department administrator of the situation. The situation must be corrected within 24 to 48 hours unless otherwise indicated. The provider must take any and all action necessary to correct the situation. The team member shall validate that the situation has been corrected within the designated time frame and the survey shall continue. Incidents shall be noted in the consumer's records and the consumer's family members or guardian, if applicable, shall be notified.

If the situation is not corrected within the prescribed time frame, that portion of the provider's services which were the subject of the notification shall not be certified and the department or division and the county of residence's central point of coordination shall also be notified immediately. At that time the provider must take appropriate action to ensure the safety of the consumer deemed to be at risk as a result of the provider's inaction.

24.23(7) *Complaints.* Once a provider is certified, the provider's certification position may be changed or altered upon a finding by the department of a complaint as outlined below. The change may include, but not be limited to, the revocation of certification as well as a change in certification status.

a. Submittal of complaint. The division shall receive and record complaints by consumers, employees, any interested persons, and the public relating to or alleging violations of applicable requirements set forth in this chapter.

(1) The complaint may be delivered personally or by mail to the Division of Mental Health and Developmental Disabilities, Department of Human Services, Hoover State Office Building, Des Moines, Iowa 50319-0114, or by telephone at (515)281-5874. Complaints by telephone shall be accepted, but the complainant may be required to submit a written follow-up detailing the complaint and the complainant's name and address. Consumers shall be assisted as needed or requested in making a complaint.

(2) The information received should specifically state the basis of the complaint.

b. Preliminary review of complaint. Upon receipt of a complaint, the review team shall make a preliminary review of the complaint. If the division concludes that the complaint is reasonable, has merit, and is based on a violation of rules in this chapter, it may make an on-site review of the organization which is subject to the complaint. The on-site review does not require advance notice to the program. The complainant shall be informed if the complaint is not based on a violation of rules in this chapter and that the division will not investigate the complaint. When possible, the complainant shall be given information on to whom the complaint should be submitted.

c. Decision of division. The division shall determine an appropriate response which may include, when approved by the administrator (or designee), an on-site investigation. The decision and action shall be made in a timely fashion to preserve the availability of witnesses and avoid beginning an investigation under conditions which may have been significantly altered since the period with which the complaint is concerned. If a decision is made to conduct an on-site investigation, the chief executive officer and board chairperson of the organization involved shall, before or at the commencement of the on-site investigation, be notified that the division has received a complaint.

(1) The organization shall be given an opportunity to informally present a position regarding allegations in the complaint. The position may be submitted in writing or presented in personal conference with division staff.

(2) A written report shall be submitted by certified mail to the chief administrative officer of the organization and the chairperson of the board of directors within 20 working days after completion of the review.

(3) The report shall indicate whether the complaint was or was not substantiated, the basis for the substantiation or nonsubstantiation, the specific rules violated, and a recommendation for corrective action within time lines specified in the report.

(4) The date of delivery shown by the certified mail stub shall constitute date of official notice.

d. Founded complaints. If the complaint is founded, the department may take actions deemed appropriate, which may include downgrading, suspending, or revoking an organization's accreditation status, depending on the severity of the substantiated complaint. The complainant and the organization shall be informed of the findings and actions taken by the department.

e. Corrective action plan. If the complaint is substantiated, the organization may be expected to submit a corrective action plan to the division within 20 days after receiving the survey team's decision. This plan must respond to violations cited and include time lines, internal monitoring systems, and performance improvement planning. Failure of the organization to respond to the report may of itself constitute the basis for revocation or suspension of accreditation. The organization shall be notified in writing if any action is taken.

441—24.24(76GA,ch1213,135C,225C,249A) Outcome-based performance standards. The initial certification is based on whether or not outcome 1 is in place. Recertification is based on whether or not outcome 1 is in place and if the remaining 17 outcomes and corresponding processes are found to be present in the lives of the consumers served. Each outcome is followed by indicators. These indicators are used in determining outcomes, but are not exclusive. Interviews of consumers, legal guardians, staff, and friends will assist the reviewers in assessing the quality of services the consumers are receiving.

24.24(1) *Organizational standards (Outcome 1).* The organization demonstrates the provision and oversight of high quality supports and services to consumers.

a. The organization demonstrates a defined mission commensurate with consumers' needs, desires and abilities.

b. The organization establishes and maintains fiscal accountability.

c. The organization has qualified staff commensurate with the needs of the consumers they serve. These staff demonstrate competency in performing duties and in all interactions with clients.

d. The organization provides needed training and supports to staff. This training includes at a minimum:

(1) Consumer rights.
(2) Confidentiality.
(3) Provision of consumer medication.
(4) Identification and reporting of child and dependent adult abuse.
(5) Individual consumer support needs.

e. The organization demonstrates methods of evaluation.

(1) Past performance is reviewed.
(2) Current functioning is evaluated.
(3) Plans are made for the future based on the evaluation and review.

f. The governing body has an active role in the administration of the agency.

g. The governing body receives and uses input from a wide range of local community interests and consumer representation and provides oversight that ensures the provision of high-quality supports and services to consumers.

24.24(2) *Rights and dignity.*

a. (Outcome 2) Consumers are valued.

(1) Values and customs of each consumer's culture, lifestyle, and religion are respected.

(2) Consumers' lives are free of rules that have no relationship to the programmatic needs of the client.

b. (Outcome 3) Consumers live in positive environments.

(1) The consumer's home reflects the individual's personal taste and interests.

(2) Consumers have access in and around their homes.

(3) The consumer's home has accommodations to meet the individual's needs.

(4) Consumers have and use their personal possessions.

c. (Outcome 4) Consumers work in positive environments.

(1) Consumers are familiar with the areas in their workplace.

(2) The consumer's workplace has accommodations to meet the individual's needs.

d. (Outcome 5) Consumers exercise their rights and responsibilities.

(1) Consumers and their guardians are informed about and know about consumer rights, responsibilities, and advocacy resources.

(2) Consumers and their family members may appeal provider decisions regarding treatment and care via a formal and impartial grievance procedure established by the facility or provider.

(3) Consumers have visitors of their choice visit their homes.

(4) Consumers have opportunities to exercise their right to vote.

(5) Consumers' legal, civil, and human rights are protected.

e. (Outcome 6) Consumers have privacy.

(1) Consumers make and receive telephone calls privately.

(2) Consumers send and receive their own mail without censorship.

(3) Consumers have privacy in the bathroom.

(4) Others enter consumers' homes only with permission of those who live there.

(5) Others enter consumers' bedrooms only with consumers' permission.

(6) Consumers spend time alone as they choose.

(7) Consumers entertain guests in privacy.

(8) Consumers discuss personal matters privately.

f. (Outcome 7) When there is a need, consumers have support to exercise and safeguard their rights.

(1) If a consumer is unable to consent, the consumer's legal representative is able to consent on the consumer's behalf and for the consumer's benefit.

(2) Staff understand the responsibilities and limits of guardians, representative payees, or conservators.

(3) Consumers have private access to legal counsel and other advocacy assistance without retaliation, and staff assist consumers in gaining access as needed.

(4) Consumers may choose a person to support and assist them. That person is informed of significant events in the life of the consumer.

(5) Any restriction of rights is documented and there is a plan in place with time lines to regain rights.

(6) Consumers are given 30-day notice with reasons provided to them before any termination.

g. (Outcome 8) Consumers decide which personal information is shared and with whom.

(1) Information in the consumer's record and other pertinent information is shared only with designated staff who need access to that information as permitted through governmental laws and regulations.

(2) Staff share personal information about each consumer only with that consumer's permission, as permitted through governmental laws and regulations, and consumers are periodically informed of personal information distribution.

(3) Consumers have assistance with understanding the information in their records.

(4) Consumers have access to their own records.

h. (Outcome 9) Consumers make informed choices about where they work.

(1) Consumers have meaningful input into the type of work they do.

(2) Consumers have information about career options and supports and training to achieve their choices.

(3) Consumers have the opportunity to visit a number of workplaces in the community before making a choice.

(4) Consumers have the opportunity to change careers.

(5) Consumers have opportunities for advancement in pay, benefits and position.

(6) Consumers choose if and when they work. If work is not the best choice for a consumer, constructive alternatives to work are made available.

(7) Consumers make an informed choice on when to retire from their jobs.

i. (Outcome 10) Consumers make informed choices on how they spend their free time.

(1) Consumers have opportunities to develop and pursue their leisure interests.

(2) Consumers demonstrate enjoyable ways to spend their free time.

(3) Consumers spend their free time with people of their own choosing.

j. (Outcome 11) Consumers make informed choices about where and with whom they live.

(1) Consumers choose where they live based on information about options.

(2) Consumers choose with whom they live based on a personal knowledge about potential living companions.

k. (Outcome 12) Consumers choose their daily routine.

(1) Consumers receive assistance with grooming and personal appearance consistent with their needs and choice.

(2) Consumers have input into how they spend each day.

(3) Consumers have input regarding who assists them with their personal care.

(4) Consumers participate in developing and implementing rules, if needed, in their homes.

l. (Outcome 13) Consumers are a part of community life and perform varied social roles.

(1) Consumers have opportunities to participate in community life.

(2) Consumers have opportunities to participate in social activities.

(3) Consumers are contributing members of their community.

m. (Outcome 14) Consumers have a social network and varied relationships.

(1) Consumers have opportunities to meet other people.

(2) Consumers have meaningful opportunities to make and sustain friendships.

(3) The consumer's desire for intimacy or solitude is respected and supported.

n. (Outcome 15) Consumers develop and accomplish personal goals.

(1) Consumers participate in the development and ongoing revision of a written plan that identifies their desires, strengths, goals, and needs.

(2) Consumers participate annually in a continuous monitoring of progress toward goals.

(3) Consumers receive necessary supports and training to achieve their personal goals.

o. (Outcome 16) Management of consumers' money is addressed on an individualized basis.

(1) Consumers have choices on how their money is accessed and spent.

(2) Consumers receive the support they need in managing their resources.

(3) Consumers receive education in managing their resources.

(4) When the agency is involved in management of consumer funds, those funds are spent and managed properly and legally and not commingled with other funds.

p. (Outcome 17) Consumers maintain good health.

(1) Consumers receive health care consistent with their identified needs.

(2) Staff are knowledgeable and responsive to the consumers' health care needs.

(3) Accommodations are made for consumers' health care needs.

q. (Outcome 18) The consumers' desire for intimacy is respected and supported.

(1) Consumers receive education and support to learn about intimacy and sexuality.

(2) Consumers are supported in expressing their sexuality.

(3) Others recognize the consumers' need for intimacy.

r. (Outcome 19) Consumers have an impact on the services they receive.

(1) Consumers are free to express opinions.

(2) Consumers assist in the hiring, firing, and evaluation of staff.

(3) Consumers participate in the evaluation of the provider.

(4) Consumers have input into administrative decisions that affect their lives.

(5) Consumers' opinions are seriously considered in the development of change in services and supports.

s. (Outcome 20) The consumer's living environment is reasonably safe in the consumer's home and community.

24.24(3) *Environmental guidelines.* The following processes for environmental guidelines shall be in place for state- or corporate-owned or leased buildings which are used for group living of three people or more. The organization shall be given time to make the necessary changes when the immediate health and safety of the consumer are not involved.

a. Safety. The organization shall be responsible for the provision and maintenance of a safe home or environment for residents and personnel:

(1) There is personal security and safety in the home or environment.

(2) There is a written emergency plan which is practiced at least quarterly and implemented when necessary.

(3) There is an adequate fire detection system.

(4) Heating and ventilation systems are operable, meet safety regulations, and are checked once a year.

(5) Means of egress are kept open.

(6) The consumer has knowledge of personal security and safety.

(7) The home or apartment is secure.

(8) Food storage and preparation, serving, and cleanup are sanitary and safe.

(9) The water is safe and meets water safety requirements.

b. Living areas.

(1) Consumers' bedrooms have a door.

(2) There are no more than two consumers in a bedroom.

(3) Bedrooms have adequate space to meet individual needs. Bedrooms have a minimum of 80 square feet of useable floor space per bed in single bedrooms and 60 square feet per bed in multiple bedrooms.

(4) There is a minimum of one toilet for each five consumers, and one tub or shower for each ten consumers.

(5) Appropriate safety devices and adaptive equipment are available to meet the needs of the consumer.

(6) The home or environment has safe, functional furniture appropriate to consumer needs.

24.24(4) *Limitation of rights.* Consumer rights can be limited only within the following guidelines:

a. The limit is based on an identified individual need.

b. Skill training is in place to meet the prioritized needs of the consumer as identified in the consumer's plan of service.

c. Periodic evaluation of the limit is conducted to determine continued need.

d. All limits on the consumer's rights shall be documented in the consumer's plan of service and approved by the consumer or the consumer's legal representative and the case manager, service worker, or other person the consumer has chosen for support per subparagraph 24.24(2)"*f*"(4).

24.24(5) *Use of restrictive procedures.* The following are processes the organization must have in place to ensure consumer safety for Outcomes 5, 9, 10, 11, 12, 17, and 20 when restrictive procedures as set forth in rule 441—24.25(76GA,ch1213,135C,225C,249A) are used. Use of restrictive procedures, particularly restraints, is an extremely serious situation. Minimum standards must ensure safety of the consumer and protection of rights. When these standards are not met, the reviewer may require the restrictive procedure to immediately be discontinued. The organization shall be required to develop a safety plan that meets the procedures set forth in rule 441—24.25(76GA,ch1213,135C, 225C,249A) to address the specific behavior or behaviors prior to implementing the restriction of rights.

a. Consumers are informed.

(1) Prior to using the provider services, consumers and, if applicable, their legal guardians or representatives are informed in writing of the rules, policies, and procedures relating to the use of procedures that infringe on or abridge rights. They are also given the opportunity to ask questions and have them satisfactorily answered.

(2) Consumers are informed of what avenues they have for obtaining further information and the right to appeal any use of restrictive procedures.

b. Human rights committee and informed consent. Any abridgment of or infringement on consumer rights has informed consent of the consumer and, if applicable, the consumer's legal guardian, and is reviewed and approved by a specially constituted committee.

(1) Members of the human rights committee shall be appointed for set terms by the provider. The committee shall consist of consumers, advocates, family members, and qualified persons who have experience or training in contemporary practices used to modify or manage behavior. Agency staff may serve as advisory members. When a consumer has a Medicaid case manager the interdisciplinary team can serve as the human rights committee. Committee members shall have no ownership or controlling interest in the facility.

(2) The function of the human rights committee is to review, approve, and monitor individual programs designed to manage inappropriate behavior and other practices and programs that involve risk to consumer protection and rights. The committee shall hear consumer rights appeals.

(3) If the service provider uses or intends to use psychotropic medications to control the behavior of a consumer, whether on an emergency or a planned basis, the human rights committee shall have access to an expert in these medications such as a psychiatrist or a pharmacist.

441—24.25(76GA,ch1213,135C,225C,249A) Restrictive procedure guidelines. Restrictive procedures include the use of time out or isolation and other forms of preventing egress, chemical restraints, and physical restraints.

24.25(1) *Minimum standards.* The following minimum standards must be observed when implementing any restrictive procedures:

a. The consumer is safe.

b. Consumer dignity and privacy are maintained.

c. Staff demonstrate competency in use of restrictive procedures.

d. No restrictive procedures are used unless less restrictive methods have been documented to be ineffective, except for emergency, life, health, and safety reasons.

e. The provider reviews significant incidents and results of investigations and takes responsible actions.

f. Except for emergency use, restrictive procedures are used only as part of a preapproved program which has informed consent and the approval of the human rights committee.

g. Each use is documented.

h. Each use is reviewed by those responsible for the services, including the consumer and, if applicable, guardian, parent, or significant other.

i. Consumer access to food, water, and bathroom facilities is never denied except under physician's orders.

j. The consumer is released as quickly as possible when the situation that precipitated the need for restraint no longer exists.

k. Restrictive procedures are only used when the harmful effects of the behavior outweigh the potentially harmful effects of the intervention.

l. Restrictive procedure interventions are used for therapeutic purposes only and never as punishment or for staff convenience.

m. A pattern of repeated emergency use of restrictive procedures for a consumer requires that a stable program be developed and implemented with the approval of the human rights committee to address the cause of the emergency incidents.

24.25(2) *Time out, isolation or preventing egress.* Preventing egress from an area other than by prompting techniques of short duration and physical guidance is considered a restriction of rights.

a. The minimum standards as set forth in subrule 24.25(1) shall be observed.

b. Rooms are not locked.

c. The consumer is under direct supervision at all times.

d. The environment used is safe for this purpose.

e. Maximum use time is one hour.

24.25(3) *Use of medication to control or modify behavior.* Before the use of medication to control or modify behavior the following must be met:

a. The minimum standards as set forth in subrule 24.25(1) shall be observed.

b. The medication is ordered by a physician.

c. The physician's order followed a direct personal observation and examination of the consumer.

d. The medication order includes documentation of the specific reason for use.

e. The medication plan is reviewed by those responsible, including the consumer and, if applicable, guardian, representative, parent, or significant other, with informed consent given.

f. The medication plan is directed toward reduction of, and eventual elimination of, the behaviors for which the medication is being used.

g. Any program which uses medication to control or modify behavior includes a specification of the behaviors sought to be addressed, a consistent time chart of the incidence of those behaviors prior to the implementation of the program, and a consistent time chart of the incidence of those behaviors after the implementation of the program.

h. Data are reviewed at least weekly to determine that the use of the chemical intervention technique is effective.

i. The medication plan is reviewed for desired responses and adverse consequences by qualified staff with personal knowledge of the consumer and as recommended by a physician.

j. The medication plan review is documented in writing.

24.25(4) *Chemical restraints.*

a. The minimum standards as set forth in subrule 24.25(1) shall be observed.

b. The prescribed medication is considered an emergency measure and a last resort solution due to serious risk of physical harm to the consumer and others.

c. Each emergency use is reviewed for desired responses and adverse consequences by qualified staff with personal knowledge of the consumer and by the physician.

d. The review is documented in writing.

24.25(5) *Physical restraints.*

a. Guidelines for the use of physical restraints:

(1) The minimum standards as set forth in subrule 24.25(1) shall be observed.

(2) Physical restraint is used only when absolutely necessary to protect the consumer or others from injury, for a specific medical procedure, or when necessary for consumer protection during the time that a medical condition exists.

(3) There is continuous direct visual supervision and a record of usage.

(4) Restraints are designed and used so as not to cause physical injury to the consumer and so as to cause the least possible discomfort.

(5) The physical needs of the consumer are met.

(6) Authorization for use is obtained according to the procedures established by the governing body.

(7) Physical restraint is used as an integral part of a consumer's program that is intended to lead to a less restrictive means of managing and eliminating the behavior for which the restraint is applied.

b. Emergency use of physical restraints.

(1) The minimum standards as set forth in subrule 24.25(1) shall be observed.

(2) The use of physical restraint is considered an emergency measure and a last resort solution due to serious risk of physical harm to the consumer or others.

(3) Each emergency use is reviewed for desired responses and adverse consequences by qualified staff with personal knowledge of the consumer and by the physician.

(4) The review is documented in writing.

441—24.26(76GA,ch1213,135C,225C,249A) Outcome-based performance standards for specific services. Organizations providing the following services need to meet the criteria for each service provided as well as the applicable outcome-based performance standards set forth in rule 441—24.23(76GA,ch1213,135C,225C,249A).

24.26(1) *Medicaid case management services.* The following criteria shall be in place in order for the organization to be qualified to give Medicaid case management services:

a. Case managers coordinate services for consumers.

b. Case managers monitor services for consumers.

c. Case managers link consumers to appropriate services which provide necessary direct services and natural supports.

d. Consumers, in conjunction with an interdisciplinary team, participate in identifying a service plan developed by a case manager within county guidelines.

e. The case manager provides assistance without giving direct services.

f. The average caseload within a certified case management program shall be no more than 45 consumers per case manager.

24.26(2) *Vocational services.* The following criteria shall be in place in order for the organization to be qualified to give vocational services:

a. The organization enables consumers to select vocational services based on mutually identified needs, choices, and desires.

b. The organization provides supports and training which enable consumers with disabilities to achieve work in the community.

c. The organization shall provide support and training to increase work skill and experiences of the consumer.

24.26(3) *Respite services.* The following criteria shall be in place in order for the organization to be qualified to give respite services:

a. Consumers are provided with temporary care to relieve the primary caregiver.

b. Consumers receive services from staff who are oriented and responsive to their specific needs, situational demands, and potential emergencies.

c. Consumers receive respite as agreed upon between the primary caregiver and the provider.

24.26(4) *Supported community living services.* The following criteria shall be in place in order for the organization to be qualified to give supported community living services:

a. Consumers use services that are connected as much as possible to natural supports in the community.

b. Consumers use services that are enhanced and extended through the organization's linkages with other community resources.

c. Consumers receive appropriate training to assist them in using the natural supports they identify and are involved in service planning and provision at a level deemed appropriate and necessary.

d. Consumers receive supports for daily living and community skills.

24.26(5) *Day activity services.* The following criteria shall be in place in order for the organization to be qualified to give day activity services:

a. Consumers use services and supports that are provided during a time in which a person is normally away from home.

b. Consumers use services based on their identified individual needs and desires.

c. Consumers participate in structured activities designed to develop daily living and social skills.

441—24.27(76GA,ch1213,135C,225C,249A) Appeals. Decisions made by the department or its designee which adversely affect organizations certified under this chapter may be appealed pursuant to 441—Chapter 7.

These rules are intended to implement 1996 Iowa Acts, chapter 1213, section 3, subsection 12, and Iowa Code chapters 135C and 225C, and Iowa Code section 249A.4.

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