**ARC 0720D**

# HUMAN SERVICES DEPARTMENT[441]

**Notice of Intended Action**

**Proposing rulemaking related to accreditation of behavioral health service providers and providing an opportunity for public comment**

The Department of Health and Human Services hereby proposes to rescind Chapter 24, "Accreditation of Providers of Services to Persons with Mental Illness, Intellectual Disabilities, or Developmental Disabilities," and to adopt a new Chapter 24, "Accreditation of Behavioral Health Service Providers," Iowa Administrative Code.

*Legal Authority for Rulemaking*

This rulemaking is proposed under the authority provided in Iowa Code chapter 225A.

*State or Federal Law Implemented*

This rulemaking implements, in whole or in part, Iowa Code chapter 225A.

*Purpose and Summary*

In this proposed chapter, the Department has created a set of standards to be met by all providers of services to people with behavioral health conditions, intellectual disabilities, or developmental disabilities. These standards apply to providers that are not required to be licensed by the Department of Inspections, Appeals, and Licensing. These providers include community mental health centers, behavioral health services providers, case management providers, supported community living providers, and crisis response providers.

The standards serve as the foundation of a performance-based review of those organizations for which the Department holds accreditation responsibility, as set forth in Iowa Code chapter 225A. The mission of accreditation is to assure individuals using the services 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 individuals using the services. The Department's intent is to establish standards that are based on the principles of quality improvement and are designed to facilitate the provision of excellent quality services that lead to positive outcomes. The intent of these standards is to make organizations providing services responsible for effecting efficient and effective management and operational systems that enhance the involvement of individuals using the services and to establish a best practices level of performance by which to measure provider organizations.

This proposed chapter underwent a Red Tape Review pursuant to Executive Order 10. As a result of the review, the Department is proposing to move the content from existing 441—Chapter 24 to a new 441—Chapter 307 to better align the chapter's placement in agency [441] within Title XVIII, Behavioral Health Services. The Department eliminated restrictive terms, updated outdated cross-references, and renumbered the chapter altogether. In addition, the Department conducted a focused restructuring of the accreditation requirements for behavioral health crisis service providers. This process occurred with the input of stakeholders and resulted in streamlined requirements that are more consistent with national standards, inclusive of all behavioral health crises, more consistent statewide, and supportive of a changing workforce. Finally, the Department is proposing to adopt a new, updated title for this chapter to better reflect today's terminology and service alignment.

*Regulatory Analysis*

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on September 30, 2026. A public hearing was held on the following date(s):

- October 20, 2026

*Fiscal Impact*

This rulemaking has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rulemaking, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 441—Chapter 2504.

*Public Comment*

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Department no later than 4:30 p.m. on December 1, 2026. Comments should be directed to:

Victoria L. Daniels
Department of Health and Human Services
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
Phone: 515.829.6021
Email: compliancerules@hhs.iowa.gov

*Public Hearing*

Public hearings at which persons may present their views orally or in writing will be held as follows:

| | |
|---|---|
| December 1, 2026<br>10 to 10:30 a.m. | Microsoft Teams<br>Meeting ID: 225 217 179 078 528<br>Passcode: Rw3KT9yE |
| December 1, 2026<br>2 to 2:30 p.m. | Microsoft Teams<br>Meeting ID: 263 899 623 991 883<br>Passcode: qy9g7WW7 |

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Department and advise of specific needs.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind and reserve **441—Chapter 24**.

ITEM 2. Adopt the following **new** 441—Chapter 307:

# CHAPTER 307
# ACCREDITATION OF BEHAVIORAL HEALTH SERVICE PROVIDERS

## DIVISION I
## BEHAVIORAL HEALTH SERVICE PROVIDERS

**441—307.1(225A) Definitions.**

*"Accreditation"* means the decision made by the department that the organization has met the applicable standards.

*"Advanced registered nurse practitioner"* or *"ARNP"* means a nurse who has current licensure as a registered nurse in Iowa, or licensure in another state that is recognized in Iowa pursuant to Iowa Code section 152E.3, and who is also registered as certified in psychiatric mental health specialties pursuant to 481—Chapter 621.

*"Advisory board"* means the board that reviews and makes recommendations to the organization on the program being accredited.

*"Anticipated discharge plan"* means the statement of the condition or circumstances by which the individual using the service would no longer need each of the specific services accredited under this chapter.

*"Appropriate"* means the degree to which the services or supports or activities provided or undertaken by the organization are suitable and desirable for the needs, situation, or problems of the individual using the service.

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

*"Behavioral health service provider"* means an organization whose services are established to specifically address behavioral health services, to include outpatient psychotherapy, partial hospital, psychiatric rehabilitation, day treatment, and evaluation services to individuals, or the administration of facilities in which these services are provided.

These standards do not apply to individual practitioners or partnerships of practitioners covered under Iowa's professional licensure laws.

*"Benchmarks"* means the processes of an organization that lead to implementation of the indicators.

*"Case management services"* means services provided to assist individuals in gaining access to necessary medical, social, educational, and other services.

*"Case manager"* means a person who meets one of the following qualifications:

1. A bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field (including but not limited to psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy) and at least one year of experience in the delivery of services to the population groups that the person is hired as a case manager to 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 the person is hired as a case manager to serve.

*"Community"* means a natural setting where people live, learn, work, and socialize.

*"Community mental health center"* or *"CMHC"* means an organization providing mental health services that is established pursuant to Iowa Code chapter 225A and accredited in accordance with Division III of this chapter.

*"Crisis intervention plan"* means a personalized, individualized plan developed with the individual using the service that does all of the following:

1. Identify potential personal psychiatric, environmental, and medical emergencies.
2. Include those life situations identified as problematic and the identified strategies and natural supports developed with the individual using the service to enable the individual to self-manage, alleviate, or end the crisis.
3. Include how the individual can access emergency services that may be needed.

*"Day treatment"* means an individualized service emphasizing mental health treatment and intensive psychosocial rehabilitation activities designed to increase the individual's ability to function independently or facilitate transition from residential placement. Staff use individual and group treatment and rehabilitation services based on individual needs and identified behavioral or mental health issues.

*"Deemed status"* means acceptance by the department of accreditation or licensure of a program or service by another accrediting body in lieu of accreditation based on review and evaluation by the department.

*"Dimensions of awareness"* means the aspects of an individual's awareness developed by the Boston Center for Psychiatric Rehabilitation as amended to August 1, 2026.

*"Direct services"* means services providing therapy, habilitation, or rehabilitation activities or support services such as transportation.

*"Doctor of medicine or osteopathic medicine"* means a person who is licensed in the State of Iowa under Iowa Code chapter 148.

*"DSM"* means the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association as amended to August 1, 2026.

*"Emergency services"* means crisis services that provide a focused assessment and rapid stabilization of acute symptoms of mental illness, behavioral health condition, or emotional distress and that are available and accessible, by telephone or face-to-face, on a 24-hour basis. The clinical assessment and psychotherapeutic services are provided by a person who has training in emergency services and who is a mental health professional or is a behavioral health professional and has access to a mental health professional. A comprehensive social history is not required for this treatment.

*"Evaluation services"* means screening, diagnosis and assessment of individual and family functioning needs, abilities, and disabilities, and determining current status and functioning in the areas of living, learning, working, and socializing.

*"Functional assessment"* means the analysis of daily living skills. The functional assessment also takes into consideration the strengths, stated needs, and level and kind of disability of the individual using the service.

*"Goal achieving"* means to gain the required skills and supports to obtain the goal of choice. For purposes of this chapter, the definition and explanation are taken from the Psychiatric Rehabilitation Practitioner Tools, as developed by the Boston Center for Psychiatric Rehabilitation and as amended to August 1, 2026.

*"Goal keeping"* means assisting the individual using the service in maintaining successful and satisfying role performance to prevent the emergence of symptoms associated with role deterioration. For purposes of this chapter, the definition and explanation are taken from the Psychiatric Rehabilitation Practitioner Tools as developed by the Boston Center for Psychiatric Rehabilitation and as amended to August 1, 2026.

*"Incident,"* for the purposes of this chapter, means an occurrence involving the individual using the service that:

1. Results in a physical injury to or by the individual that requires a physician's treatment or admission to a hospital;
2. Results in someone's death;
3. Requires emergency behavioral health treatment for the individual;
4. Requires the intervention of law enforcement; or
5. Is reportable to the department for child or dependent adult abuse.

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

*"Informed consent"* refers to time-limited, voluntary consent. The individual using the service or the individual's legal guardian may withdraw consent at any time without risk of punitive action. "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. The individual using the service or the legal guardian has the opportunity to ask questions and have them satisfactorily answered.

*"Intellectual disability"* means the same as defined in rule 441—83.60(249A).

*"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.

*"Mental health professional"* means the same as defined in Iowa Code section 228.1.

*"Natural supports"* means those services and supports an individual using the service identifies as wanted or needed that are provided at no cost by family, friends, neighbors, and others in the community, or by organizations or entities that serve the general public.

*"New organization"* means an entity that has never been accredited under 441—Chapter 307 or an entity accredited under 441—Chapter 24 prior to March 1, 2027, that makes a significant change in its ownership, structure, management, or service delivery.

*"Organization"* means:

1. A governmental entity or an entity that meets Iowa Code requirements for a business organization as a for-profit or not-for-profit business. These entities include but are not limited to a business corporation under Iowa Code chapter 490 or a nonprofit corporation under Iowa Code chapter 504 that provides a service accredited pursuant to this chapter.

2. A county, consortium of counties, or the department that provides or subcontracts for the provision of case management.

3. A division or unit of a larger entity, such as a unit within a hospital or parent organization. "Organization" does not include the following: an individual for whom a license to engage in a profession is required under Iowa Code section 147.2; a person providing a service if the person is not organized as a corporation or other business entity recognized under the Iowa Code; or an entity that provides only financial, administrative, or employment services and that does not directly provide the services accredited under this chapter.

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

*"Outpatient psychotherapy and counseling service"* means the diagnosis and treatment of mental and emotional disorders through the use of goal-directed clinical interventions for the purpose of relieving symptoms, changing behaviors, and improving functioning. Psychotherapy services may be individual, group, or family and are provided by a person meeting the criteria of a mental health professional or by a person with a master's degree or an intern working on a master's or doctoral degree in a mental health field who is directly supervised by a mental health professional. Treatment will assist individuals in experiencing symptom reduction, changed behaviors, enhanced self-management, improved functioning, or any combination thereof. The organization will make available psychiatric and psychopharmacological services as needed by the individual using the service.

*"Partial hospitalization services"* means an active treatment program providing intensive group and individual clinical services within a structured therapeutic environment for individuals 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.

*"Policies"* means the principles and statements of intent of the organization.

*"Procedures"* means the steps 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 for the population of a specified geographic area or for special target populations.

*"Psychiatric crisis intervention plan"* means a personalized, individualized plan developed with the individual using the service that identifies potential personal psychiatric emergencies. This plan will also include those life situations identified as problematic and the identified strategies and natural supports developed with the individual using the service to enable the individual to self-manage, alleviate, or end the crisis. This plan will also include how the individual can access emergency services that may be needed.

*"Psychiatric rehabilitation practitioner"* means a person who has at least 60 contact hours of training in intensive psychiatric rehabilitation and either:

1. Is certified as a psychiatric rehabilitation practitioner by the United States Psychiatric Rehabilitation Association; or

2. Holds a bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field (including but not limited to psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy) and has at least one year of experience in the delivery of services to the population groups that the person is hired to serve.

*"Psychiatric rehabilitation services"* means services designed to restore, improve, or maximize level of functioning and promote recovery, full community integration, and improved quality of life for persons who have been diagnosed with any behavioral health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person-directed and individualized. Services focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.

*"Psychiatrist"* means a doctor of medicine or osteopathic medicine 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.

*"Readiness assessment"* means a process of involving the individual using the service in clarifying motivational readiness to participate in the recovery process. For purposes of this chapter, the definition and explanation are taken from the Psychiatric Rehabilitation Practitioner Tools as developed by the Boston Center for Psychiatric Rehabilitation and as amended to August 1, 2026.

*"Readiness development"* means services designed to develop or increase an individual's interest, motivation, and resolve to engage in the rehabilitation services process as a means of enhancing independent functioning and quality of life. For purposes of this chapter, the definition and explanation are taken from the Psychiatric Rehabilitation Practitioner Tools as developed by the Boston Center for Psychiatric Rehabilitation and as amended to August 1, 2026.

*"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 dysfunction caused by a serious and persistent mental or emotional disability.

*"Rights restriction"* means limitations not imposed on the general public in the areas of communication, mobility, finances, medical or mental health treatment, intimacy, privacy, type of work, religion, place of residence, and people with whom the individual using the service may share a residence.

*"Serious emotional disturbance"* means a diagnosable mental, behavioral, or emotional disorder that:

1. Is of sufficient duration to meet diagnostic criteria for the disorder specified by the DSM; and

2. Has resulted in a functional impairment that substantially interferes with or limits a consumer's role or functioning in family, school, or community activities.

"Serious emotional disturbance" does not include neurodevelopmental disorders, substance use disorders, or conditions or problems classified in the DSM as "other conditions that may be a focus of clinical attention" unless those conditions co-occur with another diagnosable serious emotional disturbance.

*"Service plan"* means an individualized goal-oriented plan of services written in language understandable by the individual using the service and developed collaboratively by the individual and the organization.

*"Staff"* means people paid by the organization to perform duties and responsibilities defined in the organization's policies and procedures.

*"Supported community living services"* means those services provided to individuals with a behavioral health condition or developmental disability to enable them to develop supports and

learn skills that will allow them to live, learn, work and socialize in the community. Services are individualized and need- and abilities-focused. Supported community living is not part of an organized mental health support or treatment group, drop-in center, or clubhouse. Skill training groups may be one of the activities in the service plan and part of supported community living. Skill training groups cannot stand alone as a supported community living service.

**441—307.2(225A) Standards for policy and procedures.** The following standards apply to an organization as defined in rule 441—307.1(225A).

**307.2(1)** *Performance benchmark.* The organization has written policy direction for the organization and each service being accredited.

**307.2(2)** *Performance indicators.*

*a.* The organization has a policies and procedures manual with policy guidelines and administrative procedures for all organizational activities and services specific to its organization that address the standards in effect at the time of review.

*b.* The policies and procedures cover each benchmark and indicator in this chapter.

*c.* The policies and procedures manual is made available to all staff.

**441—307.3(225A) Standards for organizational activities.** The following standards apply to an organization.

**307.3(1)** *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.* The organization:

(1) Annually measures and assesses organizational activities and services accredited in this chapter.

(2) Gathers information from individuals using the services, staff, family members and stakeholders.

(3) Implements an internal review of individual records for those services accredited under this chapter.

(4) Reviews the organization's response to incidents reported under subrule 307.4(5) for necessity, appropriateness, effectiveness and prevention. This review includes analysis of incident data at least annually to identify any trends of risk to the health and safety of consumers.

(5) Reviews the organization's response to any situation that poses a danger or threat to staff or to individuals using the services for necessity, appropriateness, effectiveness, and prevention.

(6) Reviews the organization's processes to maintain the environment and the effectiveness of the environment.

(7) Identifies areas in need of improvement.

(8) Develops a written plan to address the areas in need of improvement.

(9) Documents the implementation of the plan and documents the results or outcomes annually.

**307.3(2)** *Leadership.*

*a. Performance benchmark.* Organization leaders provide the framework for the planning, designing, directing, coordination, provision and improvement of services that are responsive to the individuals using the services and the community served by the organization.

*b. Performance indicators.*

(1) There are clearly articulated mission and values statements that 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's mission and values. An independent auditor or other person as provided by law performs an annual financial audit. Designated CMHCs shall submit their annual financial audit to the department.

(3) The organization establishes a governing board or an advisory board.

1. The board shall meet at least three times a year and shall have at least three members, at least 51 percent (majority) of whom are not providers.

2. The board shall include representatives who have disabilities or family members of persons with disabilities and may include representatives of relevant community groups, service providers, advocates and other stakeholders.

3. The board's duties include review and recommendation of policies, organizational plan, budget and performance improvement system of the program(s) being accredited.

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

(5) Organization leaders collaborate with various community groups to provide responsive service delivery systems appropriate to the needs of the individuals served by the organization.

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

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

(8) The organization provides the individuals and their guardians the right to appeal the application of policies, procedures, or any staff action that affects the individual using the service. The organization has established written appeal procedures and a method to ensure that the procedures and appeal process are available to individuals using the service.

**307.3(3)** *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.

*b. Performance indicators.*

(1) The organization has a system in place to maintain current individual-specific information documenting the provision and outcomes of services and treatments provided.

(2) The organization has a system in place to maintain the confidentiality and security of information that identifies specific individuals using the services, including mail, correspondence, and electronic files.

(3) All individuals using the service, their legal representatives, and other people authorized by law have access to the records of the individual using the service in accordance with state and federal laws and regulations.

**307.3(4)** *Human resources.*

*a. Performance benchmark.* The organization provides qualified staff to support the organization's mission and facilitate the provision of quality services.

*b. Performance indicators.* The organization:

(1) Has a job description in the personnel file of each staff member that clearly defines responsibilities and qualifications.

(2) Has a process to verify qualifications of staff, including degrees, licenses, medication management training, and certification as required by the position within 90 days of the staff person's employment. For staff hired after July 1, 2006, personnel files contain evidence that verification of professional licenses and college degrees at the bachelor's level or higher, as required by the position, was obtained from the primary source.

(3) Evaluates staff annually.

(4) Includes a plan for staff development for each staff member in the annual evaluation.

(5) Provides training and education to all staff relevant to their positions.

(6) Provides for approved training on child and dependent adult abuse reporter requirements to all organization staff who are mandatory abuse reporters as required by Iowa Code chapters 232 and 235B. The organization documents in personnel records training on child and dependent adult abuse reporter requirements.

(7) Has staff members sign a document indicating that they are aware of the organization's policy on confidentiality and maintains these documents in the personnel files.

(8) Provides an initial orientation to new staff and documents this orientation in the employee's personnel file.

(9) Completes criminal and abuse record checks and evaluations as required in Iowa Code section 135C.33 before employment of any employee who meets with individuals using the services.

(10) Establishes and implements a code of ethics for all staff addressing confidentiality, individual rights, and professional and legal issues in providing services and documents in the personnel records that the code of ethics in effect at the time of review has been reviewed with each staff member.

**307.3(5)** *Organizational environment.*

*a. Performance benchmark.* The organization provides services in an organizational environment that is safe and supportive for the individuals being served and the staff providing services.

*b. Performance indicators.*

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

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

(3) The organization establishes intervention procedures for behavior that presents significant risk of harm to the individual using the service or others. The interventions also ensure that the individual's rights are protected and that due process is afforded.

(4) The organization meets state and federal regulations in the way it implements the safe storage, provision, administration, and disposal of medication when it is used within the service.

(5) All toys and other materials used by children are clean and safe.

**441—307.4(225A) Standards for services.** Providers for the services set forth in subrules 307.4(9) through 307.4(10) and 307.4(12) and 307.4(13) will meet the standards in subrules 307.4(1) through 307.4(8) in addition to the standards for the specific service. Providers of psychiatric rehabilitation services will meet standards in subrules 307.4(4) through 307.4(8). Providers of outpatient psychotherapy and counseling services will also meet standards in subrules 307.4(1), 307.4(2), 307.4(4), 307.4(6), 307.4(7), and 307.4(8). Providers of emergency services or evaluation services shall meet the benchmark for the services they provide.

**307.4(1)** *Social history.*

*a. Performance benchmark.* The organization completes a social history for each individual served.

*b. Performance indicators.*

(1) The organization collects and documents relevant historical information and organizes the information in one distinct document.

(2) The social history includes:

1. Relevant information regarding the onset of disability.
2. Family, physical, psychosocial, behavioral, cultural, environmental, and legal history.
3. Developmental history for children.
4. Any history of substance abuse; domestic violence; or physical, emotional, or sexual abuse.

(3) Staff review and update the social history at least annually.

**307.4(2)** *Assessment.*

*a. Performance benchmark.* The organization develops a written assessment for each individual served. The assessment is the basis for the services provided to the individuals.

*b. Performance indicators.*

(1) The assessment includes information about the individual's current situation, diagnosis, needs, problems, wants, abilities and desired results, gathered with the individual's involvement.

(2) Staff solicit collateral provider information as appropriate to the individual situation in order to compile a comprehensive and full assessment.

(3) Staff base decisions regarding the level, type and immediacy of services to be provided, or the need for further assessment or evaluation, upon the analysis of the information gathered in the assessment.

(4) Staff complete an annual reassessment for each individual using the service and document the reassessment.

(5) Documentation supporting the diagnosis is contained in the individual's record. A diagnosis of intellectual disability is supported by a psychological evaluation conducted by a qualified professional. A diagnosis of developmental disability is supported by professional documentation. A determination of a behavioral health condition is supported by a psychiatric, psychological, or diagnostic evaluation conducted by a qualified professional.

**307.4(3)** *Individual service plan.*

*a. Performance benchmark.* Individualized, planned, and appropriate services are guided by an individual-specific service plan developed in collaboration with the individual using the service, staff, and significantly involved others as appropriate. Services are planned for and directed to where the individuals live, learn, work, and socialize.

*b. Performance indicators.*

(1) The service plan is based on the current assessment.

(2) The service plan identifies observable or measurable individual goals and action steps to meet the goals.

(3) The service plan includes interventions and supports needed to meet those goals with incremental action steps as appropriate.

(4) The service plan includes the staff, people, or organizations responsible for carrying out the interventions or supports.

(5) Services defined in the service plan are appropriate to the severity level of problems and specific needs or disabilities.

(6) The plan reflects desired individual outcomes.

(7) Activities identified in the service plan encourage the ability and right of the individual using the service to make choices, to experience a sense of achievement, and to modify or continue participation in the treatment process.

(8) Staff monitor the service plan with review occurring regularly. At least annually, staff assess and revise the service plan to determine achievement, continued need, or change in goals or intervention methods. The review includes the individual using the service, with the involvement of significant others as appropriate.

(9) Staff develop a separate, individualized, anticipated discharge plan as part of the service plan that is specific to each service the individual receives.

(10) The service plan includes documentation of any rights restrictions, why there is a need for the restriction, and a plan to restore those rights or a reason why a plan is not necessary or appropriate.

**307.4(4)** *Documentation of service provision.*

*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 the rights and choices of the individual using the service.

*b. Performance indicators.*

(1) Staff document in the narrative the individual's participation in the treatment process.

(2) Responsible staff document the individual's progress toward goals, the provision of staff intervention, and the individual's response to those interventions.

(3) Documentation of service provision is in a legible, written format in accordance with organizational policies and procedures.

**307.4(5)** *Incident reports.*

*a. Performance benchmark.* The organization completes an incident report when organization staff first become aware that an incident has occurred.

*b. Performance indicators.*

(1) The organization documents the following information:

1. The name of the individual served who was involved in the incident.
2. The date and time the incident occurred.
3. A description of the incident.

4. The names of all organization staff and others who were present or responded at the time of the incident. (For confidentiality reasons, other individuals who receive services should be identified by initials or some other accepted means.)

5. The action the organization staff took to handle the situation.

6. The resolution of or follow up to the incident.

(2) The staff who were directly involved at the time of the incident or who first became aware of the incident prepare and sign the incident report before forwarding it to the supervisor.

(3) Staff file a copy of the completed incident report in a centralized location and make a notation in the individual's file.

(4) Staff send a copy of the incident report to the individual's care coordinator who is involved in funding the service and notify the individual's legal guardian within 72 hours of the incident. The provider must notify the department in cases of an individual's death during service delivery.

**307.4(6)** *Confidentiality and legal status.*

*a. Performance benchmark.* Staff release medical and mental health information only when properly authorized.

*b. Performance indicators.*

(1) The organization obtains voluntary written authorization from the individual using the service, the individual's legal guardian, or other people authorized by law before releasing personal identifying information, medical records, mental health records, or any other confidential information.

(2) Staff complete voluntary written authorization forms in accordance with existing federal and state laws, rules, and regulations and maintain the forms in each individual file.

(3) Documentation regarding restrictions on the individual, such as guardianship, power of attorney, conservatorship, mental health commitments, or other court orders, is placed in the individual's record, if applicable.

**307.4(7)** *Service systems.*

*a. Performance benchmark.* The organization develops a clear description of each of the services offered. The organization develops an admission and discharge system of services. Staff coordinate services with other settings and providers.

*b. Performance indicators.*

(1) The organization has established and documented the necessary admission information to determine each individual's eligibility for participation in the service.

(2) Staff include verification in each individual's file that a service description was provided to the individual using the service and, when appropriate, to family or significant others.

(3) Continuity of services occurs through coordination among the staff and professionals providing services. Coordination of services through linkages with other settings and providers has occurred as appropriate.

(4) Staff include a written discharge summary in each individual record at the time of discharge.

**307.4(8)** *Respect for individual rights.*

*a. Performance benchmark.* Each individual using the service is recognized and respected in the provision of services in accordance with basic human, civil, and statutory rights.

*b. Performance indicators.*

(1) Staff provide services in ways that respect and enhance the individual's sense of autonomy, privacy, dignity, self-esteem, and involvement in the individual's own treatment. Staff take language barriers, cultural differences, and cognitive deficits into consideration and make provisions to facilitate meaningful individual participation.

(2) Staff inform individuals using the service and, when appropriate, family and significant others of their rights, choices, and responsibilities.

(3) The organization has a procedure established to protect the individuals using the service during any activities, procedure or research that requires informed consent.

(4) The organization verifies that individuals using the service and their guardians are informed of the process to express questions, concerns, complaints, or grievances about any aspect of the individual's service, including the appeal process.

**307.4(9)** *Case management services.*

*a. Performance benchmark.* Case management services link individuals using the service to service agencies and support systems responsible for providing the necessary direct service activities and coordinate and monitor those services.

*b. Performance indicators.*

(1) Staff clearly define the need for case management and document it annually.

(2) At a minimum, the team is composed of the individual using the service, the case manager, and providers or natural supports relevant to the individual's service needs. The team may also include family members at the discretion of the individual using the service.

(3) The team works with the individual using the service to establish the service plan that guides and coordinates the delivery of the services.

(4) The case manager advocates for the individual using the service.

(5) The case manager coordinates and monitors the services provided to the individual using the service.

(6) Documentation of contacts includes the date, the name of the individual using the service, the name of the case manager, and the place of service.

(7) The case manager holds individual face-to-face meetings at least quarterly with the individual using the service.

(8) Case managers do not provide direct services. Individuals using the service are linked to appropriate resources that provide necessary direct services and natural supports.

(9) Individuals using the service participate in developing an individualized crisis intervention plan that includes natural supports and self-help methods.

(10) Documentation shows that individuals using the service are informed about their choice of providers.

(11) Within an accredited case management program, the average caseload is no more than 45 individuals per each full-time case manager. The average caseload of children with serious emotional disturbance is no more than 15 children per full-time case manager.

(12) The case manager communicates with the team and then documents in the individual's file a quarterly review of the individual's progress toward achieving the goals.

**307.4(10)** *Day treatment services.*

*a. Performance benchmark.* Individuals using the service who are experiencing a significantly reduced ability to function in the community are stabilized and improved by the receipt of psychosocial rehabilitation, mental health treatment services, and in-home support services, and the need for residential or inpatient placement is alleviated.

*b. Performance indicators.*

(1) Individuals using the service participate with the organizational staff in identifying the problem areas to be addressed and the goals to be achieved that are based on the individual's need for services.

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

(3) Individuals who receive intensive outpatient and day treatment services receive a comprehensive and integrated schedule of recognized individual and group treatment and rehabilitation services.

(4) Individuals using the service and staff review their progress in resolving problems and achieving goals on a frequent and regular basis.

(5) Individuals using the service receive services appropriate to defined needs and current risk factors.

(6) Individuals using the service receive services from staff who are appropriately qualified and trained to provide the range and intensity of services required by the individual's specific problems or disabilities. A mental health professional provides or directly supervises the provision of treatment services.

(7) Individuals using the service participate in discharge planning that focuses on coordinating and integrating individual, family, and community and organization resources.

(8) Family members of individuals using the service are involved in the planning and provision of services as appropriate and as desired by the individual.

(9) Individuals using the service participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.

**307.4(11)** *Psychiatric rehabilitation services.*

*a. Performance benchmark.* Individuals using the service who are experiencing a significantly reduced ability to function in the community due to a behavioral health condition are stabilized and experience role recovery by the receipt of psychiatric rehabilitation services.

*b. Performance indicators.*

(1) Life story: A document written throughout the psychiatric (psychosocial) rehabilitation service that incorporates the individual's perception of the individual's past experiences, present situation and future vision and plans.

1. The story of an individual's life is written by the individual with the assistance of the practitioner.
2. Documentation of any progress or barriers to life story completion is found in the record.
3. Evidence found in the record of a summary of the individual's completion of the life story process.

(2) Triage: Results in a determination regarding the individual's continued participation in the program and the environment of focus. The individual's long-term view includes statements pertaining to the living, learning, social, and working environments. Triage is a collaborative process between staff and the individual that:

1. Includes information about the individual's current situation, establishing a baseline in all four environments.
2. Identifies the individual's need for change, the urgency of others for change and the individual's belief about change.
3. Describes the individual's preferred situation in all four environments.

(3) Readiness assessment: The purpose of this assessment is to determine a readiness in choosing a course for moving forward in the individual's chosen environment.

1. Staff assists the individual with completing an assessment of the individual's dimensions of awareness.
2. The assessment is completed in relation to their preferred environment identified through triage.
3. The assessment culminates in a score that documents the individual's readiness in all five dimensions.
4. The assessment includes a summary that provides justification for the individual to proceed to the next phase.

(4) Readiness development: A structured process that utilizes a series of activities that focus on helping the individual become ready to proceed to the individual's next phase in psychiatric rehabilitation.

1. The individual and staff develop a plan for readiness development identifying action steps that will increase readiness in any or all of the five readiness dimensions and identify time frames for completion.
2. Individualized activities provided will be:

- Personalized for the individual participating, and
- Reflective of the readiness dimension to be increased.

3. Activities are clarified for the individual by processing knowledge and insights gained through participation in the activity.
4. Activities provided are documented and shall relate to the readiness dimensions.
5. The readiness assessment is updated upon completion of readiness development documenting insights gained by the individual to justify proceeding to the next phase.
6. Transition planning occurs to address movement to the next phase.

(5) Goal choosing: During this phase, the individual identifies the particular environment in which the individual chooses to live, learn, work, or socialize, or any combination thereof. Possible environmental goals are evaluated against the individual's unique personal criteria and values in order to choose the goals that most satisfy the person's values.

1. Documentation of identifying personal criteria will describe the process of:

- Clarifying values.
- Analyzing past experiences.
- Inferring personal criteria.

2. A description of alternative environments and evidence of the systematic collection of information about the individual's possible choices for a place to live, learn, work, or socialize is found in the record. Documentation will describe the process of:

- Specifying alternative environments.
- Clarifying relevant characteristics.
- Researching alternative environments.

3. Staff will assist the individual in choosing a rehabilitation goal. Documentation will describe the process of:

- Evaluating alternative environments.
- Assessing the support of significant others.

4. The overall rehabilitation goal statement is documented at the end of the phase it identifies the specific outcome within the environment chosen and a timeline for achievement.

5. Transition planning occurs to address movement to the next phase and discharge from the service.

(6) Goal achieving: Functional and resource assessments are completed and skill programming, skill teaching, or both, are provided to support the individual to be satisfied and successful in the individual's chosen goal environment.

1. Functional assessment includes:

- Critical skills that are observable and measurable actions.
- Skill use descriptions that are measurable.
- An evaluation of the need level and present level of spontaneous skill use.
- Collateral provider information as appropriate to the individual situation in order to compile a comprehensive and full assessment.

2. Resource assessment includes:

- Critical resource and resource use descriptions that are measurable.
- An evaluation of the present level of resource need and utilization.
- Collateral provider information as appropriate to the individual situation in order to compile a comprehensive and full assessment.

3. The individual and staff develop a plan that identifies activities for:

- Individual skill programming,
- Direct skills teaching, and
- Resource development.

4. Skill teaching, skill programming, and resource development are provided as identified in the plan.

5. The plan is revised as necessary.

6. Transition planning occurs to reflect movement to the next phase and discharge from the service.

(7) Goal keeping: Individuals achieve success and satisfaction in the individual's chosen role.

1. Documentation is found in the record of staff assessing the individual's success and satisfaction in the individual's recovered role.

2. Assistance is provided to develop necessary skills, resources and supports and to negotiate service modification when necessary.

3. Transition planning focuses on coordination and integration of family, community and organization resources for continued success and the anticipated end of psychiatric rehabilitation services.

4. Documentation is found of resource acquisition and skill competency.

5. Documentation is found describing positive changes in the individual's environmental status.

6. Documentation describes the individual's level of satisfaction with the psychiatric rehabilitation services.

(8) Service implementation: Individualized and appropriate interventions and services are provided in ways that support the needs, desires, and goals identified in the service plan and that respect the rights and choices of the individual using the service.

1. The psychiatric rehabilitation service is provided in both individual and group sessions.

2. Staff and the individual determine the frequency and intensity of service to meet the individual's needs.

3. Whenever possible, the psychiatric rehabilitation services are provided within the individual's home and community.

4. Skill interventions provided are relevant to the outcomes identified in the functional assessment.

5. Support interventions provided are relevant to the outcomes identified in the resource assessment.

6. Individuals using the service participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.

**307.4(12)** *Supported community living services.*

*a. Performance benchmark.* Individuals using the service live, learn, work, and socialize in the community.

*b. Performance indicators.*

(1) Individuals receive services within the individual's home and community setting where the skills are learned or used.

(2) At intake, the individuals using the service participate in a functional assessment to assist in defining areas of service need and establishing a service plan. Staff summarize the findings of the functional assessment in a narrative that describes the individual's current level of functioning in the areas of living, learning, working, and socialization. Staff review functional assessments on a regular basis to determine progress.

(3) Individuals using the service receive skill training and support services directed to enabling them to regain or attain higher levels of functioning or to maximize functioning in the current goal areas.

(4) Services are delivered on an individualized basis in the place where the individual using the service lives or works.

(5) Documentation that steps have been taken to encourage the use of natural supports and develop new ones is in the individual file.

(6) Individuals using the service participate in developing a detailed individualized crisis intervention plan that includes natural supports and self-help methods.

**307.4(13)** *Partial hospitalization services.*

*a. Performance benchmark.* Individuals 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) Individuals using the service and staff mutually develop an individualized service plan that focuses on the behavioral and mental health issues and problems identified at admission. Goals are based on the individual's need for services.

(2) Individuals using the service receive clinical services that are provided and supervised by mental health professionals. A licensed and qualified psychiatrist provides psychiatric consultation and medication services.

(3) Individuals using the service receive a comprehensive schedule of active, planned, and integrated psychotherapeutic and rehabilitation services provided by qualified professional staff.

(4) Individuals using the service receive group and individual treatment services that are designed to increase their ability to function independently.

(5) Individuals using the service are involved in the development of an anticipated discharge plan that includes linkages to family, provider, and community resources and services.

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

(7) Individuals using the service receive services commensurate with current identified risk and need factors.

(8) Support systems identified by individuals using the service are involved in the planning and provision of services and treatments as appropriate and desired by the individual using the service.

(9) Individuals using the service participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.

**307.4(14)** *Outpatient psychotherapy and counseling services.*

*a. Performance benchmark.* Individuals using the service realize and mobilize their own strengths and abilities to take control of their lives in the areas where they live, learn, work, and socialize.

*b. Performance indicators.*

(1) Individuals using the service are prepared for their role as partners in the therapeutic process at intake where they define their situations and evaluate those factors that affect their situations.

(2) Individuals using the service establish desired problem resolution at intake during the initial assessment.

(3) Psychiatric services other than psychopharmacological services are available from the organization as needed by the individual using the service.

(4) Psychopharmacological services are available from the organization as needed.

(5) Any assignment of activities to occur between sessions is documented in the following session's documentation.

(6) Following a risk assessment, individuals using the service participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods if warranted.

(7) The record documents when the organization follows up on individuals who miss appointments.

(8) Treatment planning is based on the assessment.

(9) Individuals using the service participate with the organizational staff in identifying the assessed needs to be addressed.

(10) The treatment plan identifies measurable goals, desired outcomes and time frames for achieving them.

(11) The treatment plan includes interventions and supports to be provided.

(12) Individuals using the service review their progress in resolving problems and achieving goals on a frequent and regular basis with organizational staff. The treatment plan is revised as appropriate to the individual's needs and priorities.

(13) Individuals using the service participate in transition/discharge planning that includes linkages to family, provider, and community resources and services.

(14) Significantly involved others of individuals using the service are involved in the planning and provision of services as appropriate and as desired by the individual.

**307.4(15)** *Emergency services.*

*a. Performance benchmark.* Individuals using the service receive emergency services when needed that provide a focused assessment and rapid stabilization of acute symptoms of behavioral health condition or emotional distress.

*b. Performance indicators.*

(1) Individuals using the service 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 individuals using the service, family members, and the public.

(3) Individuals using the service receive assessments and services from either a mental health professional or a behavioral health professional and are supervised by a mental health professional. Psychiatric consultation is available if needed.

(4) Individuals using the service receive intervention commensurate with current identified risk factors.

(5) Significantly involved others are involved as necessary and appropriate to the situation and as desired by the individual using the service.

(6) Individuals using the service are involved in the development of post-emergency service planning and resource identification and coordination.

(7) Staff document contacts in a narrative format and maintain them in a central location that will allow timely response to the problems presented by the individual using the service.

(8) Timely coordination of contacts with relevant professionals is made.

**307.4(16)** *Evaluation services.*

*a. Performance benchmark.* Individuals using the service receive comprehensive evaluation services that include screening, diagnosis, and assessment of individual or family functioning, needs and disabilities.

*b. Performance indicators.*

(1) Evaluations include screening, diagnosis, and assessment of individual or family functioning, needs, abilities, and disabilities.

(2) Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.

(3) Evaluations includes recommendations for services and need for further evaluations.

(4) Mental health evaluations are completed by a person who meets the criteria of a mental health professional, a person with a master's degree who is license-eligible and supervised by a mental health professional, or an intern of a master's or doctorate program who is supervised by a mental health professional.

**441—307.5(225A) Accreditation.** The department will make all decisions involving issuance, denial, or revocation of accreditation. This accreditation will delineate all categories of service the organization is accredited to provide. Although an organization may have more than one facility or service site, the department will issue only one accreditation notice to the organization, except as provided in paragraph 307.5(5)*"f."*

**307.5(1)** *Organizations eligible for accreditation.* The department accredits the following organizations:

*a.* Case management providers.

*b.* Community mental health centers.

*c.* Supported community living providers.

*d.* Behavioral health service providers.

*e.* Crisis response providers.

**307.5(2)** *Application and renewal procedures.* An applicant for accreditation shall submit an application for accreditation to the department.

*a.* The application shall be signed by the organization's chief executive officer and the chairperson of the governing body and shall include the following information:

(1) The name and address of the applicant organization.

(2) The name and address of the chief executive officer of the applicant organization.

(3) The type of organization and specific services for which the organization is applying for accreditation.

(4) The targeted population groups for which services are to be provided as applicable.

(5) The number of individuals in each of the targeted population groups to be served as applicable.

(6) Other information related to the standards as requested by department staff.

*b.* Organizations that have received an initial 270-day accreditation and have not provided services by the end of the 270 days shall have their accreditation lapse for that specific service. This lapse of accreditation shall not be considered a denial. New applications may be submitted that include the waiting list of individuals to be served along with specific timelines of when the services will begin.

*c.* An organization in good standing may apply for an add-on service.

**307.5(3)** *Application review.* Upon receipt of an application, the department will review the materials submitted to determine whether the application is complete and request any additional material as needed. Survey reviews will begin only after the organization has submitted all application material.

*a.* For a new organization, staff may initially conduct a desk audit or on-site visit to review the organization's mission, policies, procedures, staff credentials, and program descriptions.

*b.* The department will review organizational services and activities as determined by the accreditation category. This review may include audits of case records; administrative procedures; clinical practices; personnel records; performance improvement systems and documentation; and interviews with staff, individuals, boards of directors, or others deemed appropriate, consistent with the confidentiality safeguards of state and federal laws.

*c.* A team will make an on-site visit to the organization. The department will not be required to provide advance notice to the provider of the on-site visit for accreditation.

*d.* The on-site team will consist of designated staff members. At the department's discretion, the team may include provider staff of other providers, individuals, and others deemed appropriate.

*e.* The team will survey the organization 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. At the time of a one-year recertification visit, the team will review the services that did not receive three-year accreditation.

*f.* The team will review case records and personnel records to see how the organization implements each of the indicators in the standards. If the documentation is not found in the records, the organization shall show, at the time the department staff is on site, documentation of how the indicator was accomplished.

*g.* At the end of the survey, the team leader will conduct an exit review. Before the close of the on-site review, the organization must provide the team leader any documentation that demonstrates how the organization has met these standards for services.

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

*i.* Organizations required to develop a corrective action and improvement plan pursuant to subrule 307.5(4)*"a"* shall submit the plan to the department within 30 working days after the receipt of a report issued as a result of the department's survey review. The action plan will 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.

*j.* The department will review and approve the corrective action and improvement plan before making an accreditation recommendation.

*k.* The department will offer technical assistance to organizations applying for first-time accreditation. Following accreditation, any organization may request technical assistance from the department to bring into conformity those areas found in noncompliance with this chapter's requirements. If multiple deficiencies are noted during a survey, technical assistance may be provided to an organization, as staff time permits, to assist in implementation of an organization's corrective action plan. Renewal applicants may be provided technical assistance, as needed, if staff time permits.

**307.5(4)** *Performance outcome determinations.* The following three major areas are addressed in these standards: policies and procedures, organizational activities, and services, as set forth in rules 441—307.2(225A), 441—307.3(225A), and 441—307.4(225A). Each rule contains standards, along with a performance benchmark and performance indicators for each standard. Each of the applicable standards for the three areas (policy and procedures, organizational activities, and services) will be reviewed.

*a.* The department will determine a performance compliance level based on the number of indicators found to be in compliance.

(1) For service indicators, if 25 percent or more of the files reviewed do not comply with the requirements for a performance indicator, then that indicator is considered out of compliance and corrective action is required.

(2) Corrective action is required when any indicator under policies and procedures or organizational activities is not met.

*b.* In the overall rating, the performance rating for policy and procedures will count as 15 percent of the total, organizational activities as 15 percent of the total, and services as 70 percent of the total.

(1) Each of the three indicators for policy and procedures has a value of 5 out of a possible score of 15.

(2) Each of the 36 indicators for organizational activities has a value of .42 out of a possible score of 15.

(3) Each service has a separate weighting according to the total number of indicators applicable for that service, with a possible score of 70, as follows:

| Service | Number of indicators | Value of each indicator |
|---|---|---|
| Case management | 48 | 1.46 |
| Day treatment | 45 | 1.55 |
| Intensive psychiatric rehabilitation | 53 | 1.32 |
| Supported community living | 42 | 1.67 |
| Partial hospitalization | 45 | 1.55 |
| Outpatient psychotherapy and counseling | 36 | 1.94 |
| Emergency | 8 | 8.75 |
| Evaluation | 4 | 17.50 |

*c.* The department will determine a separate score for each service to be accredited. When an organization offers more than one service under this chapter, there will be one accreditation award for all the services based upon the lowest score of the services surveyed.

**307.5(5)** *Accreditation decisions.* The department will prepare all documents with a final recommendation regarding accreditation. If accreditation is approved, a Notice of Action-Approval will be issued stating the duration of the accreditation and the services that the organization is accredited to provide. If the department denies or revokes accreditation, a Notice of Action-Denial will be issued stating the reasons for the denial.

*a. Initial 270-day accreditation.* This type of accreditation may be granted to a new organization. The department will base the accreditation decision on a report that:

(1) The organization has an approved policies and procedures manual that includes job descriptions.

(2) Staff assigned to the positions meet the qualifications in the standards and the policies and procedures of the organization.

*b. Three-year accreditation.* An organization or service is eligible for this type of accreditation if it has achieved an 80 points or higher performance compliance level. The organization may be required to develop and submit a plan of corrective action and improvement that may be monitored either by written report or an 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 70 points and 79 points 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. The department will monitor this plan through on-site reviews, written reports and the provision of technical assistance.

*d. Probational 180-day accreditation.* An organization is eligible for probational 180-day accreditation instead of denial when the overall compliance level is from 60 to 69 points and pervasive and serious deficiencies exist or when corrective action plans previously required as a result of a one-year accreditation have not been implemented or completed. The department may downgrade organizations with a one-year or three-year accreditation to the probational 180-day accreditation when one or more complaints are founded or at the discretion of the department. All deficiencies must be corrected by the time of the follow-up on-site survey at the conclusion of the provisional period. After

this survey, the organization shall meet the standards for accreditation for a one-year accreditation or the department will deny accreditation.

*e. Add-on service accreditation.* When the on-site review of the add-on service results in a score comparable to the overall organization's score at the time of the most recent accreditation, the organization's add-on accreditation date will coincide with the overall accreditation date of the organization. If the add-on service on-site review results in a lower score and lower accreditation decision, the department will conduct another on-site review for that add-on service when the add-on service accreditation expires.

*f. Special terms.*

(1) The accreditation period for services that have deemed status according to rule 441—307.6(225A) will coincide with the period awarded by the national accrediting body or the certification for home- and community-based services.

(2) New or add-on services that meet the requirements for accreditation will receive an initial 270-day accreditation for that individual service. The term of accreditation will be determined individually. At the time of recertification of the new add-on service, the department may make recommendation to coincide with the term of accreditation for the other services of that organization that are accredited by the department.

(3) An organization must notify the department when there are changes in its ownership, structure, management, or service delivery.

*g. Extensions.* The department may grant an extension to the period of accreditation if there has been a delay in the accreditation process that is beyond the control of the organization or the department or the organization has requested an extension to permit the organization to prepare and obtain approval of a corrective action plan. The department will establish the length of the extension on a case-by-case basis.

*h. Denial of accreditation or revocation.*

(1) Accreditation will be denied when there are pervasive and serious deficiencies that put individuals at immediate risk or when the overall compliance level falls to 59 points or below. Under such circumstances, no corrective action report will be required.

(2) When one or more complaints are received, the department will complete an investigation. If any of the complaints are substantiated and the department determines that there is a pervasive or serious deficiency, the department may deny accreditation.

(3) An organization whose accreditation has been denied or revoked will not be approved for any service for at least six months from the notice of decision denying or revoking accreditation.

(4) If the organization disagrees with any action or failure to act in regard to the notice of decision to deny accreditation to the organization, the organization has the right to appeal in accordance with 441—Chapter 2506.

**307.5(6)** *Nonassignability.* Accreditation will not be assignable to any other organization or provider. Any person or other legal entity acquiring an accredited facility for the purpose of operating a service shall make an application as provided in subrule 307.5(2) for a new certificate of accreditation. Similarly, any organization having acquired accreditation and desiring to alter the service philosophy or transfer operations to different premises must notify the department in writing 30 calendar days before taking action in order for the department to review the change.

**307.5(7)** *Discontinuation.*

*a. Discontinued organization.* A discontinued organization is one that has terminated all the services for which it has been accredited. Accreditation is not transferable between organizations.

(1) An organization shall notify the department in writing of any sale, change in business status, closure, or transfer of ownership of the business at least 30 calendar days before the action.

(2) The organization shall be responsible for the referral and placement of individuals using the services, as appropriate, and for the preservation of all records.

*b. Discontinued service.* An organization shall notify the department in writing of the discontinuation of an accredited or certified service at least 30 calendar days before the service is discontinued.

(1) Notice of discontinuation of a service shall not be initiated during the 30 days before the start of a survey. Once a survey has begun, all services will be considered in determining the organization's accreditation score.

(2) The organization shall be responsible for the referral and placement of individuals using the services, as appropriate, and for the preservation of all records.

**441—307.6(225A) Deemed status (all services).** The department will grant deemed status to organizations accredited by a recognized national, not-for-profit, accrediting body when the department determines the accreditation is for similar services. The department may also grant deemed status for supported community living services to organizations that are certified under the Medicaid home- and community-based services (HCBS) intellectual disability waiver.

**307.6(1)** *National accrediting bodies.*

*a.* The national accrediting bodies currently recognized as meeting department criteria for possible deeming are:

(1) The Joint Commission (TJC).

(2) The Commission on Accreditation of Rehabilitation Facilities (CARF).

(3) The Council on Quality and Leadership (CQL).

(4) Social Current.

*b.* The accreditation credentials of these national bodies must specify the type of organization, programs, and services that these bodies accredit and include targeted population groups if appropriate.

*c.* Deemed status means that the department is accepting an outside body's review, assessment, and accreditation of an organization'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. An organization that has deemed status must adhere to and be accountable for this chapter.

*d.* When an organization that is nationally accredited requests deemed status for services not covered by the national body's standards but covered under this chapter, the department will accredit those services. Department staff will provide technical assistance to organizations with deemed status.

**307.6(2)** *Application for deemed status.*

*a.* To apply for deemed status, the organization shall submit an Application and Letter of Agreement form, copy of the latest survey report, documentation related to any corrective action required, accreditation certificate, documentation of specific programming policies and procedures for populations being served, and credentials for staff providing services to populations served.

*b.* The department will not accept an application for deemed status once it has begun an on-site visit. The organization shall complete the accreditation process.

**307.6(3)** *Requirements for deemed status.* To be eligible for deemed status, the organization shall:

*a.* Be currently accredited:

(1) By a recognized national accrediting body for services as defined in subrule 307.6(1); or

(2) For supported community living under the Medicaid HCBS intellectual disability waiver pursuant to rule 441—77.40(249A). If individuals with mental illness are served, the organization must submit verification of the training and experience of the staff to show that its staff can meet the needs of the individuals served.

*b.* Require staff for the program being deemed to have the necessary training and experience to meet the needs of the population served.

**307.6(4)** *Granting of deemed status.* When the department grants deemed status, the accreditation period will coincide with the period awarded by the national accrediting body or the certification for HCBS. However, under no circumstances will the department award accreditation for longer than five years.

**307.6(5)** *Reservations.* When deemed status is granted, the department reserves rights to the following:

*a.* To have department staff conduct on-site reviews for those organizations applying for deemed status that the department has not previously accredited.

*b.* To have department 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 according to the process in rule 441—307.7(225A). The department will report findings to the national accrediting body.

*d.* To review and act upon deemed status when:

(1) Complaints have been founded,

(2) The organization's national accreditation status expires without renewal, or

(3) The national accrediting body downgrades or withdraws the organization's status.

**307.6(6)** *Continuation of deemed status.*

*a.* The organization shall send a copy of its Application and Letter of Agreement form, along with a copy of the application for renewal, to the national accrediting body at the same time as application is made to a national accrediting body.

*b.* Iowa Medicaid will provide copies of the letter notifying a provider of a forthcoming recertification for organizations deemed for supported community living under the HCBS intellectual disability waiver.

*c.* Following the on-site review by a national accrediting body, the organization shall send the department a copy of the cover sheet and the national accrediting body report within 30 calendar days from the date that the organization receives the documents. If a corrective action plan is required, the organization shall send the department a copy of all correspondence and documentation related to the corrective action.

*d.* Iowa Medicaid will provide copies of HCBS certification reports and any corrective action required by HCBS within 30 calendar days after the report is complete or the organization completes required corrective action.

**441—307.7(225A) Complaint process (all services).** The department will receive and record complaints by individuals using the services, employees, any interested people, and the public relating to or alleging violations of applicable requirements of the Iowa Code or administrative rules.

**307.7(1)** *Submittal of complaint.* The complaint may be submitted in person, by mail, electronically through the department's website, by email, or by telephone.

*a.* The department will assist individuals in making a complaint as needed or requested.

*b.* The information received should specifically state the basis of the complaint. The department will keep the name of the complainant confidential to the extent allowed by law.

**307.7(2)** *Review of complaint.* Upon receipt of a complaint, the department will make a preliminary desk review of the complaint to determine an appropriate response. That response may include notifying the person who submitted the complaint that there is no basis for a review, referring the complaint to another investigative body, or making a determination to do a full investigation. The complainant may submit a written request for a report of the findings and actions taken by the department as a result of the complaint.

**307.7(3)** *Investigation of complaint.* If the department concludes that the complaint is reasonable, has merit, and is based on a violation of this chapter, it may make an investigation of the organization. The department may investigate complaints by an office desk audit or by an on-site investigation. The department will give priority for on-site investigations to instances when individuals using the service are in immediate jeopardy.

*a.* If a decision is made to conduct an on-site investigation, the on-site review does not require advance notice to the organization. The department will notify the chief executive officer of the organization involved before or at the commencement of the on-site investigation that the department has received a complaint.

*b.* The department will give the organization an opportunity to informally present a position regarding allegations in the complaint. The organization may submit the position in writing within five working days following the on-site visit or present it in a personal conference with department staff.

*c.* The department will submit a written report to the chief executive officer of the organization within 20 working days after completion of the investigation.

*d.* The report will indicate whether the complaint was substantiated, the basis for the substantiation or nonsubstantiation decision and the specific rules violated, and a recommendation for corrective action with timelines specified in the report.

*e.* If the complaint is substantiated, the department may take actions deemed appropriate that may include requiring a corrective action plan, shortening the term of accreditation or suspending or revoking an organization's accreditation depending on the severity of the substantiated complaint.

*f.* When the department suspends, shortens or revokes an organization's accreditation as the result of a substantiated compliant, the organization will be notified by electronic or certified mail of the findings and actions taken.

**307.7(4)** *Corrective action plan.*

*a.* When the department acts to suspend or revoke accreditation, there will be no corrective action plan. In other instances, if the complaint is substantiated, the organization shall submit a corrective action plan to the department within 20 calendar days after receiving the division's decision. This plan must respond to violations cited and the division's requirements and include timelines, internal monitoring systems, and performance improvement planning.

*b.* Failure of the organization to respond within 20 calendar days with an acceptable corrective action plan that addresses the organization's plan of correction following a substantiated investigation or complaint may in itself constitute the basis for revocation or suspension of accreditation. The department will determine the appropriate action based on the information submitted. The department will notify the organization in writing of any action taken.

**441—307.8(225A) Appeal procedure.** An appeal may be filed pursuant to 441—Chapter 2506 within 30 calendar days of the written decision from the department.

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

DIVISION II
CRISIS RESPONSE SERVICE PROVIDERS

**441—307.9(225A) Definitions.**

*"Behavioral health professional"* means any of the following:

1. A mental health professional as defined in Iowa Code section 228.1.
2. An individual who 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.
3. An individual who holds a bachelor's degree in a human service discipline with five years' experience providing behavioral health services or a registered nurse who has three years of clinical experience in behavioral health.
4. An individual who holds a bachelor's degree in a human service discipline with three years' experience providing behavioral health services and certified as an alcohol and drug counselor (CADC) or international alcohol and drug counselor (IADC).

*"Crisis"* means the experience of behavioral, emotional, psychiatric, or substance use disorder symptoms that results in a high level of stress or anxiety for the individual or persons providing care for the individual and that cannot be resolved without intervention. The crisis is defined by the individual experiencing the crisis.

*"Crisis assessment"* means a face-to-face clinical interview to ascertain an individual's current and previous level of functioning, potential for dangerousness, physical health, and psychiatric and medical condition. A behavioral health professional conducts a crisis assessment within 24 hours of an individual's admission to a crisis response service.

*"Crisis incident"* means an occurrence involving the individual using the services that:

1. Results in a physical injury to or by the individual that requires health care treatment or admission to a hospital;

2. Results in someone's death;

3. Requires emergency mental health treatment for the individual;

4. Requires medical intervention for substance misuse, including the administration of overdose reversal medication;

5. Requires the intervention of law enforcement; or

6. Is reportable to the department for child or dependent adult abuse.

*"Crisis response services"* means short-term individualized crisis stabilization services that follow a crisis screening or assessment and that are designed to restore the individual to a prior functional level.

*"Crisis response staff"* means a person trained to provide crisis response services in accordance with rule 441—307.13(225A).

*"Crisis screening"* means a process to determine what crisis response service is appropriate to effectively resolve the presenting crisis.

*"Crisis stabilization community-based services"* or *"CSCBS"* means short-term services designed to de-escalate a crisis situation and stabilize an individual following a crisis and provided where the individual lives, works or recreates.

*"Crisis stabilization residential services"* or *"CSRS"* means a short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a crisis and is provided in organization-arranged settings of no more than 16 beds.

*"Dispatch"* means the function within crisis line operations to coordinate access to crisis care.

*"Face-to-face"* means services provided in person or utilizing telehealth in conformance with the federal Health Insurance Portability and Accountability Act (HIPAA) privacy rules as amended to August 1, 2026.

*"Family peer support specialist"* means a parent, primary caregiver, foster parent or family member of an individual who has successfully completed the department's standardized training to provide family support services.

*"Follow-up services"* means services that link individuals to needed supports and confirm transition to and engagement with aftercare services, including but not limited to system navigation, outpatient treatment, residential treatment, recovery services, and medication management.

*"Informed consent"* means the same as defined in rule 441—307.1(225A).

*"Mental health professional"* means the same as defined in Iowa Code section 228.1.

*"Mobile response"* means the provision of professional on-site, face-to-face crisis intervention for an individual experiencing a crisis. Crisis response staff providing mobile response have the capacity to intervene wherever the crisis is occurring.

*"Peer recovery coach"* means an individual with lived or living experience, either directly or through a connection, involving a problematic substance use condition, who has completed a standardized training and supports others experiencing similar challenges.

*"Peer support services"* means a service provided by a peer support specialist, family peer support specialist, or peer recovery coach, including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.

*"Peer support specialist"* means an individual who has experienced a severe and persistent mental illness and who has successfully completed standardized training to provide peer support services.

*"Physical health"* means any chronic or acute health factors that need to be addressed during crisis delivery services.

*"Qualified prescriber"* means a practitioner or an authorized agent of a practitioner following the instruction of the practitioner as defined in Iowa Code section 155A.3 and a physician associate or ARNP operating under the prescribing authority granted in Iowa Code section 147.107.

*"Restraint"* means the application of physical force or the use of a chemical agent or mechanical device for the purpose of restraining the free movement of an individual's body to protect the individual, or others, from immediate harm.

*"Rights restriction"* means limitations not imposed on the general public in the areas of communications, mobility, finances, medical or mental health treatment, intimacy, privacy, type of work, religion, and place of residence.

*"Safety plan"* means a written plan developed for discharge in collaboration with the individual receiving crisis response services to identify the individual's strengths, the presenting problem, prevention strategies, and management tools for future crises.

*"Self-administered medication"* means the process where a trained staff member observes an individual inject, inhale, ingest or, by any other means, take medication following the instructions of a qualified prescriber.

*"Stabilization plan"* means a written short-term strategy used to stabilize a crisis and developed by a behavioral health professional, in collaboration with the crisis response staff and with the involvement and consent of the individual or the individual's representative.

*"Staff-administered medication"* means the direct application of a prescription drug, whether by injection, inhalation, ingestion, or any other means, to the body of an individual by a qualified prescriber or authorized staff following instructions of a qualified prescriber.

*"Telehealth"* is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

*"Treatment summary"* means a written summarization of the treatment and action plan at the point of an individual's discharge or transition to another service.

*"Twenty-four-hour crisis response"* means services are available 24 hours a day, 365 days a year, providing access to crisis screening and assessment and linkage to behavioral health services.

*"Twenty-three-hour observation"* means a level of care provided for up to 23 hours in a secure and protected, medically staffed, supervised treatment environment.

*"Warm line"* means a telephone line staffed by individuals with lived experience who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis.

**441—307.10(225A) Standards for crisis response services.** An organization may be accredited to provide any one or all of the identified crisis response services. An organization seeking crisis response service accreditation shall comply with the general standards within this division and additional standards for each specific service.

**441—307.11(225A) Standards for policies and procedures.** Policies and procedures manuals contain policy guidelines and administrative procedures for all activities and services and address the standards in rule 441—307.2(225A).

**441—307.12(225A) Standards for organizational activities.**

**307.12(1)** The organization shall meet the standards in subrules 307.3(1) through 307.3(5).

**307.12(2)** The organization shall describe the staffing structure that details how staff are utilized to provide the specific crisis stabilization services in rules 441—307.14(225A) through 441—307.21(225A).

**441—307.13(225A) Standards for crisis response staff.** All crisis response staff shall meet the qualifications described in this rule. Additional staff requirements are described in each service.

**307.13(1)** *Performance benchmark.* Qualified crisis response staff provide crisis response services.

**307.13(2)** *Performance indicators.*

*a.* One or more of the following qualifications are met:

(1) A behavioral health professional as defined in rule 441—307.9(225A).

(2) A person who has a bachelor's degree with 30 semester hours or equivalent in a human services field (including but not limited to psychology, social work, nursing, and education) and a minimum of one year of experience in behavioral or mental health services.

(3) A law enforcement officer with a minimum of two years of experience in the law enforcement officer's field.

(4) An emergency medical technician (EMT) with a minimum of two years of experience in the EMT's field.

(5) A peer support specialist who has completed standardized peer training within six months of hire.

(6) A family peer support specialist who has completed department-approved training within six months of hire.

(7) A peer recovery coach who has completed department-approved training within six months of hire.

(8) A registered or licensed practical nurse with a minimum of one year of experience.

(9) A person who has a bachelor's degree in a non-human services-related field, associate's degree, or high school diploma (or equivalency) with a minimum of two years of experience in behavioral health services, and 30 hours of crisis and behavioral health in-service training in addition to the required department-approved crisis intervention training, or a minimum of one year of experience in behavioral health services and an additional 60 hours of crisis and behavioral health training in addition to the required department-approved crisis intervention training.

*b.* Documentation in staff records to verify satisfactory completion of department-required crisis intervention training within 120 days of hire.

**441—307.14(225A) Standards for services.**

**307.14(1)** *Standard for eligibility.* An eligible recipient is an individual experiencing a crisis or emergency where a crisis screening is needed to determine the appropriate level of care.

*a. Performance benchmark.* Crisis screening determines the presenting problem and appropriate service.

*b. Performance indicators.*

(1) An evidence based screening tool is utilized that includes suicide lethality, substance use, alcohol use, and safety needs. Crisis response staff are trained on the crisis screening tool.

(2) Crisis screening shall be completed with the individual in crisis. When youth are served, the family shall participate in the screening process.

(3) Crisis screening records are kept in individual files.

**307.14(2)** *Confidentiality and legal status.* Standards in subrule 307.4(6) are met.

**307.14(3)** *Service systems.* Standards in subparagraphs 307.4(7)*"b"*(1) through *"b"*(3) are met.

**307.14(4)** *Respect for individual rights.* Standards in subrule 307.4(8) are met.

**441—307.15(225A) Standards for individual crisis response services.**

**307.15(1)** Crisis response services provided to children and youth include coordination with parents, guardians, family members, natural supports, and service providers and with other systems such as education, juvenile justice and child welfare.

**307.15(2)** Crisis response services for individuals who have co-occurring or multi-occurring diagnoses focus on the integration and coordination of treatment services, and supports necessary to stabilize the individual, without regard to which condition is primary. Crisis response services are not to be denied due to the presence of a co-occurring substance use condition or developmental or neurodevelopmental disability.

**441—307.16(225A) Twenty-four-hour crisis response.** The purpose of 24-hour crisis response is to provide access to crisis screening and assessment to de-escalate and stabilize the crisis. When the assessment indicates, a stabilization plan is developed to support the individual's return to a prior level of functioning. Twenty-four-hour crisis response staff link the individual to appropriate services. Crisis response staff provide service to individuals of any age.

**307.16(1)** *Performance benchmark.* Individuals in crisis have the ability to access crisis response services, including but not limited to crisis screening, crisis assessment and stabilization in the least restrictive level of care appropriate.

**307.16(2)** *Performance indicators.*

*a.* Information on how to access 24-hour crisis response is publicized to facilitate availability of services to individuals using the service, family members and the public.

*b.* Individuals accessing the service receive crisis screening and crisis response services from appropriate crisis response staff.

*c.* Crisis screening is available and accessible face-to-face, using telephone or web-based options 24 hours a day, 365 days a year.

*d.* A behavioral health professional is available for crisis assessment.

*e.* A mental health professional is available for consultation 24 hours a day, 365 days a year. The mental health professional has access to a qualified prescriber for consultation.

*f.* The staffing pattern and schedule is documented.

*g.* The integration and coordination of care is documented in the individual's record.

*h.* The discharge, action and follow-up plans are documented in the individual's record, and copies of the plans are provided to the individual. The family or guardian may receive a copy with a signed release.

**441—307.17(225A) Warm line.** A peer-operated warm line is a service individuals can access to talk with someone with lived experience with behavioral health and trauma issues. The line provides a resource for individuals experiencing emotional distress.

**307.17(1)** *Performance benchmark.* A warm line provides nonjudgmental listening, nondirective assistance, information, referral, and triage when appropriate.

**307.17(2)** *Performance indicators.* The warm line is answered live, placing callers on hold, and when appropriate, a queue system is utilized.

*a.* The caller is triaged to a higher level of service when needed.

*b.* Data collection includes:

(1) Demographics;

(2) Presenting reason for call;

(3) Outcome of call;

(4) Call answer times;

(5) Duration of calls; and

(6) Number of calls dropped, lost or terminated.

*c.* Services are provided by peer support specialists and family support peer specialists or recovery coaches.

*d.* Twenty-four-hour access to a behavioral health professional is required.

**441—307.18(225A) Mobile response.**

**307.18(1)** *Location.* Crisis response staff provide on-site, in-person intervention for individuals experiencing a crisis. The mobile response staff provide crisis response services in the individual's home or at locations in the community 24 hours a day, 365 days a year.

**307.18(2)** *Performance benchmark.* Mobile response services are delivered to individuals in crisis in a timely manner.

*a.* Mobile response requires a multidisciplinary team, consisting of at least two crisis response staff.

*b.* Twenty-four-hour access to a behavioral health professional is required.

*c.* Mobile response staff are dispatched immediately after crisis screening has determined the appropriate level of care. If the mobile response staff already are responding to another call, staff explain to the caller that there may be a delay in receiving a mobile response and offer an alternative response.

*d.* Mobile response staff will respond in person to the location of the individual in crisis within 60 minutes from dispatch.

*e.* Mobile crisis providers teams ensure follow-up services to facilitate the individual's access to behavioral health care.

(1) Follow-up services are provided to individuals who do not discharge to a setting providing 24 hour levels of care.

(2) Follow-up services link individuals to needed supports and confirm transition to and engagement with aftercare services, to include documentation an appointment is scheduled with the individual's preferred provider.

(3) Follow-up services occur within 48 hours of the initial mobile response contact and occur periodically until the individual is seen by the individual's preferred provider.

*f.* Data collection includes response time from initial dispatch, the time to respond to dispatch when a team is already in response, diversion from or admission to hospitals, correctional facilities and other crisis response services. The data for each fiscal year is reported as required by the department.

*g.* The safety plan is developed with the individual and family or natural supports if applicable and includes the individual's strengths, the presenting problem, prevention strategies, and management tools for future crises; a copy of the safety plan is provided to the individual and the individual's care team with the individual's signed consent within one business day.

*h.* The following information is documented in the individual's service record:

(1) Triage and referral information.

(2) Reduction in the level of risk present in the crisis situation.

(3) Coordination with other behavioral health and community resources.

(4) Names and affiliation of all individuals participating in the mobile response.

**441—307.19(225A) Twenty-three-hour crisis observation.** Twenty-three-hour crisis observation services may be a standalone service or embedded within a crisis stabilization residential service. Twenty-three-hour crisis observation services are designed for individuals who need short-term crisis intervention in a safe environment less restrictive than hospitalization. This level of service is appropriate for individuals who require protection or when an individual's ability to cope in the community is severely compromised and it is expected the crisis can be resolved in 23 hours. Twenty-three-hour crisis observation services include but are not limited to treatment, medication administration, meeting with extended family or significant others, and referral to appropriate services. Twenty-three-hour crisis observation chairs can be utilized.

**307.19(1)** *Admission criteria.* The services may be provided if any of the following admission criteria are met:

*a.* There are indications the symptoms can be stabilized and an alternative treatment can be initiated within a 23-hour period.

*b.* The presenting crisis cannot be safely evaluated or managed in a less restrictive setting, or no such setting is available.

*c.* The individual does not meet inpatient criteria, and it is determined a period of observation assists in the stabilization and prevention of symptom exacerbation.

*d.* Further evaluation is necessary to determine the individual's service needs.

*e.* There is an indication of actual or potential danger to self or others as evidenced by a current threat or ideation.

*f.* There is a loss of impulse control leading to life-threatening behavior and other psychiatric symptoms requiring stabilization in a structured, monitored setting.

*g.* The individual is experiencing a crisis demonstrated by an abrupt or substantial change in normal life functioning brought on by a specific cause, sudden event or severe stressor.

*h.* The individual is experiencing a crisis as a result of substance use.

**307.19(2)** *Staffing requirements.*

*a.* At least one behavioral health professional is available for consultation 24 hours a day, 365 days a year.

*b.* Crisis response staff are on duty, awake, and attentive 24 hours a day.

*c.* A registered or licensed practical nurse is available on site 24 hours a day.

**307.19(3)** *Twenty-three-hour observation safety.* A crisis incident report is created when staff are notified a crisis incident has occurred.

*a.* The crisis incident report documents:

(1) The name of the individual or individuals who were involved in the crisis incident.

(2) Date and time of occurrence of the crisis incident.

(3) A description of the crisis incident.

(4) Names and signatures of all staff present at the time of the crisis incident.

(5) The action taken by the staff.

(6) The resolution or follow-up to the crisis incident.

*b.* A copy of the crisis incident report is kept in a centralized file and a copy is given to the individual, the individual's parent or guardian if applicable, and the individual's treatment team when appropriate. A copy of the crisis incident report is sent to the department for crisis incidents involving an individual's death during service delivery.

**307.19(4)** *Service requirements.*

*a.* A treatment summary is provided to the individual and the individual's treatment team when applicable. The treatment summary includes:

(1) Safety plan.

(2) Crisis assessment that includes:

1. Active symptoms of psychosis.
2. Alcohol use.
3. Coping ability.
4. History of trauma.
5. Impulsivity or absence of protective factors.
6. Intensity and duration of depression.
7. Lethality assessment.
8. Level of external support available to the individual.
9. Medical history.
10. Physical health, including withdrawal symptoms.
11. Prescription medication.
12. Presenting problem.
13. Stress indicators and level of stress.
14. Substance use.

(3) Treatment interventions.

(4) Ongoing evaluation of the mental status to document continued need for the service.

(5) Course and progress of the individual regarding identified needs and barriers.

(6) Recommendations for further service needs.

(7) Signature of the behavioral health professional.

*b.* The individual using this service is provided a safe, secure observation service in a location meeting the needs of the individual and in the least restrictive setting.

*c.* Family members, natural supports, and treatment providers are contacted within 23 hours of admission with the individual's consent. Communication attempts and contact with the individual's team will be documented.

*d.* Written policies and procedures cover medication administration, storage and documentation.

*e.* Crisis observation providers ensure follow-up services to facilitate the individual's access to behavioral health care.

(1) Follow-up services are provided to individuals not requiring 24 hour levels of care.

(2) Follow-up services link individuals to needed supports and confirm transition to and engagement with aftercare services, to include documentation that an appointment is scheduled with the individual's preferred provider.

(3) Follow-up services occur within 48 hours of discharge and occurs periodically until the individual is seen by the their preferred provider.

*f.* The service is provided in a clean and safe environment.

(1) Service compliance is documented regarding state fire marshal rules and fire ordinances and applicable local health, fire, occupancy code, and safety regulations.

(2) Based on standards used for public facilities, all food and drink is clean, wholesome, free from spoilage, and stored and served in a manner safe for human consumption.

(3) Doors must not be locked from the inside. The use of door locks is as approved by the fire marshal and professional staff.

(4) Twenty-three-hour observation services have an emergency preparedness plan to describe the process for an individual to continue receiving services during a disaster, including but not limited to cases of severe weather or fire. An emergency preparedness plan is designed to provide effective utilization of available resources during a disaster event, including but not limited to cases of severe weather or fire.

(5) Services provide a safe, clean, well-ventilated, properly heated environment in good repair and free from vermin.

1. The smokefree air Act, Iowa Code chapter 142D, is followed.

2. The 23-hour crisis observation location is a welcoming and comfortable environment conducive to recovery.

(6) An individual's resting or sleeping area includes:

1. A sturdily constructed bed or comfortable chair.
2. A sanitized mattress protected with a clean mattress pad or sanitized chair.
3. Curtains or blinds on bedroom windows.
4. Available clean linen.
5. Doors or partitions for privacy.
6. Respect for right to privacy.

(7) Bathrooms include items necessary for personal hygiene and personal privacy.

1. A safe supply of hot and cold running water that is potable.

2. Clean towels, electric hand dryers or paper towel dispensers, and an available supply of toilet paper and soap.

3. Natural or mechanical ventilation capable of removing odors.
4. Tubs or showers with slip-proof surfaces.
5. Partitions with doors that provide privacy if a bathroom has multiple toilet stools.

6. Toilets, wash basins, and other plumbing or sanitary facilities, maintained in good operating condition.

7. Privacy in bathrooms for male and female individuals.

*g.* Personal rights are acknowledged.

(1) The following are allowed:

1. Areas in which an individual may be alone when appropriate.
2. Areas for private conversations with others.
3. Secure space for personal belongings.
4. Personal clothing in accordance with organization policy.

(2) The following are not allowed:

1. Seclusion.
2. Mechanical or chemical restraints.

**441—307.20(225A) Crisis stabilization community-based services (CSCBS).** The goal of CSCBS is to stabilize the individual within the community. CSCBS is designed as a voluntary service for individuals in need of a safe, secure location that is less intensive and restrictive than an inpatient hospital. Individuals receive CSCBS services, including but not limited to skill building, medication, counseling, referrals, peer support, recovery coaching, and linkage to ongoing services. The duration for CSCBS is expected to be less than five days.

**307.20(1)** *Eligibility.*

*a.* To be eligible, an individual must be determined appropriate for the service by a crisis assessment.

*b.* The crisis assessment includes:

(1) Active symptoms of psychosis.

(2) Alcohol use.

(3) Coping ability.

(4) History of trauma.

(5) Impulsivity or absence of protective factors.
(6) Intensity and duration of depression.
(7) Lethality assessment.
(8) Level of external support available to the individual.
(9) Medical history.
(10) Physical health including withdrawal symptoms.
(11) Prescription medication.
(12) Presenting problem.
(13) Stress indicators and level of stress.
(14) Substance use.

**307.20(2)** *Staffing requirements.*

*a.* At least one mental health professional is available for consultation 24 hours a day, 365 days a year.

*b.* Crisis response staff must be awake and attentive 24 hours a day.

**307.20(3)** *Stabilization services.* The individual using CSCBS is provided safe, secure and structured crisis stabilization services in the least restrictive location meeting the needs of the individual. The CSCBS can be for youth aged 18 and under or adults aged 18 and older.

*a.* Family members, natural supports, and treatment providers are contacted within 24 hours of admission with the individual's consent. Communication attempts and contact with the individual's team will be documented.

*b.* Each individual has a minimum of one hour per day of additional services provided by crisis response staff, including but not limited to skill building, peer support, family peer support services, or recovery coaching or other therapeutic programming.

*c.* Contact between the individual and a behavioral health professional occurs at least one time a day.

*d.* Youth services include ongoing coordination and communication with the youth's support system, including but not limited to parents, guardians and, if applicable, educational supports.

*e.* The numbers of days an individual receives crisis stabilization services are documented. The documentation records specific reasons for the delivery of services beyond five days.

*f.* Data collection includes readmission data and length of time between admission, analysis of data trends and appropriate corrective action taken, admission to hospitals, correctional facilities, and other crisis response services. The data for each fiscal year is reported as required by the department. The information is documented in the performance improvement system files.

**307.20(4)** *Crisis stabilization—crisis incident reporting.* A crisis incident report is filed when staff are notified a crisis incident has occurred.

*a.* The crisis incident report documents:
(1) Name of the individual involved in the crisis incident.
(2) Date and time the crisis incident occurred.
(3) Description of the crisis incident.
(4) Names and signatures of all staff present at the time of the crisis incident.
(5) Action the staff took to handle the situation.
(6) Resolution or follow up to the crisis incident.

*b.* A copy of the incident report is kept in a centralized file and a copy given to the individual, and the parent or guardian when appropriate. A copy of the crisis incident report is sent to the department for crisis incidents involving an individual's death during service delivery.

**307.20(5)** *Service requirements.*

*a. Stabilization plan.* The individual in crisis is involved collaboratively in all aspects of crisis stabilization services, including but not limited to admission, treatment planning, intervention, and discharge. Attempts to contact family members is required for youth and encouraged for adults. Within 24 hours of an individual's admission to crisis stabilization services, a written short-term stabilization plan is developed, with the involvement and consent of the individual, and is reviewed at least every ten days.

*b.* *Plan contents.* At a minimum, this plan includes:

(1) Criteria for discharge.

(2) Goal statement. Goals are consistent with the individual's needs and projected duration of service delivery.

(3) Names of all persons participating in the development of the plan.

(4) Specification of treatment responsibilities and methods.

**307.20(6)** *Treatment summary.* Prior to the individual's discharge from CSCBS, a treatment summary is completed. A copy of the summary is provided to the individual and shared with the individual's treatment team of providers, if applicable.

*a.* At a minimum, the treatment summary includes:

(1) Safety plan.

(2) Crisis assessment.

(3) Stabilization plan.

(4) Treatment interventions.

(5) Documentation of daily contact with the behavioral health professional.

(6) Ongoing evaluation of the mental status to document continued need for the service.

(7) Course and progress of the individual.

(8) Recommendations for further service needs.

(9) Signature of the behavioral health professional.

*b.* Records include a written treatment summary developed with the involvement of the individual.

*c.* A copy of the summary is provided upon discharge.

**307.20(7)** *Follow-up services.* Crisis stabilization providers ensure follow-up services to facilitate the individual's access to behavioral health care.

*a.* Follow-up services are provided to individuals not requiring 24 hour levels of care.

*b.* Follow-up services link individuals to needed supports and confirm transition to and engagement with aftercare services, to include documentation an appointment is scheduled with the individual's preferred provider.

*c.* Follow-up services occur within 48 hours of discharge and occur periodically until the individual is seen by the their preferred provider.

**307.20(8)** *Health and safety.* Emergency preparedness policies and procedures include health and safety measures. Emergency preparedness plans are designed to provide effective utilization of available resources for care to continue during a disaster event, including but not limited to cases of severe weather or fire.

**441—307.21(225A) Crisis stabilization residential services (CSRS).** Crisis stabilization residential services are short-term services provided in facility-based settings. The goal of CSRS is to stabilize and reintegrate the individual back into the community. CSRS are designed for voluntary individuals who are in need of a safe, secure environment less intensive and restrictive than an inpatient hospital. CSRS have the capacity to serve more than two individuals at a time. CSRS can be for youth aged 18 and younger or adults aged 18 and older. Youth and adults cannot be housed in the same facility setting. Facilities licensed by the department of inspections, appeals, and licensing (DIAL) for other services would have to comply with DIAL regulations for operating another business or activity in the facility.

**307.21(1)** *Eligibility.*

*a.* To be eligible, an individual must be determined appropriate for the service by a crisis assessment.

*b.* The crisis assessment includes:

(1) Active symptoms of psychosis.

(2) Alcohol use.

(3) Coping ability.

(4) History of trauma.

(5) Impulsivity or absence of protective factors.

(6) Intensity and duration of depression.

(7) Lethality assessment.

(8) Level of external support available to the individual.
(9) Medical history.
(10) Physical health, including withdrawal symptoms.
(11) Prescription medication.
(12) Presenting problem.
(13) Stress indicators and level of stress.
(14) Substance use.

**307.21(2)** *Staffing requirements.*

*a.* At least one licensed mental health professional is available for consultation 24 hours a day, 365 days a year.

*b.* Awake and attentive staffing 24 hours a day, 365 days a year is provided.

**307.21(3)** *Crisis stabilization—location.* The individual is provided safe, secure and structured crisis stabilization services in the least restrictive location meeting the individual's needs.

*a.* Family members, natural supports, and treatment providers are contacted within 24 hours of admission with the individual's consent. Communication attempts and contact with the individual's team will be documented.

*b.* Contact with a behavioral health professional occurs at least one time per day.

*c.* Each individual has a minimum of one hour per day of additional services provided by crisis response staff, including but not limited to skill building, peer support, family support peer services, or recovery coaching, or other therapeutic programming.

*d.* Youth services include ongoing coordination and communication with the youth's support system, including but not limited to parents, guardians, and educational supports.

*e.* A crisis assessment is completed within 24 hours of admission.

*f.* The number of days an individual receives crisis stabilization services is documented.

*g.* The documentation records specific reasons for lengths of stay beyond five days.

*h.* Medication record is included in the service record.

**307.21(4)** *Crisis stabilization—crisis incident reporting.* A crisis incident report is completed when staff are notified an crisis incident has occurred.

*a.* The crisis incident report documents:

(1) Name of the individual who was involved in the crisis incident.
(2) Date and time of occurrence of the crisis incident.
(3) Description of the crisis incident.
(4) Names and signatures of all staff present at the time of the crisis incident.
(5) Action staff took to handle the situation.
(6) Resolution or follow up to the crisis incident.

*b.* A copy of the crisis incident report is maintained in a centralized file and a copy given to the individual and the parent or guardian, as appropriate. A copy of the crisis incident report is sent to the department for crisis incidents involving an individual's death during service delivery.

**307.21(5)** *Service requirements.*

*a. Stabilization plan.* The individual is involved collaboratively in all aspects of crisis stabilization services, including but not limited to admission, treatment planning, intervention, and discharge. Attempts to involve family members are required for youth and encouraged for adults. At a minimum, this plan includes:

(1) Criteria for discharge.
(2) Goal statement consistent with needs and projected length of stay.
(3) Rights restrictions, if applicable.
(4) Names of all persons participating in the development of the plan.
(5) Specification of treatment responsibilities and methods.

*b. Plan development.* Within 24 hours of an individual's admission to crisis stabilization services, a written short-term stabilization plan is developed, with the involvement and consent of the individual, and is reviewed at least every ten days.

**307.21(6)** *Treatment summary.* Prior to discharge, a treatment summary is provided and a copy shared with the individual and treatment team as appropriate.

*a.* *Contents.* At a minimum, this treatment summary includes:

(1) Safety plan.

(2) Crisis assessment.

(3) Stabilization plan.

(4) Treatment interventions.

(5) Documentation of daily contact with the behavioral health professional.

(6) Ongoing evaluation of the mental status to document continued need for the service.

(7) Course and progress of the individual regarding identified needs and barriers.

(8) Recommendations for further service needs.

(9) Signature of the behavioral health professional.

*b.* *Records.* Records include a written treatment summary developed with the involvement and consent of the individual.

*c.* *Copy.* An individual receives a copy of the treatment summary upon discharge.

**307.21(7)** *Follow-up services.* Crisis stabilization providers ensure follow-up services to facilitate the individual's access to behavioral health care. Follow-up services are provided to individuals not requiring 24 hour levels of care.

*a.* Follow-up services link individuals to needed supports and confirm transition to and engagement with aftercare services, to include documentation an appointment is scheduled with the individual's preferred provider.

*b.* Follow-up services occur within 48 hours of discharge and occur periodically until the individual is seen by the their preferred provider.

**307.21(8)** *Health and safety.*

*a.* Health and fire safety inspections.

(1) Documentation includes Iowa fire marshal rules and fire ordinances, local health, fire, occupancy code, and safety regulations.

(2) Standards for public facilities guide food and beverage safety, nutrition standards, and safe storage of all consumable products.

(3) Crisis stabilization residential services comply with rule 441—307.22(225A).

*b.* Emergency preparedness. Emergency preparedness policies are designed to provide effective utilization of available resources for continuation during a disaster event, including but not limited to cases of severe weather or fire.

*c.* The facility is safe, clean, and well-ventilated with a properly heated environment in good repair and free from vermin.

*d.* The location is accessible and, when needed, accommodations are made to address individuals' physical needs.

(1) Bedrooms include:

1. A sturdily constructed bed.

2. A sanitized mattress protected with a clean mattress pad.

3. A designated space in proximity to the sleeping area for personal possessions, including clothing.

4. Curtains or window blinds on bedroom windows.

5. Available clean linens.

(2) Sleeping areas include:

1. Doors for privacy.

2. Partitioning and placement of furniture to provide privacy.

3. Rooms that accommodate no more than two per room. Single room dimensions are at least 80 square feet not including closets. Dual occupancy rooms are at least 120 square feet not including closets.

4. Personal belongings and personal touches in the rooms, defined in CSRS policy.

5. Respect by staff for an individual's right to privacy.

(3) Personal hygiene supplies are provided:

1. A safe supply of hot and cold running water that is potable.

2. Clean towels, electric hand dryers or paper towel dispensers, and an available supply of toilet paper and soap.

3. Natural or mechanical ventilation capable of removing odors.

4. Tubs or showers with slip-proof surfaces.

5. Partitions with doors that provide privacy if a bathroom has multiple toilet stools.

6. Toilets, wash basins, and other plumbing or sanitary facilities in good operating condition.

7. Privacy in bathrooms for male and female individuals.

(4) Federal laws regarding smoking on property are recognized and followed.

(5) The following are provided:

1. Areas in which an individual may be alone when appropriate.

2. Areas for private conversations with others.

3. A secure space for personal belongings.

(6) Housekeeping. Maintenance of living quarters and day-to-day housekeeping activities are clearly defined in writing and a part of the orientation. Staff assistance and equipment are provided as needed.

(7) Clothing.

1. Personal clothing is allowed in accordance with CSRS policy.

2. Clothing may be washed with provided laundry mechanisms.

*e.* Smoking. The smokefree air Act, Iowa Code chapter 142D, is included in the CSRS policy.

*f.* Religion/culture. Rights to religion and culture include:

(1) The opportunity to participate in religious activities and services in accordance with the faith of the individual or of a minor individual's parent(s) or guardian.

(2) Arrange for transportation to religious activities when appropriate per CSRS policy.

**441—307.22(225A) Medication—administration, storage and documentation.** This rule sets forth medication requirements for 23-hour crisis observation, crisis stabilization community-based services, and crisis stabilization residential services.

**307.22(1)** *Performance benchmark.* Policies and procedures ensure prescription and over-the-counter medications are administered or self-administered safely and properly in accordance with federal, state, and local laws and regulations.

**307.22(2)** *Performance indicators.*

*a. Administration of medication.*

(1) Medication administration dose schedules and standardization of abbreviations are documented.

(2) Specific methods for control and accountability are established.

(3) Prescription and over-the-counter medications are administered or self-administered safely and properly in accordance with federal, state, and local laws and regulations.

(4) Prescription medications are not administered or self-administered without a written order signed by a qualified prescriber. All medication orders are documented in the case records and document the name of the medication, dose, route of administration, frequency of administration, and name of the qualified prescriber prescribing the medication.

*b. Staff-administered medication.*

(1) All staff administering medication have completed department-approved training.

(2) The type and amount of medication, time and date of medication administered, and name of staff administering the medication are documented in the medication record in accordance with prescribed orders.

*c. Self-administered medication.*

(1) Staff monitoring self-administration of prescription and over-the-counter medication have completed department-approved training.

(2) Self-administration of prescription and over-the-counter medications are permitted only when the medication label is clear and complete.

*d. Medication storage.* Medication storage policies under the care and control of the administration include:

(1) All medication is maintained in locked storage, and controlled substances are maintained in a locked box within locked storage.

(2) Medications requiring refrigeration are kept in a refrigerator separated from food and other edible items.

(3) Disinfectants and medication for external use are stored separately from internal and injectable medications.

(4) Each medication is stored in original containers and labeled with the name.

(5) Prescription medication provided is dispensed from a licensed pharmacy in the state of Iowa in accordance with the Iowa Code. It can also be provided by a qualified prescriber from a licensed pharmacy in another state according to the laws of the state.

(6) Prescription medications prescribed for one individual are not administered or allowed in the possession of another.

*e. Medication labeling.* All prescribed medications are clearly labeled with the full name; prescriber's name; prescription number; name and strength of the medication; dosage; directions for use; date of issue; and name, address and telephone number of the pharmacy or prescriber issuing the medication. Medications are packaged and labeled according to state and federal guidelines.

*f. Monthly inspection.* A monthly inspection of medication storage location and medication administration records occurs to ensure compliance with department procedures.

*g. Damaged labels.* Medication containers with soiled, damaged, illegible, or makeshift labels are returned to the issuing pharmacist, pharmacy, or qualified prescriber for relabeling or disposal.

*h. Return of medications.* When an individual is discharged or leaves the crisis service, medications are sent in their original containers with the individual or with a designated person.

*i. Unused medication.* Unused remaining prescription medications are destroyed by staff with a witness present and a notation documented in the record.

*j. Adverse reactions.* Documentation is required in case records on adverse medication reactions when medications are administered and self-administered.

*k. Documentation.* All medication orders are documented in the case records by authorized staff administering the medication. The documentation shall include the name of the medication, dose, route of administration, frequency of administration, name of the qualified prescriber prescribing the medication, and name of the staff administering or dispensing the medication.

*l. Medication rights and responsibilities.*

(1) Individuals and their designated representative if applicable are informed of the agency policy regarding prohibition of medication utilization as a restraint. The use of psychopharmacological medication in excess of the standard plan of care is prohibited. Using medication as a restraint includes:

1. Medications used to control behavior or restrict freedom of movement.
2. Medications used in excessive amounts or in excessive frequency.
3. Neuroleptics, anxiolytics, antihistamines, and atypical neuroleptics, or other medication used for calming, rather than for the medication's indicated treatment.

(2) Drugs or medications used for standard treatment of the individual's medical or psychiatric condition are not considered to be used as a restraint.

**441—307.23(225A) Accreditation.** The department will determine whether to grant, deny, or revoke the accreditation of organizations and services.

**307.23(1)** The organization shall meet the standards of subrule 307.5(1), with the addition of crisis response service organizations.

**307.23(2)** The organization shall meet the standards in subrules 307.5(2) and 307.5(3).

**307.23(3)** Performance outcome determinations are as follows:

*a.* Quality assurance staff shall determine a performance compliance level based on the number of indicators found to be in compliance.

(1) For service indicators, if 25 percent or more of the files reviewed do not comply with the indicator, that indicator is considered out of compliance and corrective action is required.

(2) Corrective action is required when any indicator under policies and procedures or activities is not met.

*b.* In the overall rating, the performance rating for policies and procedures shall count as 15 percent of the total, activities as 15 percent of the total, and services as 70 percent of the total.

(1) Each of the three indicators for policies and procedures has a value of 5.0 out of a possible score of 15.

(2) Each of the 36 indicators for activities has a value of .42 out of a possible score of 15.

(3) Each service has a separate weighting according to the total number of indicators applicable for that service, with a possible score of 70, as shown in paragraph 307.23(3)*"c."*

*c.* Quality assurance staff shall determine a separate score for each service to be accredited. When an organization offers more than one service under this chapter, there shall be one accreditation award for all the services based upon the lowest score of the services surveyed.

| Service | Number of Indicators | Value of Each Indicator |
|---|---|---|
| 24-hour crisis response | 23 | 3.04 |
| Warm line | 19 | 3.65 |
| Mobile response | 23 | 3.04 |
| 23-hour observation | 36 | 1.94 |
| Crisis stabilization, community-based | 33 | 2.12 |
| Crisis stabilization, residential | 51 | 1.37 |

**307.23(4)** The organization shall meet the standards in subrules 307.5(5) through 307.5(7).

**441—307.24(225A) Deemed status.** The department will grant deemed status to organizations accredited by a recognized national, not-for-profit, accrediting body when the department determines the accreditation is for similar services. The organization shall fulfill the standards described in subrules 307.6(1) through 307.6(6).

**441—307.25(225A) Complaint process.** The department will receive and record complaints by individuals using services, employees, any interested people, and the public relating to or alleging violations of applicable requirements of the Iowa Code or administrative rules in accordance with the standards described in rule 441—307.7(225A).

**441—307.26(225C) Appeal procedure.** The department will receive appeals pursuant to 441—Chapter 2506.

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

DIVISION III
COMMUNITY MENTAL HEALTH CENTERS

**441—307.27(225A) Definitions.**

*"Community mental health center self-assessment"* means the form completed and submitted to the department by a new organization as part of the initial application to be designated as a CMHC. Designated CMHCs complete the form annually and submit it to the department as part of the accreditation and CMHC monitoring process.

*"Community support services"* or *"CSS"* means services that support individuals with a mental illness and functional impairment to live and work in the community of their choice through assisting with:

1. Monitoring of mental health symptoms and functioning/reality orientation;
2. Transportation;
3. Supportive relationship;
4. Communication with other providers;

5. Ensuring individuals attend appointments/obtain medications;
6. Crisis intervention/developing crisis plan; and
7. Coordination and development of natural support systems for mental health support.

*"Functional impairment,"* for the purpose of this division, means difficulties that substantially interfere with or limit functioning in one or more major life activities, such as basic daily living (including but not limited to eating, bathing, and dressing); instrumental living skills (including but not limited to maintaining a household, managing money, community involvement, taking prescribed medication); and functioning in social, family and vocational/educational contexts.

*"Psychosocial rehabilitation services"* means services that promote recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychosocial rehabilitation services are collaborative, person-directed and individualized. The service focuses on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, learning, working, and social environments of their choice.

*"Target population"* means individuals residing in designated counties of any age who are experiencing a crisis, individuals of any age who have a mental health disorder, adults who have a serious mental illness or chronic mental illness, children and youth who are experiencing a serious emotional disturbance, and individuals who have a co-occurring disorder, including but not limited to substance use, intellectual disability, developmental disability, brain injury, autism spectrum disorder, or another disability or special health care need.

**441—307.28(225A) Community mental health center designation.**

**307.28(1)** *Application.* An organization seeking designation as a community mental health center or a designated community mental health center seeking to expand its designated service area shall submit the following to the department:

*a.* An Accreditation Application form, if requesting accreditation for a CMHC core service(s) other than outpatient psychotherapy and evaluation.

*b.* A Community Mental Health Center Designation form, signed by the organization's chief executive officer and the chairperson of the governing body.

*c.* A Community Mental Health Center Self-Assessment form.

**307.28(2)** *Exceptional circumstances.* Designation for more than one CMHC in a county shall require a determination of exceptional circumstances by the department.

*a.* Applicants requesting designation for a county that is designated as part of another CMHC's service area shall submit information supporting their designation request, including but not limited to the following:

(1) Evidence that the target population does not have access to the required core services with minimal or no service denials.

(2) Ability to staff core services within the capacity of the service area's workforce.

(3) Behavioral health district's letter of support that includes the service area's ability to financially support more than one CMHC.

(4) Notification to the existing CMHC of intention to apply for designation.

(5) Evidence of collaboration and coordination with an existing CMHC.

*b.* Paragraph 307.28(2)*"a"* and subrule 307.29(2) do not apply to CMHCs designated as of October 1, 2010.

**307.28(3)** *Designation.* The department will review information submitted by the applicant in accordance with subrule 307.28(1), subrule 307.28(2), and paragraph 307.28(3)*"a,"* as well as input from behavioral health districts, neighboring CMHCs, and behavioral health service providers to determine if there will be a recommendation for designation. Recommendations for designation shall be submitted to the department for approval.

*a.* Applicants shall submit the following:

(1) Behavioral health district's letter of support.

(2) Evidence of active three-year accreditation for outpatient and evaluation services under this chapter.

(3) Formal agreement with accredited provider if the applicant is not directly providing the service for the following:

1. Day treatment, partial hospitalization, or psychosocial rehabilitation services; and
2. Emergency or 24-hour crisis response.

(4) A Community Mental Health Center Self-Assessment form that demonstrates the applicant's ability to:

1. Provide core services in accordance with rule 441—307.29(225A).
2. Meet the following crisis response service access standards:

- Outpatient emergency services shall be initiated within 15 minutes of telephone contact.
- Outpatient urgent services shall be provided within 1 hour of presentation or 24 hours of telephone contact.
- Outpatient routine care services will be provided within four weeks of request for appointment.
- Outpatient services will be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.
- Individuals who have received inpatient services shall be assessed and evaluated within four weeks.

3. Serve all ages of the target population with minimal to no service denials.
4. Make referrals for services provided outside the organization.

*b.* The department will notify the applicant in writing of the result of the review.

*c.* CMHCs designated in accordance with Iowa Code chapter 230A prior to January 1, 2021, or designated as a CMHC by a county prior to October 1, 2010, will maintain their designation provided they meet the requirements set forth in rule 441—307.30(225A).

**307.28(4)** *Withdrawal of designation.* CMHCs seeking to withdraw their designation for part or all of their catchment area shall submit to the department a Community Mental Health Center Designation form signed by the organization's chief executive officer and the chairperson of the governing body. The form shall include:

*a.* Current catchment area and catchment area requesting withdrawal of designation.

*b.* Reason for withdrawal request.

*c.* Date withdrawal is to occur.

*d.* Continuity of care plan, including but not limited to communication and coordination with:

(1) Individuals served.

(2) CMHCs and mental health service providers serving neighboring and current catchment area.

(3) Behavioral health districts.

(4) General public.

**307.28(5)** *Agreement.* The board of directors of a designated CMHC shall enter into an agreement with the department.

**307.28(6)** *Appeal procedure.* An appeal to a designation determination may be filed in accordance with 441—Chapter 2506.

**307.28(7)** *Denial of designation or revocation.* The department may deny or revoke the provider's designation at any time for any of the following reasons:

*a.* The provider has failed to provide information requested pursuant to subrule 307.28(1).

*b.* The provider does not meet criteria pursuant to subrule 307.28(3).

*c.* The provider refuses to allow the department to conduct a site visit pursuant to subrule 307.5(3).

*d.* The provider has failed to implement the corrective actions submitted and approved by the department pursuant to subrule 307.32(2).

*e.* The provider's accreditation was discontinued or revoked pursuant to paragraph 307.5(5)*"h."*

**441—307.29(225A) Standards for policies and procedures.** Policies and procedures manuals shall include policy guidelines and administrative procedures for the following:

**307.29(1)** Core services and supports,

**307.29(2)** Serving the target population with minimal to no service denials,

**307.29(3)** Addressing the standards in rule 441—307.2(225A), and

**307.29(4)** Ensuring an individual's ability to access services regardless of ability to pay. The CMHC shall assist individuals with applying for health insurance and behavioral health district assistance when necessary to ensure access to services.

**441—307.30(225A) Standards for organizational activities.**

**307.30(1)** The organization shall meet all requirements in rule 441—307.3(225A) and the standards identified in this rule.

**307.30(2)** A CMHC organized as a nonprofit corporation shall be governed by a board of directors that adequately represents interested professions; consumers of the center's services; socioeconomic, cultural, and age groups; and various geographical areas in the counties served by the center. If organized as a for-profit corporation, the corporation's policy structure shall incorporate such representation.

**441—307.31(225A) Standards for core services and supports.**

**307.31(1)** *Outpatient services.* Outpatient services include outpatient psychotherapy and counseling services and evaluation. These services are to be provided directly by the CMHC.

*a.* Outpatient psychotherapy and counseling services shall be provided in accordance with subrule 307.4(14) and shall include treatment modalities and evidence-based practices for children, adults, older adults, individuals with co-occurring conditions, and individuals discharged from inpatient settings. Clinical eligibility is determined at the time of initial assessment and annually thereafter in accordance with subrule 307.4(2).

*b.* Evaluation services shall be provided in accordance with subrule 307.4(16).

**307.31(2)** *Twenty-four-hour emergency services.* The organization shall provide or enter into a formal agreement with an accredited provider for at least one of the following:

*a.* Emergency services provided in accordance with subrule 307.4(15).

*b.* Twenty-four-hour crisis response provided in accordance with rule 441—307.16(225A).

**307.31(3)** *Day treatment, partial hospitalization, or psychosocial rehabilitation services.* The organization shall provide or enter into a formal agreement with an accredited provider for at least one of the following:

*a.* Day treatment provided in accordance with subrule 307.4(10),

*b.* Partial hospitalization provided in accordance with subrule 307.4(13), or

*c.* Psychosocial rehabilitation services. This shall include at least one of the following:

(1) Assertive community treatment (ACT) provided in accordance with rule 441—77.41(249A).

(2) Intensive psychiatric rehabilitation services provided in accordance with subrule 307.4(11).

**307.31(4)** *Community support services (CSS).* The purpose of CSS is to support individuals as they live and work in the community and address mental health symptoms and functional impairments that negatively affect integration and stability in the community.

*a. Performance benchmark.*

(1) Qualified staff provide CSS.

(2) CSS is provided to individuals in the target population with a mental illness and functional impairment.

*b. Performance indicators.*

(1) The following staff qualifications shall be met:

1. Have knowledge and experience in working with the target population.

2. Have the ability to create relationships with the individuals served that balance support of the mental illness and the need to allow for maximum individual independence.

3. Have a bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field, including but not limited to psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.

4. Complete a minimum of 12 hours of training within the first year of employment and annually in behavioral health conditions, including but not limited to the following topics:

- Mental health diagnoses, symptomology, and treatment;
- Crisis management, intervention, and de-escalation;

- Psychiatric medications, common medications, and potential side effects;
- Other diagnoses or conditions present in the population served; and
- Individual person-centered service plan, crisis plan, and behavioral support plan implementation.

(2) The following service components are provided:

1. Monitoring of mental health symptoms and functioning/reality orientation.
2. Transportation.
3. Supportive relationship.
4. Communication with other providers.
5. Ensuring individuals attend appointments and obtain medications.
6. Crisis intervention and developing a crisis plan.
7. Coordination and development of natural support systems for mental health support.

**307.31(5)** *Consultation services.* Consultation services include the provision of professional assistance and information about mental health and mental illness to individuals, service providers, or groups to increase such persons' effectiveness in carrying out their responsibilities for providing services. Consultations may be case-specific or program specific.

**307.31(6)** *Education services.* Education services include information and referral services regarding available resources and information and training concerning mental health, mental illness, availability of services and other support, the promotion of mental health and the prevention of mental illness. Education services may be made available to individuals, groups, organizations, and the community in general.

**307.31(7)** *Coordination with unaffiliated agencies.* Coordination will be provided with associated services provided by other unaffiliated agencies to members of the target population in the catchment area and to integrate services in the community with services provided to the target population in residential or inpatient settings.

**441—307.32(225A) Accreditation of CMHCs.**

**307.32(1)** The provider shall be accredited as a provider of outpatient psychotherapy and counseling pursuant to subrule 307.4(14) and evaluation pursuant to subrule 307.4(16) and meet the standards of rule 441—307.3(225A).

**307.32(2)** The provider shall meet the standards in rules 441—307.29(225A), 441—307.30(225A), and 441—307.31(225A). Corrective action is required when any indicator under community mental health designation standards is not met.

**307.32(3)** The provider shall annually submit a Community Mental Health Center Self-Assessment form to the department.

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