

CHAPTER 230

SUPPORT OF PERSONS WITH MENTAL ILLNESS

Referred to in §125.43, 226.8, 229.24, 229.42, 331.381, 331.394, 904.201

| | | | |
|--------|--|--------|---|
| 230.1 | Definitions. | 230.19 | Nonresidents liable to state — presumption. |
| 230.1A | Liability of county and state. | 230.20 | Billing of patient charges — computation of actual costs — cost settlement. |
| 230.2 | Finding of residence. | 230.21 | Notice to county of residence. |
| 230.3 | Certification of residence. | 230.22 | Penalty. |
| 230.4 | Certification to regional administrator. | 230.23 | and 230.24 Reserved. |
| 230.5 | Nonresidents. | 230.25 | Financial investigation by supervisors. |
| 230.6 | Investigation by administrator. | 230.26 | Regional administrator to keep record. |
| 230.7 | Transfer of nonresidents. | 230.27 | Board and county attorney to collect. |
| 230.8 | Transfers of persons with mental illness — expenses. | 230.28 | and 230.29 Reserved. |
| 230.9 | Subsequent discovery of residence. | 230.30 | Claim against estate. |
| 230.10 | Payment of costs. | 230.31 | Departures from other states. |
| 230.11 | Recovery of costs from state. | 230.32 | Support of nonresident patients on leave. |
| 230.12 | Residency disputes. | 230.33 | Reciprocal agreements. |
| 230.13 | and 230.14 Repealed by 2004 Acts, ch 1090, §55. | 230.34 | Definitions. Repealed by 2018 Acts, ch 1137, §19. |
| 230.15 | Personal liability. | 230.35 | Releasing liens. |
| 230.16 | Presumption. | | |
| 230.17 | Board may compromise lien. | | |
| 230.18 | Expense in county or private hospitals. | | |

230.1 Definitions.

As used in this chapter, unless the context otherwise requires:

1. “Administrator” means the administrator of the department of human services assigned, in accordance with [section 218.1](#), to control the state mental health institutes, or that administrator’s designee.
2. “Book”, “list”, “record”, or “schedule” kept by a county auditor, assessor, treasurer, recorder, sheriff, or other county officer means the county system as defined in [section 445.1](#).
3. “Department” means the department of human services.
4. “Region” means a mental health and disability services region formed in accordance with [section 331.389](#).
5. “Regional administrator” means the same as defined in [section 331.388](#).

2018 Acts, ch 1137, §1

Former §230.1 transferred to §230.1A

230.1A Liability of county and state.

1. The necessary and legal costs and expenses attending the taking into custody, care, investigation, admission, commitment, and support of a person with mental illness admitted or committed to a state hospital shall be paid by the regional administrator on behalf of the person’s county of residence or by the state as follows:

a. If the person is eighteen years of age or older, as follows:

- (1) The costs attributed to mental illness shall be paid by the regional administrator on behalf of the person’s county of residence.
- (2) The costs attributed to a substance-related disorder shall be paid by the person’s county of residence.
- (3) The costs attributable to a dual diagnosis of mental illness and a substance-related disorder may be split as provided in [section 226.9C](#).*

b. By the state if such person has no residence in this state, if the person’s residence is unknown, or if the person is under eighteen years of age.

2. The county of residence of any person with mental illness who is a patient of any state institution shall be the person’s county of residence existing at the time of admission to the institution.

3. A region or county of residence is not liable for costs and expenses associated with a person with mental illness unless the costs and expenses are for services and other support authorized for the person through the regional administrator for the county.

[C73, §1402; C97, §2270; S13, §2270; C24, 27, 31, 35, 39, §3581; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.1]

96 Acts, ch 1129, §113; 96 Acts, ch 1183, §24; 98 Acts, ch 1181, §6, 7, 10; 2004 Acts, ch 1090, §33; 2012 Acts, ch 1120, §106, 130; 2014 Acts, ch 1140, §73; 2015 Acts, ch 69, §69; 2015 Acts, ch 138, §38, 161, 162; 2016 Acts, ch 1073, §81; 2018 Acts, ch 1137, §2; 2018 Acts, ch 1165, §69 C2019, §230.1A

*Section 226.9C repealed by 2018 Acts, ch 1165, §77; corrective legislation is pending

230.2 Finding of residence.

If a person's residency status is disputed, the residency shall be determined in accordance with [section 331.394](#). Otherwise, the district court may, when the person is ordered placed in a hospital for psychiatric examination and appropriate treatment, or as soon thereafter as the court obtains the proper information, make one of the following determinations and enter of record whether the residence of the person is in a county or the person is a resident in another state or in a foreign country, or when the person's residence is unknown, as follows:

1. That the person's residence is in the county from which the person was placed in the hospital.

2. That the person's residence is in another county of the state.

3. That the person's residence is in a foreign state or country.

4. That the person's residence is unknown.

[C24, 27, 31, 35, 39, §3582; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.2]

2004 Acts, ch 1090, §44; 2012 Acts, ch 1120, §107, 130; 2014 Acts, ch 1092, §47; 2018 Acts, ch 1165, §70

Referred to in [§230.4](#), [230.5](#)

230.3 Certification of residence.

If a person's county of residence is determined by the regional administrator for a county to be in another county of this state, the regional administrator making the determination shall certify the determination to the superintendent of the hospital to which the person is admitted or committed. The certification shall be accompanied by a copy of the evidence supporting the determination. Upon receiving the certification, the superintendent shall charge the expenses already incurred and unadjusted, and all future expenses of the person, to the regional administrator for the county determined to be the county of residence.

[C73, §1417; C97, §2281; C24, 27, 31, 35, 39, §3583; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.3]

2004 Acts, ch 1090, §33, 45; 2012 Acts, ch 1120, §108, 130; 2015 Acts, ch 69, §70; 2016 Acts, ch 1073, §82

Referred to in [§230.4](#), [230.5](#), [331.502](#)

230.4 Certification to regional administrator.

A determination of a person's county of residence made in accordance with [section 230.2](#) or [230.3](#) shall be sent by the court or the county to the regional administrator of the person's county of residence. The certification shall be accompanied by a copy of the evidence supporting the determination. The regional administrator shall provide the certification to the region's governing board, and it shall be conclusively presumed that the person has residence in a county in the notified region unless that regional administrator disputes the finding of residence as provided in [section 331.394](#).

[C73, §1402; C97, §2270; S13, §2270; C24, 27, 31, 35, 39, §3584; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.4]

2004 Acts, ch 1090, §46; 2012 Acts, ch 1120, §109, 130; 2018 Acts, ch 1137, §3

230.5 Nonresidents.

If a person's residence is determined in accordance with [section 230.2](#) or [230.3](#) to be in a foreign state or country, or is unknown, the court or the regional administrator of the

person's county of residence shall immediately certify the determination to the department's administrator. The certification shall be accompanied by a copy of the evidence supporting the determination. A court order issued pursuant to [section 229.13](#) shall direct that the patient be hospitalized at the appropriate state hospital for persons with mental illness.

[C73, §1402; C97, §2270; S13, §2270, 2727-a28a; C24, 27, 31, 35, 39, §3585; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.5]

[96 Acts, ch 1129, §113](#); [2000 Acts, ch 1112, §41](#); [2004 Acts, ch 1090, §47](#); [2012 Acts, ch 1120, §110, 130](#); [2018 Acts, ch 1137, §4](#)

230.6 Investigation by administrator.

The administrator shall immediately investigate the residency of a patient and proceed as follows:

1. If the administrator concurs with a certified determination of residency concerning the patient, the administrator shall cause the patient either to be transferred to a state hospital for persons with mental illness at the expense of the state, or to be transferred, with approval of the court as required by [chapter 229](#) to the place of foreign residence.

2. If the administrator disputes a certified legal residency determination, the administrator shall order the patient to be maintained at a state hospital for persons with mental illness at the expense of the state until the dispute is resolved.

3. If the administrator disputes a residency determination, the administrator shall utilize the procedure provided in [section 331.394](#) to resolve the dispute. A determination of the person's residency status made pursuant to [section 331.394](#) is conclusive.

[S13, §2727-a28a; C24, 27, 31, 35, 39, §3586; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.6]

[96 Acts, ch 1129, §113](#); [97 Acts, ch 23, §18](#); [2004 Acts, ch 1090, §48](#); [2012 Acts, ch 1120, §111, 130](#)

230.7 Transfer of nonresidents.

Upon determining that a patient in a state hospital who has been involuntarily hospitalized under [chapter 229](#) or admitted voluntarily at public expense was not a resident of this state at the time of the involuntary hospitalization or admission, the administrator may cause that patient to be conveyed to the patient's place of residence. However, a transfer under [this section](#) may be made only if the patient's condition so permits and other reasons do not render the transfer inadvisable. If the patient was involuntarily hospitalized, prior approval of the transfer must be obtained from the court which ordered the patient hospitalized.

[C73, §1419; C97, §2283; S13, §2283, 2727-a28a; C24, 27, 31, 35, 39, §3587; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.7]

[97 Acts, ch 23, §19](#)

230.8 Transfers of persons with mental illness — expenses.

The transfer to any state hospitals or to the places of their residence of persons with mental illness who have no residence in this state or whose residence is unknown, shall be made according to the directions of the administrator, and when practicable by employees of the state hospitals. The actual and necessary expenses of such transfers shall be paid by the department on itemized vouchers sworn to by the claimants and approved by the administrator.

[S13, §2308-a, 2727-a28b; C24, 27, 31, 35, 39, §3588; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.8]

[96 Acts, ch 1129, §113](#); [2012 Acts, ch 1120, §112, 130](#); [2016 Acts, ch 1138, §5](#); [2018 Acts, ch 1165, §71](#)

Referred to in [§8.59, 230.31](#)

Appropriation limited for fiscal years beginning on or after July 1, 1993; see [§8.59](#)

230.9 Subsequent discovery of residence.

If, after a person has been received by a state hospital for persons with mental illness whose residence is supposed to be outside this state, the administrator determines that the residence of the person was, at the time of admission or commitment, in a county of

this state, the administrator shall certify the determination and charge all legal costs and expenses pertaining to the admission or commitment and support of the person to the regional administrator of the person's county of residence. The certification shall be sent to the regional administrator of the person's county of residence. The certification shall be accompanied by a copy of the evidence supporting the determination. The costs and expenses shall be collected as provided by law in other cases. If the person's residency status has been determined in accordance with [section 331.394](#), the legal costs and expenses shall be charged in accordance with that determination.

[S13, §2727-a28a; C24, 27, 31, 35, 39, §3589; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.9]

[96 Acts, ch 1129, §113](#); [2004 Acts, ch 1090, §49](#); [2012 Acts, ch 1120, §113, 130](#); [2018 Acts, ch 1137, §5](#); [2018 Acts, ch 1165, §72](#)

230.10 Payment of costs.

All legal costs and expenses attending the taking into custody, care, investigation, and admission or commitment of a person to a state hospital for persons with mental illness under a finding that the person has residency in another county of this state shall be charged against the regional administrator of the person's county of residence.

[S13, §2308-a; C24, 27, 31, 35, 39, §3590; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.10]

[87 Acts, ch 36, §1](#); [96 Acts, ch 1129, §113](#); [2012 Acts, ch 1120, §114, 130](#); [2018 Acts, ch 1137, §6](#)

230.11 Recovery of costs from state.

Costs and expenses attending the taking into custody, care, and investigation of a person who has been admitted or committed to a state hospital, United States department of veterans affairs hospital, or other agency of the United States government, for persons with mental illness and who has no residence in this state or whose residence is unknown, including cost of commitment, if any, shall be paid as approved by the administrator. The amount of the costs and expenses approved by the administrator is appropriated to the department from any moneys in the state treasury not otherwise appropriated. Payment shall be made by the department on itemized vouchers executed by the regional administrator of the person's county which has paid them, and approved by the administrator.

[S13, §2308-a; C24, 27, 31, 35, 39, §3591; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.11]

[96 Acts, ch 1129, §113](#); [2009 Acts, ch 26, §13](#); [2012 Acts, ch 1120, §115, 130](#); [2014 Acts, ch 1092, §48](#); [2015 Acts, ch 30, §73](#); [2018 Acts, ch 1137, §7](#); [2018 Acts, ch 1165, §73](#); [2019 Acts, ch 24, §104](#)

Referred to in [§8.59, 331.502](#)

Appropriation limited for fiscal years beginning on or after July 1, 1993; see [§8.59](#)

Code editor directive applied

230.12 Residency disputes.

If a dispute arises between different counties or between the administrator and a regional administrator for a county as to the residence of a person admitted or committed to a state hospital for persons with mental illness, the dispute shall be resolved as provided in [section 331.394](#).

[C73, §1418; C97, §2270, 2282; S13, §2270; C24, 27, 31, 35, 39, §3592; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.12]

[91 Acts, ch 267, §141](#); [94 Acts, ch 1170, §4](#); [95 Acts, ch 119, §1, 5](#); [96 Acts, ch 1129, §113](#); [2004 Acts, ch 1090, §50](#); [2012 Acts, ch 1120, §116, 130](#); [2018 Acts, ch 1137, §8](#)

230.13 and 230.14 Repealed by [2004 Acts, ch 1090, §55](#).

230.15 Personal liability.

1. A person with mental illness and a person legally liable for the person's support remain liable for the support of the person with mental illness as provided in [this section](#).

Persons legally liable for the support of a person with mental illness include the spouse of the person, and any person bound by contract for support of the person. The regional administrator of the person's county of residence, subject to the direction of the region's governing board, shall enforce the obligation created in [this section](#) as to all sums advanced by the regional administrator. The liability to the regional administrator incurred by a person with mental illness or a person legally liable for the person's support under [this section](#) is limited to an amount equal to one hundred percent of the cost of care and treatment of the person with mental illness at a state mental health institute for one hundred twenty days of hospitalization. This limit of liability may be reached by payment of the cost of care and treatment of the person with mental illness subsequent to a single admission or multiple admissions to a state mental health institute or, if the person is not discharged as cured, subsequent to a single transfer or multiple transfers to a county care facility pursuant to [section 227.11](#). After reaching this limit of liability, a person with mental illness or a person legally liable for the person's support is liable to the regional administrator for the care and treatment of the person with mental illness at a state mental health institute or, if transferred but not discharged as cured, at a county care facility in an amount not in excess of the average minimum cost of the maintenance of an individual who is physically and mentally healthy residing in the individual's own home, which standard shall be established and may from time to time be revised by the department of human services. A lien imposed by [section 230.25](#) shall not exceed the amount of the liability which may be incurred under [this section](#) on account of a person with mental illness.

2. A person with a substance-related disorder is legally liable for the total amount of the cost of providing care, maintenance, and treatment for the person with a substance-related disorder while a voluntary or committed patient. When a portion of the cost is paid by a county, the person with a substance-related disorder is legally liable to the county for the amount paid. The person with a substance-related disorder shall assign any claim for reimbursement under any contract of indemnity, by insurance or otherwise, providing for the person's care, maintenance, and treatment in a state hospital to the state. Any payments received by the state from or on behalf of a person with a substance-related disorder shall be in part credited to the county in proportion to the share of the costs paid by the county.

3. Nothing in [this section](#) shall be construed to prevent a relative or other person from voluntarily paying the full actual cost or any portion of the care and treatment of any person with mental illness or a substance-related disorder as established by the department of human services.

[R60, §1488; C73, §1433; C97, §2297; C24, 27, 31, 35, 39, §3595; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.15; [82 Acts, ch 1260, §114 – 116](#)]

[83 Acts, ch 96, §157, 159; 86 Acts, ch 1001, §17; 90 Acts, ch 1085, §21; 96 Acts, ch 1129, §60; 2011 Acts, ch 121, §57, 62; 2013 Acts, ch 30, §43; 2018 Acts, ch 1137, §9](#)

Referred to in [§230.16, 230.25, 234.39, 331.502](#)

230.16 Presumption.

In actions to enforce the liability imposed by [section 230.15](#), the certificate from the superintendent to the regional administrator of the person's county of residence stating the sums charged in such cases, shall be presumptively correct.

[R60, §1488; C73, §1433; C97, §2297; C24, 27, 31, 35, 39, §3596; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.16]

[2018 Acts, ch 1137, §10](#)

230.17 Board may compromise lien.

The board of supervisors of the person's county of residence is hereby empowered to compromise any and all liabilities to the county created by [this chapter](#), when compromise is deemed to be in the best interests of the county.

[C73, §1433; C97, §2297; C24, 27, 31, 35, 39, §3597; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.17]

[2018 Acts, ch 1137, §11; 2019 Acts, ch 24, §21](#)

Section amended

230.18 Expense in county or private hospitals.

The estates of persons with mental illness who may be treated or confined in any county hospital or home, or in any private hospital or sanatorium, and the estates of persons legally bound for their support, shall be liable to the regional administrator of the person's county of residence for the reasonable cost of such support.

[R60, §1488; C73, §1433; C97, §2297; C24, 27, 31, 35, 39, §3598; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.18]

[96 Acts, ch 1129, §113](#); [2018 Acts, ch 1137, §12](#)

230.19 Nonresidents liable to state — presumption.

The estates of all nonresident patients provided for and treated in state hospitals for persons with mental illness in this state, and all persons legally bound for the support of such patients, shall be liable to the state for the reasonable value of the care, maintenance, and treatment of such patients while in such hospitals. The certificate of the superintendent of the state hospital in which any nonresident is or has been a patient, showing the amounts drawn from the state treasury or due therefrom as provided by law on account of such nonresident patient, shall be presumptive evidence of the reasonable value of the care, maintenance, and treatment furnished such patient.

[S13, §2297-a; C24, 27, 31, 35, 39, §3599; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.19]

[96 Acts, ch 1129, §113](#)

230.20 Billing of patient charges — computation of actual costs — cost settlement.

1. The superintendent of each mental health institute shall compute by February 1 the average daily patient charges and other service charges for which each regional administrator of a person's county of residence will be billed for services provided to the person and chargeable to the county of residence during the fiscal year beginning the following July 1. The department shall certify the amount of the charges and notify the regional administrator of the person's county of residence of the billing charges.

a. The superintendent shall separately compute by program the average daily patient charge for a mental health institute for services provided in the following fiscal year, in accordance with generally accepted accounting procedures, by totaling the expenditures of the program for the immediately preceding calendar year, by adjusting the expenditures by a percentage not to exceed the percentage increase in the consumer price index for all urban consumers for the immediately preceding calendar year, and by dividing the adjusted expenditures by the total inpatient days of service provided in the program during the immediately preceding calendar year. However, the superintendent shall not include the following in the computation of the average daily patient charge:

(1) The costs of food, lodging, and other maintenance provided to persons not patients of the hospital.

(2) The costs of certain direct medical services identified in administrative rule, which may include but need not be limited to X-ray, laboratory, and dental services.

(3) The costs of outpatient and state placement services.

(4) The costs of the psychiatric residency program.

(5) The costs of the chaplain intern program.

b. The department shall compute the direct medical services, outpatient, and state placement services charges, in accordance with generally accepted accounting procedures, on the basis of the actual cost of the services provided during the immediately preceding calendar year. The direct medical services, outpatient, and state placement services shall be billed directly against the patient who received the services.

2. a. The superintendent shall certify to the department the billings to the regional administrator of the person's county of residence for services provided to the person and chargeable to the county of residence during the preceding calendar quarter. The county of residence billings shall be based on the average daily patient charge and other service charges computed pursuant to [subsection 1](#), and the number of inpatient days and other service units chargeable to the regional administrator of the person's county of

residence. However, a county of residence billing shall be decreased by an amount equal to reimbursement by a third party payor or estimation of such reimbursement from a claim submitted by the superintendent to the third party payor for the preceding calendar quarter. When the actual third party payor reimbursement is greater or less than estimated, the difference shall be reflected in the billing in the calendar quarter the actual third party payor reimbursement is determined.

b. The per diem costs billed to each region shall not exceed the per diem costs billed to the region in the fiscal year beginning July 1, 2016.

3. The superintendent shall compute in January the actual per-patient-per-day cost for each mental health institute for the immediately preceding calendar year, in accordance with generally accepted accounting procedures, by totaling the actual expenditures of the mental health institute for the calendar year and by dividing the total actual expenditures by the total inpatient days of service provided during the calendar year.

4. The department shall certify to the regional administrator by February 1 the actual per-patient-per-day costs, as computed pursuant to [subsection 3](#), and the actual costs owed by each regional administrator itemized for each county in the region for the immediately preceding calendar year for patients chargeable to the regional administrator. If the actual costs owed by the regional administrator are greater than the charges billed to the regional administrator pursuant to [subsection 2](#), the department shall bill the regional administrator for the difference itemized for each county in the region with the billing for the quarter ending June 30. If the actual costs owed by the regional administrator are less than the charges billed to the regional administrator pursuant to [subsection 2](#), the department shall credit the regional administrator for the difference itemized for each county in the region starting with the billing for the quarter ending June 30.

5. An individual statement shall be prepared for a patient on or before the fifteenth day of the month following the month in which the patient leaves the mental health institute, and a general statement shall be prepared at least quarterly for each regional administrator itemized for each county in the region to which charges are made under [this section](#). Except as otherwise required by [sections 125.33](#) and [125.34](#), the general statement shall list the name of each patient chargeable to a county in the region who was served by the mental health institute during the preceding month or calendar quarter, the amount due on account of each patient, and the specific dates for which any third party payor reimbursement received by the state is applied to the statement and billing, and the regional administrator shall be billed for eighty percent of the stated charge for each patient specified in [this subsection](#). The statement prepared for each regional administrator shall be certified by the department.

6. All or any reasonable portion of the charges incurred for services provided to a patient, to the most recent date for which the charges have been computed, may be paid at any time by the patient or by any other person on the patient's behalf. Any payment made by the patient or other person, and any federal financial assistance received pursuant to Tit. XVIII or XIX of the federal Social Security Act for services rendered to a patient, shall be credited against the patient's account and, if the charges paid as described in [this subsection](#) have previously been billed to a regional administrator on behalf of the person's county of residence, reflected in the mental health institute's next general statement to that regional administrator.

7. A superintendent of a mental health institute may request that the director of human services enter into a contract with a person for the mental health institute to provide consultation or treatment services or for fulfilling other purposes which are consistent with the purposes stated in [section 226.1](#). The contract provisions shall include charges which reflect the actual cost of providing the services or fulfilling the other purposes. Any income from a contract authorized under [this subsection](#) may be retained by the mental health institute to defray the costs of providing the services. Except for a contract voluntarily entered into by a county under [this subsection](#), the costs or income associated with a contract authorized under [this subsection](#) shall not be considered in computing charges and per diem costs in accordance with the provisions of [subsections 1 through 6](#).

8. The department shall provide a regional administrator with information, which is not otherwise confidential under law, in the department's possession concerning a patient

whose cost of care is chargeable to the regional administrator, including but not limited to the information specified in [section 229.24, subsection 3](#).

[R60, §1487; C73, §1428; C97, §2292; S13, §2292; C24, 27, 31, 35, 39, §3600; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, S81, §230.20; [81 Acts, ch 78, §20, 38, 39](#)]

[83 Acts, ch 96, §157, 159; 86 Acts, ch 1169, §2; 87 Acts, ch 37, §1; 88 Acts, ch 1249, §9; 88 Acts, ch 1276, §39; 95 Acts, ch 82, §5; 95 Acts, ch 120, §4; 96 Acts, ch 1183, §25, 26; 98 Acts, ch 1155, §11; 2001 Acts, ch 155, §23 – 25; 2005 Acts, ch 167, §31, 32, 66; 2010 Acts, ch 1061, §180; 2010 Acts, ch 1141, §25, 26; 2015 Acts, ch 69, §71; 2015 Acts, ch 138, §39, 161, 162; 2017 Acts, ch 109, §3, 20, 21; 2018 Acts, ch 1137, §13](#)

Referred to in [§218.78, 228.6, 230.22, 904.201](#)

2017 amendment to subsection 2, paragraph b, takes effect May 5, 2017, and applies to fiscal years beginning on or after July 1, 2017; [2017 Acts, ch 109, §20, 21](#)

230.21 Notice to county of residence.

The regional administrator shall furnish to the board of supervisors of the county of residence a list of the names of the persons who are residents of that county and eligible for mental health and disability services funding.

[R60, §1487; C73, §1428; C97, §2292; S13, §2292; C24, 27, 31, 35, 39, §3601; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.21]

[83 Acts, ch 123, §86, 209; 2018 Acts, ch 1137, §14](#)

Referred to in [§228.6, 230.25, 331.502, 331.552](#)

230.22 Penalty.

If a regional administrator fails to pay the amount billed by a statement submitted pursuant to [section 230.20](#) within forty-five days from the date the statement is received by the regional administrator, the department shall charge the delinquent regional administrator the penalty of one percent per month on and after forty-five days from the date the statement is received by the regional administrator until paid. Provided, however, that the penalty shall not be imposed if the regional administrator has notified the department of error or questionable items in the billing, in which event, the department shall suspend the penalty only during the period of negotiation.

[C97, §2292; S13, §2292; C24, 27, 31, 35, 39, §3602; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.22]

[98 Acts, ch 1218, §74; 2001 Acts, ch 155, §26; 2018 Acts, ch 1137, §15](#)

Referred to in [§331.502](#)

230.23 and 230.24 Reserved.

230.25 Financial investigation by supervisors.

1. Upon receipt from the regional administrator for mental health and disability services of the list of names furnished pursuant to [section 230.21](#), the board of supervisors of the county of residence shall make an investigation to determine the ability of each person whose name appears on the list, and also the ability of any person liable under [section 230.15](#) for the support of that person, to pay the expenses of that person's hospitalization. If the board finds that neither the hospitalized person nor any person legally liable for the person's support is able to pay those expenses, the board shall direct the regional administrator not to index the names of any of those persons as would otherwise be required by [section 230.26](#). However the board may review its finding with respect to any person at any subsequent time at which another list is furnished by the regional administrator upon which that person's name appears. If the board finds upon review that that person or those legally liable for the person's support are presently able to pay the expenses of that person's hospitalization, that finding shall apply only to charges stated upon the certificate from which the list was drawn up and any subsequent charges similarly certified, unless and until the board again changes its finding.

2. All liens created under [section 230.25](#), as that section appeared in the Code of 1975 and prior editions of the Code, are abolished effective January 1, 1977, except as otherwise provided by [subsection 1](#). The board of supervisors of each county shall, as soon as

practicable after July 1, 1976, review all liens resulting from the operation of said [section 230.25](#), Code 1975, and make a determination as to the ability of the person against whom the lien exists to pay the charges represented by the lien, and if they find that the person is able to pay those charges they shall direct the county attorney of that county to take immediate action to enforce the lien. If action is commenced under [this section](#) on any lien prior to the effective date of the abolition thereof, that lien shall not be abolished but shall continue until the action is completed. The board of supervisors shall release any such lien when the charge on which the lien is based is fully paid or is compromised and settled by the board in such manner as its members deem to be in the best interest of the county, or when the estate affected by the lien has been probated and the proceeds allowable have been applied on the lien.

[C39, §3604.1; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.25]

[2018 Acts, ch 1137, §16](#); [2019 Acts, ch 59, §67](#)

Referred to in [§228.6](#), [230.15](#), [230.30](#), [331.381](#), [331.502](#), [331.756\(41\)](#)

Subsection 1 amended

230.26 Regional administrator to keep record.

The regional administrator shall keep an accurate account of the cost of the maintenance of any patient kept in any institution as provided for in [this chapter](#) and keep an index of the names of the persons admitted or committed from each county in the region. The name of the spouse of the person admitted or committed shall also be indexed in the same manner as the names of the persons admitted or committed are indexed. The book shall be designated as an account book or index, and shall have no reference in any place to a lien.

[C39, §3604.2; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.26]

[2018 Acts, ch 1137, §17](#)

Referred to in [§228.6](#), [230.25](#), [331.502](#), [331.508](#)

230.27 Board and county attorney to collect.

It shall be the duty of the board of supervisors to collect said claims and direct the county attorney to proceed with the collection of said claims as a part of the duties of the county attorney's office.

[C39, §3604.3; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.27]

Referred to in [§331.381](#), [331.756\(41\)](#)

230.28 and 230.29 Reserved.

230.30 Claim against estate.

On the death of a person receiving or who has received assistance under the provisions of [this chapter](#), and whom the board has previously found, under [section 230.25](#), is able to pay there shall be allowed against the estate of such decedent a claim of the sixth class for that portion of the total amount paid for that person's care which exceeds the total amount of all claims of the first through the fifth classes, inclusive, as defined in [section 633.425](#), which are allowed against that estate.

[C39, §3604.6; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, §230.30]

230.31 Departers from other states.

If a person with mental illness departs without proper authority from an institution in another state and is found in this state, a peace officer in the county in which the patient is found may take and detain the patient without order and shall report the detention to the administrator who shall provide for the return of the patient to the authorities of the state where the unauthorized leave was made. Pending such return, the patient may be detained temporarily at one of the institutions of this state under the control of the administrator or any other administrator of the department of human services. Expenses incurred under [this section](#) shall be paid in the same manner as is provided for transfers in [section 230.8](#).

[C58, 62, 66, 71, 73, 75, 77, 79, 81, §230.31]

[83 Acts, ch 96, §157, 159](#); [96 Acts, ch 1129, §113](#); [2000 Acts, ch 1112, §42](#)

230.32 Support of nonresident patients on leave.

The cost of support of patients without residence in this state, who are placed on convalescent leave or removed from a state mental institute to any health care facility licensed under [chapter 135C](#) for rehabilitation purposes, shall be paid from the hospital support fund and shall be charged on abstract in the same manner as state inpatients, until such time as the patient becomes self-supporting or qualifies for support under existing statutes.

[C66, 71, 73, 75, 77, 79, 81, §230.32]

[2012 Acts, ch 1120, §117, 130](#)

230.33 Reciprocal agreements.

1. The administrator may enter into agreements with other states, through their duly constituted authorities, to effect the reciprocal return of persons with mental illness and persons with an intellectual disability to the contracting states, and to effect the reciprocal supervision of persons on convalescent leave.

2. However, in the case of a proposed transfer of a person with mental illness or an intellectual disability from this state, final action shall not be taken without the approval of the district court of the county of admission or commitment.

[C66, 71, 73, 75, 77, 79, 81, §230.33]

[96 Acts, ch 1129, §61](#); [2000 Acts, ch 1112, §43](#); [2012 Acts, ch 1019, §82](#); [2013 Acts, ch 90, §55](#); [2018 Acts, ch 1137, §18](#)

230.34 Definitions. Repealed by [2018 Acts, ch 1137, §19](#). See [§230.1](#).

230.35 Releasing liens.

A lien obtained pursuant to an action to collect any claim arising under [this chapter](#) shall be released by the board of supervisors when the claim or claims on which the lien is based have been fully paid or compromised and settled by the board, or when the estate of which the real estate subject to the lien is a part has been probated and the proceeds allowable have been applied to the claim or claims on which the lien is based.

[C79, 81, §230.35]

Referred to in [§331.381](#)