

CHAPTER 62
RESIDENTIAL CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS (RCFs/PMI)

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

481—62.1(135C) Applicability. This chapter relates specifically to the licensing and regulation of residential care facilities for persons with mental illness (RCFs/PMI). Refer to 481—Chapter 57 for the licensing and regulation of all residential care facilities, including RCFs/PMI, and to 481—Chapter 60 for minimum physical standards for all residential care facilities.

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481—62.2(135C) Definitions. In addition to the definitions in 481—Chapter 57 and Iowa Code chapter 135C, the following definitions apply.

“Commission” means the mental health and disability services commission.

“Department” means the Iowa department of inspections and appeals.

“Dependent adult abuse” is as defined in rule 481—52.1(235E).

“Evaluation services” means those activities designed to identify a person’s current level of functioning and those factors which are barriers to maintaining the current level or achieving a higher level of functioning.

“Interdisciplinary team process” means an approach to assessment, service planning, and service implementation in which members of an interdisciplinary team utilize the skills, competencies, insights and perspectives provided by each member’s training and experience to develop a single, integrated, individual program plan to meet a resident’s needs for services.

“Level of functioning” means a person’s current physiological and psychological status and current academic, community living, self-care, and vocational skills.

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

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

“Physical or physiological treatment” means those activities designed to prevent, halt, control, relieve, or reverse symptoms or conditions which interfere with the physical or physiological functioning of the human body.

“Psychiatric advanced registered nurse practitioner” means an individual currently licensed as a registered nurse under Iowa Code chapter 152 or 152E who holds a national certification in psychiatric mental health care and who is licensed by the board of nursing as an advanced registered nurse practitioner.

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

“Psychiatrist” means a doctor of medicine or osteopathic medicine and surgery who is certified by the American Board of Psychiatry and Neurology or who is eligible for certification.

“Psychologist” means a person who is licensed to practice psychology in the state of Iowa, or is certified by the Iowa department of education as a school psychologist, or is eligible for certification, or meets the requirements for eligibility for a license to practice psychology in the state of Iowa that were effective prior to July 1, 1985.

“Psychotherapeutic treatment” means those activities designed to assist a person in the identification or modification of beliefs, emotions, attitudes, or behaviors in order to maintain or improve the person’s functioning in response to the physical, emotional and social environment.

“Qualified mental health professional” or *“QMHP”* means a person who:

1. Is a psychiatrist, psychologist, social worker, certified psychiatric nurse, psychiatric advanced registered nurse practitioner, or mental health counselor; or
2. Is a doctor of medicine or osteopathic medicine, a physician associate, or an advanced registered nurse practitioner and has at least one year's documented supervised experience in providing mental health services; or
3. Has a master's degree with coursework focusing on diagnosis, evaluation, and psychotherapeutic treatment of mental health problems and mental illness; or
4. Is employed by a community mental health center or mental health service provider accredited by the commission and has less than a master's degree but at least a bachelor's degree and sufficient education and experience as determined by the chief administrative officer of the community mental health center, with the approval of the commission, with coursework and experience focusing on diagnosis and evaluation and treatment of persons with mental health problems and mental illness.

If the person is practicing in a field covered by an Iowa licensure law, the person shall hold a current Iowa license.

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

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

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481—62.3(135C) Personnel. In addition to personnel requirements found in 481—Chapter 57, the RCF/PMI shall provide for services of a qualified mental health professional, by direct employment or contract, whose responsibilities shall include, but not be limited to: (II, III)

1. Approval of each resident's service plan; (II, III)
2. Monitoring the implementation of each resident's service plan; (II, III)
3. Recording each resident's progress; and (II, III)
4. Participating in a periodic review of each resident's service plan. (II, III)

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481—62.4(135C) Admission criteria. In addition to admission criteria found in 481—Chapter 57, the facility's admission criteria shall include but not be limited to age, sex, diagnosis from the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, substance abuse, dual diagnosis and criteria that are consistent with the résumé of care. (III)

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481—62.5(135C) Evaluation services.

62.5(1) Evaluation services shall be provided to each resident. An annual evaluation of each resident shall be completed no later than 12 months from the date of the last available evaluation. For residents who are on leave from a state mental health institution, the institution shall be responsible for the completion of the evaluation. The facility shall ensure the completion of the evaluation of all other residents. The annual evaluation shall identify physical health and current level of functioning and need for services. (II, III)

62.5(2) The portion of the evaluation to identify the resident's physical health shall:

- a. Result in identification of current illness and disabilities and recommendations for physical and physiological treatment and services. (II, III)
- b. Include an evaluation of the resident's ability for health maintenance. (III)
- c. Be performed by a primary care provider. (II, III)

62.5(3) Evaluation.

a. The portion of the evaluation to identify the resident's current level of functioning and need for services shall:

(1) Identify the resident's level of functioning and need for services in each of the following areas: self-care, community living skills, psychotherapeutic treatment, vocational skills, and academic skills. (II, III)

(2) Be of sufficient detail to determine the appropriateness of placement according to the skills and needs of the resident. (II, III)

- (3) Be made without regard to the availability of services. (III)
- (4) Be performed by a QMHP, in consultation with the interdisciplinary team. (II, III)
- b. If an evaluation is available from the referral source, the evaluation shall be secured by the facility prior to the admission of the applicant. (III)
- c. If an evaluation is not available or does not contain all the required information, the facility shall ensure an evaluation to the extent necessary to determine if the applicant meets the criteria for admission. For those admitted, the remainder of the evaluation shall be performed prior to the development of a service plan. (III)
- d. Results of all evaluations shall be in writing and maintained in the resident's record. Evaluations subsequent to the initial evaluation shall be performed in sufficient detail to determine changes in the resident's physical health, skills and need for services. (II, III)

62.5(4) A narrative social history shall be completed for each resident within 30 days of admission and approved by the qualified mental health professional prior to the development of the service plan. (III)

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

b. An annual review of the information contained within the social history shall be incorporated into the service plan progress note. (III)

- c. The social history shall minimally address the following areas:
- (1) Referral source and reason for admission, (II, III)
 - (2) Legal status, (II, III)
 - (3) A description of previous living arrangements, (III)
 - (4) A description of previous services received and summary of current service involvements, (II, III)
 - (5) A summary of significant medical conditions including, but not limited to, illnesses, hospitalizations, past and current drug therapies, and special diets, (II, III)
 - (6) Substance abuse history, (II, III)
 - (7) Work history, (III)
 - (8) Educational history, (III)
 - (9) Relationship with family, significant others, and other support systems, (III)
 - (10) Cultural and ethnic background and religious affiliation, (II, III)
 - (11) Hobbies and leisure time activities, (III)
 - (12) Likes, dislikes, habits, and patterns of behavior, (II, III)
 - (13) Impressions and recommendations. (II, III)

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