

CHAPTER 29
MENTAL HEALTH INSTITUTES

PREAMBLE

This chapter sets policies for the state mental health institutes listed in Iowa Code section 218.1. These rules apply in addition to the general rules in 441—Chapter 28.

441—29.1(218) Catchment areas. The catchment areas for the four mental health institutes shall be as follows.

29.1(1) *Cherokee.* Audubon, Boone, Buena Vista, Calhoun, Carroll, Cerro Gordo, Cherokee, Clay, Crawford, Dallas, Dickinson, Emmet, Franklin, Greene, Guthrie, Hamilton, Hancock, Hardin, Harrison, Humboldt, Ida, Kossuth, Lyon, Marshall, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Sac, Shelby, Sioux, Story, Webster, Winnebago, Woodbury, Worth, and Wright Counties form the catchment area for the Cherokee mental health institute.

29.1(2) *Clarinda.* Adair, Adams, Cass, Clarke, Decatur, Fremont, Madison, Mills, Montgomery, Page, Ringgold, Taylor, Union, Warren, and Wayne Counties form the catchment area for the Clarinda mental health institute.

29.1(3) *Independence.* Allamakee, Benton, Black Hawk, Bremer, Buchanan, Butler, Cedar, Chickasaw, Clayton, Clinton, Delaware, Dubuque, Fayette, Floyd, Grundy, Howard, Iowa, Jackson, Jasper, Johnson, Jones, Linn, Mitchell, Muscatine, Poweshiek, Scott, Tama, and Winneshiek Counties form the catchment area for the Independence mental health institute.

29.1(4) *Mount Pleasant.* Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Van Buren, Wapello, and Washington Counties form the catchment area for the Mount Pleasant mental health institute.

29.1(5) *Substance abuse or dual diagnosis treatment.* For the purpose of an adult individual seeking substance abuse or dual diagnosis treatment, the Mount Pleasant catchment area shall include the entire state.

29.1(6) *Adolescent or children's treatment.*

a. For the purpose of treating a minor from the Clarinda catchment area who requires admission or commitment to a mental health institute's adolescent or children's treatment program, the Clarinda catchment area is deemed to be a part of the Cherokee catchment area.

b. For the purpose of treating a minor in the Mount Pleasant catchment area who requires admission or commitment to a mental health institute's adolescent or children's treatment program, the Mount Pleasant catchment area is deemed to be a part of the Independence catchment area.

29.1(7) *Gero-psychiatric services.* For the purposes of an adult individual seeking gero-psychiatric services, the Clarinda catchment area shall include the entire state.

[ARC 8094B, IAB 9/9/09, effective 11/1/09; ARC 1145C, IAB 10/30/13, effective 1/1/14]

441—29.2(218,229) Voluntary admissions.

29.2(1) *Application form.*

a. Any individual who has symptoms of mental illness may apply for voluntary inpatient treatment or voluntary outpatient or day treatment using Form 470-0420, Application for Voluntary Admission to a Mental Health Institute.

b. Any individual requesting substance abuse treatment shall complete Form 470-0425, Application for Voluntary Admission—Substance Abuse.

29.2(2) *Minors.* A parent, guardian, or legal representative of a minor individual may make application for the individual's voluntary admission directly to the mental health institute using Form 470-0420, Application for Voluntary Admission to a Mental Health Institute. When a minor objects to the admission and the chief medical officer of the mental health institute determines that the admission is appropriate, the parent, guardian, or custodian must petition the juvenile court for approval of admission before the minor shall be admitted.

29.2(3) County approval. When an adult individual or a person responsible for the individual wishes to apply for voluntary admission and is unable to pay the cost of care, application for admission shall be made to and authorized through the central point of coordination or regional administrator for the individual's county of residence before application for admission shall be made to the mental health institute. Authorization for admission shall be provided by the signature of one or more officially designated agents of the county board of supervisors using Form 470-0420, Application for Voluntary Admission to a Mental Health Institute, before the form is forwarded to the mental health institute. [ARC 8094B, IAB 9/9/09, effective 11/1/09; ARC 1145C, IAB 10/30/13, effective 1/1/14]

441—29.3(229,230) Certification of county of residence.

29.3(1) Certification data. By the end of the next working day following a non-Medicaid payment-eligible adult individual's admission, the facility shall send a copy of Form 470-4161, DHS MHI Admission Core Data, by facsimile to the central point of coordination or the regional administrator for the county of admission.

29.3(2) County response. For adult cases where the admitting county does not dispute the individual's county of residence, no further response is needed. If the admitting county disputes the applicant's affirmation of county of residence, the county or its officially designated agent shall be responsible for resolving the dispute using the dispute resolution process in Iowa Code section 331.394. If the state disputes the individual's affirmation of county of residence, the state shall be responsible for initiating the dispute resolution process.

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441—29.4(218,230) Charges for care. The rates for cost of hospitalization are established by the division administrator and shall be available by contacting the business manager of the mental health institute that serves the catchment area in which the individual's county of residence is located.

29.4(1) Individuals requesting voluntary admission without going through the central point of coordination or regional administrator process shall be required to pay the cost of hospitalization in advance. This cost shall be computed at 30 times the last per diem rate and shall be collected weekly in advance upon admission. The weekly amount due shall be determined by dividing the monthly rate by 4.3.

29.4(2) The facility shall bill each county for services provided to individuals chargeable to the county during the preceding calendar quarter as required in Iowa Code section 230.20. In determining the charges for services, direct medical services shall include:

- a. X-ray services.
- b. Laboratory services.
- c. Dental services.
- d. Electroconvulsive treatment (ECT).
- e. Electrocardiogram (EKG).
- f. Basal metabolism rate (BMR).
- g. Pharmaceutical services.
- h. Physical therapy.
- i. Electroencephalograph (EEG).
- j. Outside physician and hospital services billed to the mental health institutes.
- k. Optometric services.
- l. Outside ambulance services billed to the mental health institutes.

29.4(3) The liability of a person legally liable for support of an individual with mental illness after 120 days of hospitalization shall be standard for one person in the family investment program as established in 441—subrule 41.28(2).

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441—29.5(229) Authorization for treatment. No individual receiving services, either on a voluntary or involuntary basis, shall be provided treatment other than what is necessary to preserve life or protect others from physical injury unless:

1. The individual has given consent by signing Form 470-0428, Mental Health Institute Agreement and Consent to Treatment;
 2. A court has ordered treatment; or
 3. The individual's parent, guardian, or legal representative has given consent by signing Form 470-0428, Mental Health Institute Agreement and Consent to Treatment.
- [ARC 8094B, IAB 9/9/09, effective 11/1/09]

441—29.6(217,228,229) Rights of individuals. An individual receiving care from a state mental health institute shall have the following rights.

29.6(1) Information. An individual receiving care from a state mental health institute shall have the right to:

- a. Receive an explanation and written copy of the rules of the facility.
- b. Be provided information on the provisions of law pertaining to admission to and discharge from the facility.
- c. Receive an explanation of the individual's medical condition and be informed as to treatment plans and the attendant risks of treatment.
- d. Be provided with complete and current information concerning the individual's diagnosis, treatment, and progress in terms and language understandable to the individual.
- e. Have the information required in this subrule made available to the individual's parent, guardian, or legal representative when it is not feasible to give the information directly to the individual.

29.6(2) Care and treatment. An individual receiving care from a state mental health institute shall have the right to:

- a. Be evaluated promptly following admission and receive emergency services appropriate to the individual's needs.
- b. Have a current individualized written plan of treatment.
- c. Receive appropriate treatment, services, and rehabilitation for the individual's mental illness, including appropriate and sufficient medical and dental care.
- d. Have the opportunity for educational, vocational, rehabilitative, and recreational programs appropriate to the individual's treatment needs.
- e. Have the confidentiality of the individual's personal mental health institute records maintained and have access to those records within a reasonable period.
- f. Work, when available and desired and as appropriate to the individual's plan of treatment, and be compensated for that work in accordance with federal and state laws.
- g. Have an individualized posthospitalization plan.

29.6(3) Living conditions. An individual receiving care from a state mental health institute shall have the right to:

- a. Live in the least restrictive conditions necessary to achieve the purposes of treatment.
- b. Receive care in a manner that respects and maintains the individual's dignity and individuality.
- c. Have opportunities for personal privacy, including during the care of personal needs.
- d. Keep and use appropriate personal possessions, including wearing the individual's own clothing.
- e. Share a room with a spouse when both live on a long-term basis in the same facility.
- f. Be free from unnecessary drugs, restraints, and seclusion except when necessary to protect the immediate health or safety of the individual or others.
- g. Be free from physical, psychological, sexual, or verbal abuse, neglect and exploitation.

29.6(4) Communication. An individual receiving care from a state mental health institute shall have the right to:

- a. Have a family contact or representative of the individual's choice or the individual's community physician notified promptly of the individual's admission.
- b. Communicate with people and access services at the facility and in the community, including organizing and participating in resident groups while at the facility.

c. Receive visits of the individual's choice from parents, guardians, legal representatives, or family without prior notice given to the facility unless the visits have been determined inappropriate by the individual's treatment team.

d. Communicate and meet privately with persons of the individual's choice without prior notice given to the facility unless the communication is determined inappropriate by the individual's treatment team.

e. Send and receive unopened mail.

f. Make and receive private telephone calls, unless the calls have been determined inappropriate by the individual's treatment team.

g. Access current informational and recreational media such as newspapers, television, or periodicals.

29.6(5) *Self-determination.* An individual receiving care from a state mental health institute shall have the right to:

a. Have a dignified existence with self-determination, making choices about aspects of the individual's life that are significant to the individual.

b. Participate in the development and implementation of the individual's treatment plan.

c. Give informed consent, including the right to withdraw consent at any given time.

d. Refuse treatment (such as medication, surgery or electroconvulsive therapy) offered without the individual's expressed informed consent, and be provided with an explanation of the consequences of those refusals unless treatment is necessary to protect the health or safety of the individual or is ordered by a court.

e. Immediate discharge (if admitted voluntarily) by submitting a written notice to the superintendent or chief medical officer, unless a written request for involuntary hospitalization is submitted to a court.

f. Refuse to perform services for the facility and not be coerced to perform services.

g. Manage the individual's own financial affairs unless doing so is limited under law or determined not appropriate by the individual's treatment team.

h. Choose activities, schedules, and care consistent with the individual's interests, needs, and treatment plans.

i. Engage in social, religious, and community activities of the individual's choice.

j. Formulate advanced directives and be provided care in compliance with these directives.

29.6(6) *Advocacy.* An individual receiving care from a state mental health institute shall have the right to:

a. Exercise the individual's rights as a citizen or resident of the United States.

b. File a grievance pursuant to rule 441—28.4(225C,229) without any intimidation or reprisal resulting from the grievance.

c. Request a judicial review of the hospitalization, file for a writ of habeas corpus, have an attorney of the individual's choice, and communicate and meet privately with the individual's attorney without prior notice given to the facility.

[ARC 8094B, IAB 9/9/09, effective 11/1/09]

441—29.7(218) Visiting.

29.7(1) Visiting hours on Monday through Friday are from 12 noon to 8 p.m. and are from 10 a.m. to 8 p.m. on Saturday, Sunday, and holidays. Visiting hours shall be posted in each facility.

The physician may designate exceptions for special hours on an individual or ward basis. Therapy for the individual shall take precedence over visiting. Visiting shall not interfere with the individual's treatment program or meals.

29.7(2) A visit shall be terminated when behavior on the part of the individual or visitor is disruptive to the individual's treatment plan.

29.7(3) Visiting on grounds shall be permitted when the individual has a grounds pass.

29.7(4) Visitors wishing to take an individual off grounds shall receive prior approval from the attending physician.

29.7(5) All visitors shall obtain a visitor's pass at the switchboard or another area as designated by the superintendent and posted. The pass shall be given to a ward employee before the visitor is allowed on the ward.

29.7(6) Persons under 12 years of age shall not visit on the ward.

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These rules are intended to implement Iowa Code chapters 217, 218, 228, 229, and 230.

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