

**441—29.3(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.

**29.3(1)** Individuals requesting voluntary admission without going through the 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.

**29.3(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.

**29.3(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).

[**ARC 8094B**, IAB 9/9/09, effective 11/1/09; **ARC 1145C**, IAB 10/30/13, effective 1/1/14; **ARC 6273C**, IAB 4/6/22, effective 6/1/22]