

**481—71.13(135G) Admission, transfer, and discharge.****71.13(1) General admission policies.**

a. A subacute care facility shall not admit or retain a resident who is in need of greater services than the facility can provide.

b. Prior to admission of an applicant, the facility shall obtain sufficient information to determine if its program is appropriate and adequate to meet the individual's needs.

c. A subacute care facility shall admit only as many residents as indicated by the number of beds for which the facility is licensed.

d. A subacute care facility shall adopt policies regarding the admission requirements outlined in subrule 71.13(2).

**71.13(2) Admission requirements.**

a. Eligibility for individualized subacute mental health services will be determined by the standardized preadmission screening utilized by the facility. The screening shall be conducted by a mental health professional as defined in Iowa Code section 228.1(7), a physician, a physician assistant, or an advanced registered nurse practitioner.

b. In order to be admitted, the individual must:

(1) Be 18 years or older;

(2) During the past year, have had a diagnosable mental, behavioral or emotional disorder that meets the diagnostic criteria specified in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM);

(3) Demonstrate a high degree of impairment through significantly impaired mental, social, or educational functioning arising from the psychiatric condition or serious emotional disturbance;

(4) Demonstrate an impairment that severely limits the skills necessary to maintain an adequate level of functioning outside a treatment program and requires active treatment to obtain an adequate level of functioning;

(5) Demonstrate a low level of stability through any two of the following conditions:

1. The individual presents moderate to high risk of danger to self or others.

2. The individual lacks adequate skills or social support to address mental health symptoms.

3. The individual is medically stable but requires observation and care for stabilization of a mental health condition or impairment.

**71.13(3) Admission agreement.** A subacute care facility shall provide an admission agreement to each resident upon admission to the facility. Each admission agreement shall include:

a. Method of payment;

b. Schedule of services and any additional fees;

c. The facility's policies regarding length of stay, discharge and transfer.

**71.13(4) Exclusion criteria.**

a. A subacute care facility shall not admit an individual into the facility if:

(1) The individual manifests behavioral or psychiatric symptoms that require acute care;

(2) The individual can be safely maintained and effectively treated with less intensive services in a community setting; or

(3) The symptoms of the individual do not meet admission criteria in subrule 71.13(2).

b. An individual's lack of adequate place of residence, placement, or housing is not reason to receive subacute mental health services.

**71.13(5) Continued stay criteria policies.** By the tenth day following admission and every ten calendar days thereafter, the mental health professional shall conduct and document an assessment of the resident and determine if:

a. The severity of the behavioral and emotional symptoms continues to require the subacute level of intervention and the DSM diagnosis remains the principal diagnosis.

b. The prescribed interventions remain consistent with the intended treatment plan outcomes.

c. There is documented evidence of active, individualized discharge planning.

d. There is a reasonable likelihood of substantial benefit in the resident's mental health condition as a result of active intervention of the 24-hour supervised program.

- e.* Symptoms and behaviors that required admission are continuing.
- f.* A less intensive level of care would be insufficient to stabilize the resident's condition.
- g.* New issues that meet the admission guidelines in subrule 71.13(2) have appeared.
- h.* The resident requires further stabilization subsequent to acute care to treat active mental health symptoms such as psychosis, depression or mood disorder.

**71.13(6) Discharge criteria policies.** A resident may be discharged from subacute level of care if:

- a.* The resident's treatment plan goals and objectives for subacute services have been met and a discharge plan to outpatient or other community-based services is in place.
- b.* The resident's physical condition necessitates transfer to a more intensive level of care.
- c.* The resident is not making progress toward treatment goals and there is no reasonable expectation of progress at the subacute level of care.
- d.* The resident becomes a danger to self, others, or facility structure and requires an emergency transfer to a higher level of care.
- e.* The resident repeatedly refuses to participate in the resident's treatment plan.

**71.13(7) Discharge or transfer.**

- a.* The facility shall give prior notification to the resident, as well as the resident's next of kin, legal representative, attending physician or advanced registered nurse practitioner, and sponsoring agency, if any, prior to transfer or discharge of any resident.
- b.* The subacute care facility shall make proper arrangements for the welfare of the resident prior to transfer or discharge in the event of an emergency or inability to reach the next of kin or legal representative.
- c.* The facility shall make advance notification to the receiving facility prior to the transfer of any resident if the resident is to be transferred to another facility.
  - (1) Notification shall be made no less than 24 hours prior to transfer unless paragraph 71.13(6) "d" applies.
  - (2) Prior to the transfer or discharge of a resident to another health care facility, arrangements to provide for continuity of care shall be made with the facility to which the resident is being transferred.
- d.* The appropriate record as set forth in subrule 71.20(1) shall accompany the resident when the resident is transferred or discharged.

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