

641—203.11(135) Designated inpatient substance abuse treatment unit standards.**203.11(1) Purpose and scope.**

a. These standards are measures of some of those criteria found in Iowa Code section 135.64(1)“a” to “g.” Criteria which are measured by a standard are cited in parentheses following each standard.

b. Certificate of need applications which are to be evaluated against these standards include applications to:

(1) Construct, develop, offer new, modernize, replace, renovate, or relocate designated inpatient substance abuse treatment units and services.

(2) Expand bed capacity in designated inpatient substance abuse treatment units.

203.11(2) Definition. Designated inpatient substance abuse treatment unit is a designated set of hospital facilities with patient beds, equipment and personnel designed for the treatment and rehabilitation of patients for whom the primary diagnosis is alcohol abuse or dependence or other drug abuse or dependence. Units designated strictly for detoxification are not considered a treatment unit as defined in this standard.

203.11(3) Availability and need. (Iowa Code sections 135.64(1)“c,” “d,” “e,” “g,” “h”)

a. The following formula shall be used as a means of projecting current utilization of inpatient substance abuse treatment services into the future and shall serve as an approximation of the number of beds needed to serve the projected population.

$$\text{Bed Need} = \frac{\text{Population by Thousand}}{80\% \text{ Occupancy}} \times \frac{\text{Patient Days per Thousand Population}}{365}$$

The formula shall be calculated separately for community hospitals and state mental health institutes. The methodology for applying the formula shall be as follows.

(1) Bed need shall be calculated annually for a period five years into the future.

(a) “Population by thousand” refers to department of economic development population projection for five years into the future.

(b) For calculating community hospital bed need, “patient days per thousand population” is calculated by dividing the total patient days in all community hospital-based substance abuse treatment units during the past year (as reported on the annual hospital survey by the department of health) by the state population for that year as projected by the department of economic development.

(c) Applying the figures from (1)(a) and (1)(b) in the formula will project a statewide total of likely bed need for community hospital substance abuse treatment units, based on current utilization.

(d) For calculating mental health institute bed need, “patient days per thousand population” is calculated by dividing the total patient days in the four mental health institute substance abuse treatment units (as reported to the department of human services) by the state population for that year as projected by the department of economic development.

(e) Applying the figures from (1)(a) and (1)(d) in the formula will project a statewide total of likely bed need for mental health institute substance abuse treatment units based on current utilization.

(2) For purposes of comparing “need” to “existing” beds in community hospitals, the state shall be divided into eight planning districts, as used by the department of human services.

(a) The total number of beds derived in (1)(c) above for likely bed need for community hospital units shall be divided by the projected state population in thousands to derive beds needed per thousand population.

(b) For each district, the factor in (2)(a) above shall be multiplied by the projected population by thousand in that district for a district bed need.

(c) To determine number of existing beds in a given district, the number of substance abuse treatment beds at all community hospitals in that district shall be added together. The number of beds at each facility shall be the number of licensed or registered beds in the substance abuse treatment unit, as reported on the annual hospital survey to the Iowa department of public health.

(3) For purposes of comparing “need” to “existing” beds in mental health institutes, the total number of beds derived in (1)(e) above for likely bed need for MHI units will be compared to the total of the existing substance abuse treatment beds at the four MHIs in the state as reported on the Iowa department of public health annual survey.

b. In documenting need for a project, the applicant shall identify the service area and target population, including a description of the methodology used by the applicant in determining need for the requested beds, the expected sources of referrals, and expected average length of stay. The applicant shall document that the number of beds requested is appropriate to the modality of treatment being proposed. The applicant shall also identify where the target population has received services in the past.

c. The availability and utilization of other services in the area (e.g., inpatient, outpatient, and residential services) shall be considered in the determination of need. The applicant shall describe the relationship of the proposed service to existing services and describe what impact the proposed service will have on similar or alternate services in the district.

d. Existing hospital-based substance abuse treatment programs in the district should be running at least 85 percent occupancy in units of less than 20 beds and at least 90 percent occupancy in units of 20 beds or more before any additional inpatient substance abuse treatment beds are approved.

e. A hospital seeking expansion of a substance abuse treatment unit must demonstrate that its occupancy has been greater than 90 percent for the past two years.

f. Applicants must be able to project an annual 70 percent occupancy rate in the unit for the second year of operation and must be able to project an 80 percent occupancy rate in the unit by the third year of operation.

203.11(4) *Quality.* (Iowa Code sections 135.64(1) “i,” “k”)

a. Staffing for an inpatient substance abuse treatment unit should minimally consist of:

(1) Medical director. The applicant shall document that the physician has specific knowledge and special interest in the area of substance abuse and several years of experience and training in the treatment of substance abusers. Physician backup must be available on a 24-hour basis.

(2) Administrative director. The applicant shall document that the director, if other than the medical director, has experience in hospital administration or substance abuse treatment and rehabilitation.

(3) Nursing personnel must staff the unit on a 24-hour basis. The applicant shall document that the RNs and LPNs have had or will be provided with specific training in the area of substance abuse treatment.

(4) Counselors. The applicant shall document the availability of chemical dependency counselors who are certified or have equivalent qualifications in training, education, and experience.

(5) Psychiatrist or psychologist should be available on staff or on a contract basis. The applicant shall document that the psychiatrist or psychologist has shown a continued interest in the area of substance abuse treatment and has experience in dealing with chemically dependent patients.

(6) Family therapist(s): The program shall employ or contract with a family therapist(s) that has completed a chemical dependency counselor training program with emphasis on family involvement; or has a master’s level in family social work, family counseling or other appropriate fields; or has the equivalent in training or experience.

(7) Other ancillary personnel. The program should have access to other personnel such as social workers, dietitians, recreational therapists, occupational therapists, physical therapists, and other ancillary services as needed.

b. All inpatient programs shall develop and utilize specific written admission criteria. A good example of such criteria is that developed by the Iowa Foundation for Medical Care.

c. The program shall have a written evaluation system and be capable of providing treatment process and outcome data to evaluate the quality and effectiveness of the program at least once annually.

203.11(5) *Continuity.* (Iowa Code sections 135.64(1) “g,” “h,” “k”)

a. The applicant shall have formal referral arrangements with existing diagnosis and referral services, and detoxification services.

b. If outpatient services are available, the applicant shall provide a description of the circumstances under which a client would be accepted for inpatient treatment rather than entered into the outpatient

program. The applicant shall also describe the circumstances under which a patient would be referred from inpatient to outpatient care and should have referral arrangements for outpatient services.

c. The applicant shall document that aftercare or continuing care services will be provided by the facility on a long-term basis or that such services will be provided through referral arrangements. For patients leaving the vicinity of the hospital to return to their home communities, the applicant shall indicate what arrangements will be made to provide for aftercare.

203.11(6) *Accessibility and acceptability.* (Iowa Code sections 135.64(1) “*c*,” “*d*”) Population subgroups which have traditionally been underserved, such as adolescents, the elderly, women, and racial minorities, should be considered when planning for or reviewing inpatient treatment programs.

203.11(7) *Costs and financial feasibility.* (Iowa Code sections 135.64(1) “*e*,” “*f*,” “*i*,” “*p*”)

a. The applicant shall document that for the target population, hospital-based inpatient care is warranted. The applicant shall demonstrate that alternatives were considered and that there is no less costly acceptable mode of treatment.

b. Charges per patient day should be justifiable when compared to current charges of other inpatient substance abuse treatment programs in the state.

c. The applicant should outline the anticipated sources of reimbursement in preparing the program’s projected budget, indicating the percentage of patient days allocated to indigent clients, Medicare clients, private pay clients, privately insured clients or others.

d. Conversion projects will be considered preferable to new construction unless documentation of cost-savings is presented, or other factors to be specified by the applicant prohibit such conversion.

This rule is intended to implement Iowa Code section 135.64.