IOWA

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Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Iowa regulates Crisis Stabilization Residential Services (CSRSs), which are short-term services in facility-based settings of no more than 16 beds. The goal of a CSRS is to stabilize and reintegrate the individual back into the community. CSRS are designed for voluntary individuals in need of a safe, secure environment less intensive than an inpatient hospital. CSRS can serve youth aged 18 and younger or adults aged 18 and older.

Mental Health (MH): Iowa regulates Residential Care Facilities for Persons with a Mental Illness (RCF/PMI) which provide services to three or more individuals for a period exceeding 24 hours. Individuals living in a residential care facility for persons with mental illness are unable to sufficiently or properly care for themselves, but do not require the services of a registered or licensed practical nurse, except for emergencies. They include:

- Intermediate Care Facilities for Persons with Mental Illness (ICF/PMI) means an institution, place, building, or agency designed to provide accommodation, board, and nursing care to three or more individuals who primarily have mental illness.

- Subacute Mental Health Care Facilities are short-term, intensive, recovery-oriented services designed to stabilize individuals experiencing a decreased level of functioning due to a MH condition. They allow 16 beds per facility.

- Specialized Residential Care Facilities with Three to Five Beds serve persons with a chronic mental illness or other disabilities.

Substance Use Disorder (SUD): Iowa regulates three categories of residential SUD treatment without regard to funding:

- Clinically managed low-intensity residential treatment means the ASAM criteria level of care totaling at least five hours of clinically managed inpatient treatment services per week.

- Clinically managed medium-intensity residential treatment means the ASAM criteria level of care totaling at least 30 hours of clinically managed inpatient treatment services per week.

- Clinically managed high-intensity residential treatment means the ASAM criteria level of care totaling at least 50 hours of clinically managed inpatient treatment services per week.

- Detoxification is defined but not identified as a particular level of treatment.

Unregulated Facilities: All residential behavioral health treatment facilities for adults are regulated in Iowa.

Approach

CSRSs are regulated and accredited by the Iowa Department of Human Services (DHS). The Iowa Department of Inspections and Appeals (IDEA) regulates and licenses all adult residential mental health facilities. The Iowa Department of Public Health (DPH) licenses all residential substance use treatment facilities, with limited exceptions identified in the Iowa Code[1].

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD): All CSRSs require accreditation by the DHS.

- The DHS will grant deemed status to organizations accredited by a recognized national, not-for-profit, accrediting body when the DHS determines the accreditation is for similar services. The national accrediting bodies currently recognized as meeting division criteria are: (1) The Joint Commission; (2) The Commission on Accreditation of Rehabilitation Facilities (CARF); (3) The Council on Quality and Leadership in Supports for People with Disabilities (The Council); (4) The Council on Accreditation of Services for Children and Families (COA); (5) The American Association of Suicidology (AAS); and (6) Contact USA.

- Requirements for inspection were not identified.

- The state requires a Certificate of Need.

- Accreditation duration is unspecified.

[1] See https://www.legis.iowa.gov/docs/ico/chapter/2018/125.pdf.

Mental Health (MH): Licenses by the IDEA is required for all adult residential MH facilities.

- Accreditation is not required.
- An inspection must occur at least once within a 30-month period.
- The state requires a Certificate of Need.
- Licensure duration is one year.

Substance Use Disorder (SUD): All residential SUD treatment facilities, with limited exceptions, require licensure by the DPH.

- Accreditation is not required but is recognized. The DPH may issue a license under deemed status to an applicant providing required documentation of accreditation by a recognized accreditation body (The Joint Commission, The Council on Accreditation of Rehabilitation Facilities (CARF), The Council on Accreditation of Children and Family Services (COA) or The American Osteopathic Association (AOA)).
- An on-site inspection occurs prior to licensure and renewal. The inspection may be unannounced.
- The state requires a Certificate of Need.
- For the initial license, duration is 270 days for a new applicant scoring a minimum of 70 percent in each standards category. This license expires and is not renewable. Following the initial license, the DPH will issue either a one, two, or three-year license based on score percentages. A deemed-status license is effective for the same time frame as the accreditation, up to three years.

Cause-Based Monitoring

Mental Health (MH) and Substance Use Disorder (SUD): CSRSs may have accreditation denied or revoked and plans of corrective action may be required.

Mental Health (MH): An inspector of the IDEA may enter any licensed health care facility without a warrant and may examine all records pertaining to the care provided to residents of the facility.

When deficiencies are found, a statement of deficiencies will be sent by the IDEA to the health care facility within ten working days of the exit interview. The facility must, within ten calendar

days submit a plan of correction meeting regulatory requirements to the IDEA, which will review it. Revisit inspections may occur.

Substance Use Disorder (SUD): Complaints regarding a facility will lead to a preliminary review of the allegations and, if the DPH deems warranted, further investigation and, as warranted, corrective action and/or disciplinary action. Deficiencies identified in any inspection will require submission of a written corrective action plan that meets department requirements. The DPH may inspect the licensee, including on-site inspection, to review the implemented corrective measures and report to the committee. Licenses may be denied, suspended, or revoked.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): All residential programs must operate seven days a week, 24 hours per day.

Mental Health (MH): Wait-time requirements were not found. All facilities must be accessible and usable to the physically disabled.

Substance Use Disorder (SUD): Wait-time requirements were not found. All programs shall comply with the Americans with Disabilities Act.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): A CSRS must have a designated director or administrator, at least one licensed MH professional available for consultation, a MH professional with expertise appropriate to the individual's needs to provide crisis stabilization services, and awake and attentive staffing 24 hours a day, 365 days a year. All crisis response service providers must have documented satisfactory completion of department-approved training including: (1) A minimum of 30 hours of department-approved crisis intervention and training; and (2) A post training assessment of competency is completed.

Mental Health (MH): RCFs must meet specific requirements for the qualifications and responsibilities of the administrator. Personnel cannot be under the influence of intoxicating drugs or beverages; background checks are required; and other general requirements are in place. Sufficient staff must be available to meet the needs of residents and there must be 24 hour awake coverage. Each program with more than 15 beds must employ a person to direct resident activities and credentials and duties are specified. A department-approved training is required on restraint. Additional requirements by facility type include:

- RCFs/PMI: A qualified MH professional must be employed or under contract.

- ICF/PMI: Facilities must have personnel policies. Staff must have a minimum of 12 in-service continuing education programs per year. The facility must establish, subject to approval of the IDEA, the numbers and qualifications of the staff required using as its criteria the services being offered as indicated on the résumé of care and as required for implementation of individual program plans. Among the specific requirements are ones related to direct care staff; a qualified MH professional; the director of nursing; sufficient nursing staff including requirements for licensed, registered, and charge nurses; activity staff; and the activity program director.

- Subacute Mental Health Care Facilities have additional requirements related to credentials and experience of the administrator, psychiatric provider, registered nurse, mental health professionals, direct care staff, and social service staff. Availability of personnel must be sufficient to meet psychiatric and medical treatment needs of the residents served. Personnel policies are required, including ones related to orientation training.

- Residential Care Facility. Three- to Five-Bed Specialized facilities must have policies related to administrator qualifications and responsibilities and personnel records.

Substance Use Disorder (SUD): All SUD treatment programs must have an executive director and clinical treatment supervisor. Personnel policies must be established, including but not limited to, policies for staff development and training including orientation and on-going training, staff evaluation, confidentiality, abuse, and background checks. Credentials are established for screening, assessment, and treatment personnel. Programs providing "enhanced services" must include personnel qualified to provide prevention, early intervention, and treatment services for SUD and problem gambling, services for medical conditions, and services for MH conditions. State staff indicate that programs are required to utilize the ASAM criteria for staffing residential services.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): To be eligible for services in a CSRS as an adult, an individual must be age 18 or older; be determined appropriate by a mental health assessment; and be determined not to need inpatient acute hospital psychiatric services. The length of stay is expected to be less than five days with documentation required for longer stays. A crisis screening and crisis assessment must be performed, the latter within 24 hours of admission.

Mental Health (MH): All RCFs must have written criteria for admission.

- RCF/PMIs require that the facility's admission criteria be consistent with the résumé of care. A narrative social history must be completed within 30 days of admission.

- ICFs/PMI require admission policies which address criteria for admission as well as requiring that residents be admitted only on a written order signed by a physician; with certain exceptions, that a preplacement visit must be completed prior to admission; and that each facility must maintain a waiting list with selection priorities identified. Each resident admitted must have a physical examination, tuberculin test, and social history no more than 30 days before admission.

- For Subacute Mental Health Care Facilities, eligibility for services must be determined by a standardized preadmission screening conducted by a mental health professional, a physician, a physician assistant, or an advanced registered nurse practitioner at the facility. Criteria are established for admission.

- For Specialized Residential Care Facilities with Three to Five Beds, residents may be admitted only on a written order signed by a primary care provider, specifying the level of care, and certifying that the individual being admitted requires no more than personal care and supervision and does not require routine nursing care. A preadmission physical is required.

Substance Use Disorder (SUD): All residential SUD treatment programs require a pre-admission assessment using the ASAM criteria conducted by an addictive disorder professional. The program's policies and procedures must address patient medical and mental health conditions. In addition to assessment of biomedical conditions and complications as described in the ASAM criteria, the program must take a medical history and perform a physical examination and necessary laboratory tests as follows for patients admitted to the level of care specified.

- For low-intensity treatment, within 21 days of admission.

- For medium and high-intensity treatment, within 7 days of admission.

A program may accept a medical history or physical examination from a qualified source if the history or examination was completed no more than 90 days prior to the patient's current admission. In addition to assessment of emotional, behavioral, and cognitive conditions and complications as described in the ASAM criteria, a program may accept a mental health history from a qualified source if the history was completed no more than three days prior to the patient's current admission.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Within 24 hours of admission to a CSRS, a written short-term stabilization plan is developed, and reviewed frequently to assess the need for continued placement in CSRS. The stabilization plan must include, among other

things, criteria for discharge, including referrals and linkages to appropriate services and coordination with other systems. Upon discharge, a follow-up appointment with the individual's preferred provider will be made, and crisis response staff will follow up with the individual and document contact or attempt to contact on a periodic basis until the appointment takes place.

Mental Health (MH): All RCFs must develop a service plan within 30 days of admission.

- RCFs/PMI and three to five bed residential facilities: The administrator or their designee must develop an initial service plan to address any immediate health and safety needs within 48 hours of admission. Within 30 days of admission, the program must develop a written, individualized, and integrated service plan that is updated at least quarterly.

- For ICFs/PMI, an initial program plan must be developed within 24 hours of admission. The individual program plan, which will replace the initial program plan, should be developed within 30 days following admission and renewed at least annually.

- For subacute care facilities, a treatment plan must be completed within 6 hours of admission and reviewed at least daily. By the tenth day following admission and thereafter, a mental health professional conducts and documents an assessment to determine if the patient meets criteria for continued stay.

- All facilities require discharge planning. Discharge planning begins at admission for subacute care facilities and within 30 days of admission for ICFs/PMI.

Substance Use Disorder (SUD): For all residential SUD treatment facilities, staff must initiate development of the treatment plan as soon after the patient's admission as is clinically feasible and within the period of time between admission and the review date specified for that level of care in the management-of-care review process. Treatment plan reviews must be based on ongoing assessment and specify the indicated level of care and licensed program services and any revision of treatment plan goals. For low-intensity residential services, management-of-care activities must occur within 30 days of admission and, for all other residential services, within 7 days of admission. All facilities also require discharge planning, which begins at admission and, like admission, must use ASAM criteria as part of planning to address needs post-discharge.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): A CSRS must provide a comprehensive MH assessment within 24 hours of admission. Crisis stabilization includes, at minimum, daily contact with a mental health professional and one hour of additional crisis stabilization service.

Additional services provided include, but are not limited to, skill building, peer support or family support peer services.

Mental Health (MH):

- RCFs/PMI: An evaluation must be provided to each resident.

- ICFs/PMI: The Individual Program Plan will assist the resident in obtaining access to academic services, community living skills training, legal services, self-care training, support services, transportation, treatment, and vocational education as needed. These services may be provided by the facility or obtained from other providers. Services to the resident must be provided in the least restrictive environment and incorporate the principle of normalization.

- Subacute Mental Health Care Facilities: Services are short-term, intensive, and recovery-oriented designed to stabilize the individual. Medication management and dietary requirements are addressed.

- Specialized Residential Care Facilities with Three to Five Beds: Requirements related to dietary services and resident activities are included.

Substance Use Disorder (SUD): The Iowa regulations require that SUD treatment services be addressed in policies and procedures. This includes requiring policies related to drug screening (programs may not require it), assessment, emergency services, medication control, and the therapeutic environment. Otherwise, the regulations incorporate by reference the ASAM criteria level of care, including service hours.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): CSRS incident reports are required and, among other things, must be provided to the mental health and disability services region. The DHS receives and records complaints by individuals served.

Mental Health (MH): All RCFs must have written residents' rights policies in a language the residents can understand and that include a method for submitting complaints and internal investigation thereof. In addition, there are rights related to confidentiality, dignity, communication, to participate in activities, manage their property unless otherwise restricted, and to be free of abuse. Restraint is allowed but is restricted.

Substance Use Disorder (SUD): All SUD treatment facilities require policies that address, among other things, possession of chemical substances on-site, abuse or neglect, communication, sexual harassment, privacy, and informing patients of their rights at admission. Residential

program policies and procedures must address, among other things, consultation with counsel, visits and communication, the right to observe their faith, and to assert grievances with an opportunity for redress. Complaints must be sent to the DPH and will be investigated. Researchers did not locate reference to regulations regarding restraint or seclusion.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): The CSRS must have a performance improvement system and a management information system. Among other things, the data on readmission are tracked, including an analysis of trends, looking at effectiveness, and appropriate corrective action, and documented in the performance improvement system.

Mental Health (MH): Requirements related to quality assurance or improvement for adult MH residential treatment facilities were not found.

Substance Use Disorder (SUD): All residential SUD treatment facilities must have a written quality improvement plan for which a designated staff person is responsible. The quality improvement plan must describe and document monitoring, problem-solving and evaluation activities designed to systematically identify and resolve problems and make continued improvements and must include objective criteria to measure its effectiveness. The program must document whether the quality of patient care and program operations are improved and identified problems are resolved and activities and findings must be communicated to staff. Quality improvement plan findings are used to detect trends, patterns of performance, and potential problems that affect patient care and program operations. The program must evaluate the effectiveness of the quality improvement plan at least annually and revise the plan as necessary.

Governance

Mental Health (MH) and Substance Use Disorder (SUD): CSRSs must have specified policies and procedures in place. Standards are established for organization leadership.

Mental Health (MH): All RCFs must have a governing board, policies and procedures, and, as part of application, a “resume of care” that lays out essential elements of service delivery.

Substance Use Disorder (SUD): All SUD treatment facilities must have a governing body that, among other things, establishes policies and procedures and oversees fiscal management.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): Requirements related to special populations were not identified for CSRSs.

Mental Health (MH): Only ICFs/PMI have requirements related to special populations and that relates to payment for services to veterans.

Substance Use Disorder (SUD): All residential SUD treatment facilities have requirements for people with HIV/AIDs and unspecified cultural or religious groups:

- The staff development and training plan must describe orientation for new staff which includes an overview of the program and licensed program services, confidentiality, tuberculosis and blood-borne pathogens, including HIV/AIDS, and culturally and environmentally specific information.

- The treatment plan must contain culturally and environmentally specific considerations.

- Program policies and procedures must include a written description of any religious orientation, religious practice, or religious restrictions. For adult patients, this information must be available during orientation. The patient must have the opportunity to participate in religious activities and services in accordance with the patient's faith. The program must, when necessary and reasonable, arrange transportation to religious activities.

Location of Regulatory and Licensing Requirements

IAC 481.50.1 et seq[2]; IAC 481.57.1 et seq[3]; IAC 481.60.1 et seq[4]; IAC 481.62.1 et seq[5]; IAC 481.63 et seq[6]; IAC 481.65.1 et seq[7]; IAC 481.71.1 et seq[8]; Iowa Code 135C.1[9]; RCF-PMI definition[10]; IAC 641.155 et seq[11]; IAC 441.24.39[12]. Regulatory requirements reviewed May 29, 2019.

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[2] See https://www.legis.iowa.gov/docs/iac/chapter/01-16-2019.481.50.pdf.

[3] See https://www.legis.iowa.gov/docs/iac/chapter/01-16-2019.481.57.pdf.

[4] See https://www.legis.iowa.gov/docs/iac/chapter/01-16-2019.481.60.pdf.

[5] See https://www.legis.iowa.gov/docs/iac/chapter/01-16-2019.481.62.pdf.

[6] See https://www.legis.iowa.gov/docs/iac/chapter/01-16-2019.481.63.pdf.

[7] See https://www.legis.iowa.gov/docs/iac/chapter/01-16-2019.481.65.pdf.

[8] See https://www.legis.iowa.gov/docs/iac/chapter/01-16-2019.481.71.pdf.

[9] See https://www.legis.iowa.gov/docs/ico/section/135C.1.pdf.

[10] See https://dia-hfd.iowa.gov/DIA_HFD/EntityTypeDefinitionViewAction.do?selectedColumnId=18.

[11] See https://www.legis.iowa.gov/law/administrativeRules/rules?agency=641&chapter=155&pubDate=01-16-2019.

Other Information Sources

L. Hancock-Muck (DPH), L. Larkin, (DHS); National Conference of State Legislatures CON Program Overview, http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx

[12] See https://www.legis.iowa.gov/docs/iac/rule/09-30-2015.441.24.39.pdf.

IOWA MEDICAID

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Approach

The Iowa Department of Human Services (DHS) oversees the state Medicaid program. Iowa does not have a relevant Section 1115 waiver that affects reimbursement of residential services in Institutions for Mental Diseases (IMDs). It historically has relied to some extent on the in lieu of provision to reimburse certain services in IMDs, but not on Disproportionate Share Hospital (DSH) payments.

Types of Facilities

Mental Health (MH) or Substance Use Disorder (SUD): Iowa Medicaid does not reimburse for residential crisis stabilization for adults.

Mental Health (MH): Residential treatment facilities may obtain reimbursement under Medicaid if they are Subacute Mental Health Treatment Facilities. Under the state plan amendment, services may be reimbursed in licensed Residential Care Facilities for Persons with Mental Illness (RCFs) that meet certain criteria, including serving 16 or fewer persons, and are not an IMD.

Substance Use Disorder (SUD): No evidence of coverage of SUD residential treatment facilities for adults was located.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): To enroll in the Iowa Medicaid program, a provider must submit the appropriate application and execute an agreement with the DHS. Enrollment may be denied or terminated. They must meet the requirements for licensure by the state.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based staffing requirements for residential treatment facilities for adults was located.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based placement requirements for residential treatment facilities for adults was located.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based treatment or discharge planning or aftercare service requirements for residential treatment facilities for adults was located.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based treatment service requirements for residential treatment facilities for adults was located.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): Providers and the health plan must be responsible for care coordination of services included in the Medicaid comprehensive benefit package.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): Facilities must have an approved Quality Assurance system and must evaluate quality of care provided to patients in facilities.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based special population requirements for residential treatment facilities for adults was located.

Location of Medicaid Requirements

Iowa Administrative Code Article 441 Department of Human Services Title VIII Medical Assistance[13]; State Plan Amendment[14]. Regulatory data collected December 2019.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services

This state summary is part of the report **"State Residential Treatment for Behavioral Health Conditions: Regulation and Policy"**. The full report and other state summaries are available at https://aspe.hhs.gov/state-bh-residential-treatment.

[13] See https://www.legis.iowa.gov/law/administrativeRules/chapters?agency=441&pubDate=01-01-2020.

[14] See https://dhs.iowa.gov/sites/default/files/Attachment%203.1-C%20as%20of%20111718.pdf?032420202146.