Pursuant to the authority of Iowa Code section 225C.6, the Department of Human Services amends Chapter 24, “Accreditation of Providers of Services to Persons with Mental Illness, Mental Retardation, and Developmental Disabilities,” Iowa Administrative Code.

These amendments clarify expectations of provider organizations and update accreditation procedural requirements. Changes include the following:

- Rescinding the definition of “psychiatric rehabilitation practitioner” and adopting a definition of “intensive psychiatric rehabilitation practitioner” that eliminates the requirement for a graduate degree, lowers from two years to one year the amount of rehabilitation work experience required with a bachelor’s degree, and includes persons certified as psychiatric rehabilitation practitioners by the United States Psychiatric Rehabilitation Association.

- Expanding the performance indicators for organization activities to include trending and tracking of incident report data and review of the organization’s response to dangerous or threatening situations and to clarify specific applications of the performance indicators on internal review of individual records and identification of areas in need of improvement to organizations providing outpatient psychotherapy and counseling services.

- Requiring that organizations obtain verification of professional licenses and degrees above the bachelor’s level from the primary sources (colleges and licensing agencies).

- Adding an environmental performance indicator for cleanliness and safety of toys and
material used by children.

- Clarifying the performance indicator for documentation of legal restrictions and changing terminology regarding authorization to release information.

- Adding a performance indicator on the development of individual psychiatric crisis intervention plans for providers of outpatient psychotherapy and counseling, intensive psychiatric rehabilitation, day treatment, and partial hospitalization services.

- Reducing, clarifying, and reordering the performance indicators for intensive psychiatric rehabilitation.

- Adding and reordering performance indicators for outpatient psychotherapy and counseling services.

- Requiring organizations to give the Department written notice of changes in ownership, management, service delivery, service philosophy, or transfer of operations.

- Correcting the point totals and indicator values to correspond to the updated performance indicators.

These amendments do not provide for waivers in specified situations. Organizations may request a waiver of these rules under the Department's general rule on exceptions at 441--1.8(17A,217).

Notice of Intended Action on these amendments was published in the Iowa Administrative Bulletin on December 21, 2005, as [ARC 4751B]. The Department held nine public hearings around the state. Five persons attended. The Department received written comments from 13 people. The Department has revised the proposed amendments because of these comments.

The following revisions have been made in Item 1 of the Notice of Intended Action:

- The definition of “advisory board” is further amended to remove a reference to the
organization’s board of directors.

- Proposed amendments to the definition of “board of directors” are replaced by an amendment to rescind the entire definition, since the term is no longer used in Chapter 24.

- Proposed revisions to the definition of “incident” were not adopted. The issue of how best to address medication errors needs further study.

- An amendment to the definition of “organization” is added to correct an obsolete Iowa Code reference.

- A new definition of “psychiatric crisis intervention plan” is added. It parallels the existing definition of “crisis intervention plan” but addresses potential psychiatric emergencies only.

The following revisions have been made in Item 2 of the Notice of Intended Action:

- New language in subparagraph 24.3(1)“b”(4) is amended to read as follows: “This review includes analysis of incident data at least annually to identify any patterns of risk to the health and safety of consumers.”

- New language in subparagraph 24.3(1)“b”(7) is amended to read as follows: “Where applicable, the organization establishes a plan to resolve the problem of patients missing appointments.”

- An amendment to subparagraph 24.3(2)“b”(3) is added so that the paragraph reads as follows: “(3) Individuals using the services or family members of individuals using the services are represented on the organization’s governing board or on an advisory board.”

- Subparagraph 24.3(4)“b”(2) is amended to read as follows: “(2) Has a process to verify qualifications of staff, including degrees, licenses, medication management training, and certification as required by the position, within 90 days of the staff person’s employment. For
staff hired after July 1, 2006, personnel files contain evidence that verification of professional licenses and college degrees at the bachelor’s level or higher, as required by the position, was obtained from the primary source.”

The following revisions have been made in Item 3 of the Notice of Intended Action:

- Indicators at subparagraphs 24.4(10)“b”(9), 24.4(11)“b”(5), 24.4(13)“b”(9), and 24.4(14)“b”(9) are amended to add the word “psychiatric” to the references to the phrase “crisis intervention plan” to clarify that this plan is more limited in scope than the plan required for case management and supportive community living services.

- A reference to skill programming is added to subparagraph 24.4(11)“b”(9), so that the second sentence reads: “Skill programming or skill teaching takes place.”

- Language in subparagraphs 24.4(14)“b”(5) and (6) is changed to require documentation to be made “during or after each session.”

- The reference to “narratives” in subparagraph 24.4(14)“b”(8) is changed to “documentation.”

Revisions to the introductory paragraph of subrule 24.5(3) in Item 3 of the Notice of Intended Action were not adopted. Proposals for increasing consumer involvement in surveys will undergo further study.

The Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury Commission adopted these amendments on April 20, 2005.

These amendments are intended to implement Iowa Code section 225C.6.

These amendments shall become effective on July 1, 2006.

The following amendments are adopted.

**ITEM 1.** Amend rule **441—241(225C)** as follows:
Amend the definitions of “advisory board” and “organization” as follows:

“Advisory board” means the board that reviews and makes recommendations to the organization’s board of directors on the program being accredited. The advisory board shall meet at least three times a year and shall have at least three members, at least 51 percent of whom are not providers. The advisory board shall include representatives who have disabilities or family members of persons with disabilities. The advisory board's duties include review and recommendation of policies, development and review of the organizational plan for the program being accredited, review and recommendation of the budget for the program being accredited, and review and recommendation of the total quality improvement program of the program being accredited.

“Organization” means:

1. A governmental entity or an entity that meets Iowa Code requirements for a business organization as a for-profit or not-for-profit business. These entities include, but are not limited to, a business corporation under Iowa Code chapter 490 or a nonprofit corporation under Iowa Code chapter 504A that provides a service accredited pursuant to the rules in this chapter.

2. A county, consortium of counties, or the department of human services that provides or subcontracts for the provision of case management.

3. A division or unit of a larger entity, such as a unit within a hospital or parent organization.

“Organization” does not include: an individual for whom a license to engage in a profession is required under Iowa Code section 147.2, any person providing a service if the person is not organized as a corporation or other business entity recognized under the Iowa Code, or an entity that provides only financial, administrative, or employment services and that does not
directly provide the services accredited under this chapter.

Rescind the definitions of “board of directors” and “psychiatric rehabilitation practitioner.”

Adopt the following new definitions in alphabetical order:

“Intensive psychiatric rehabilitation practitioner” means a person who has at least 60 contact hours of training in intensive psychiatric rehabilitation and either:

1. Is certified as a psychiatric rehabilitation practitioner by the United States Psychiatric Rehabilitation Association; or

2. Holds a bachelor’s degree with 30 semester hours or equivalent quarter hours in a human services field (including, but not limited to, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy) and has at least one year of experience in the delivery of services to the population groups that the person is hired to serve.

“Psychiatric crisis intervention plan” means a personalized, individualized plan developed with the individual using the service that identifies potential personal psychiatric emergencies. This plan shall also include those life situations identified as problematic and the identified strategies and natural supports developed with the individual using the service to enable the individual to self-manage, alleviate, or end the crisis. This plan shall also include how the individual can access emergency services that may be needed.

ITEM 2. Amend rule 441—24.3(225C) as follows:

Amend subrule 24.3(1), paragraph “b,” as follows:

b. Performance indicators. The organization:

(1) Measures and assesses organizational activities and services accredited in this chapter annually.
(2) Gathers information from individuals using the services, from staff, and from family members.

(3) Implements an internal review of individual records for those services accredited under this chapter. For outpatient psychotherapy and counseling services, the organization:

1. Reviews the individual’s involvement in and with treatment.
2. Ensures that treatment activities are documented and are relevant to the diagnosis or presenting problem.

(4) Reviews the organization’s response to incidents reported under subrule 24.4(5) and any other situation that may pose a danger or threat to staff or individuals using the services for necessity, appropriateness, effectiveness and prevention. This review includes analysis of incident data at least annually to identify any patterns of risk to the health and safety of consumers.

(5) Reviews the organization’s response to any situation that poses a danger or threat to staff or to individuals using the services for necessity, appropriateness, effectiveness, and prevention.

(5) (6) Identifies areas in need of improvement.

(6) (7) Has a plan to address the areas in need of improvement. Where applicable, the organization establishes a plan to resolve the problem of patients missing appointments.

(7) (8) Implements the plan and documents the results.

Amend the performance indicators for human resources in subrule 24.3(2), paragraph “b,” subparagraph (3), as follows:

(3) The organization establishes a board of directors. The board includes individuals using the services or family members of individuals using the services are represented on the organization’s governing board or established and implemented on an advisory board.
Amend the performance indicators for leadership in subrule 24.3(4), paragraph “b,” subparagraph (2), as follows:

(2) Has a process to verify qualifications of staff, including degrees, licenses, medication management training, and certification as required by the position, within 90 days of the staff person’s employment. For staff hired after July 1, 2006, personnel files contain evidence that verification of professional licenses and college degrees at the bachelor’s level or higher, as required by the position, was obtained from the primary source.

Amend the performance indicators for organizational environment in subrule 24.3(5), paragraph “b,” by adopting the following new subparagraph (6):

(6) All toys and other materials used by children are clean and safe.

ITEM 3. Amend rule 441—24.4(225C) as follows:

Amend subrule 24.4(5) as follows:

Amend paragraph “a” as follows:

a. Performance benchmark. The organization completes an incident report for incidents that occur or are identified during times of direct contact by when organization staff first become aware that an incident has occurred.

Amend paragraph “b,” subparagraph (1), introductory paragraph, and subparagraph (2), as follows:

(1) The organization has printed incident forms available that include the following information:

(2) The staff who were directly involved at the time of the incident or who first became aware of the incident prepare and sign the incident report before forwarding it to the supervisor.

Amend the performance indicators for confidentiality and legal status in subrule 24.4(6),
paragraph “b,” as follows:

b. Performance indicators.

(1) The organization obtains voluntary written consent authorization from the individual using the service, the individual’s legal guardian, or other people authorized by law before releasing personal identifying information, medical records, mental health records, or any other confidential information.

(2) Staff complete releases voluntary written authorization forms in accordance with existing federal and state laws, rules, and regulations and maintain them in each individual file.

(3) Guardianship papers and probation, commitment Documentation regarding restrictions on the individual, such as guardianship, power of attorney, conservatorship, mental health commitments, or other court orders, are placed in the individual’s record, if applicable.

Amend the performance indicators for day treatment services in subrule 24.4(10), paragraph “b,” by adopting the following new subparagraph (9):

(9) Individuals using the service participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.

Amend the performance indicators for intensive psychiatric rehabilitation services in subrule 24.4(11), paragraph “b,” by rescinding subparagraphs (1) through (17) and adopting the following new subparagraphs (1) through (12) in lieu thereof:

(1) Individuals using the service receive services from staff who meet the definition of intensive psychiatric rehabilitation practitioner. The intensive psychiatric rehabilitation supervisor has at least a bachelor’s degree in a human service field and 60 hours of training in intensive psychiatric rehabilitation.

(2) Individuals using the service receive 4 to 10 hours per week of recognized psychiatric
rehabilitation services. All services are provided for an identified period.

(3) Whenever possible, intensive psychiatric rehabilitative services are provided in natural settings where individuals using the service live, learn, work, and socialize.

(4) Significantly involved others participate in the planning and provision of services as appropriate and as desired by the individual using the service.

(5) Individuals using the service participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.

(6) A readiness assessment is initially completed with staff to assist the individual in choosing a valued role and environment. The readiness assessment culminates in a score that documents the individual’s motivational readiness.

(7) During the readiness development phase, staff document monthly in the individual’s file changes in the individual’s motivational readiness to choose valued roles and environments.

(8) During the goal-choosing phase, staff and the individual identify personal criteria, describe alternative environments, and choose the goal. These activities are documented in the individual’s file.

(9) During the goal-achieving phase, the functional assessment and resource assessment are completed. Skill programming or skill teaching takes place. These activities are documented in the individual’s file.

(10) During goal keeping, individuals using the service participate in discharge planning that focuses on coordinating and integrating individual, family, community, and organization resources for successful community tenure and the anticipated end of psychiatric rehabilitation services. Staff document increases in skill acquisition and skill competency.

(11) Staff document any positive changes in environmental status, such as moving to a
more independent living arrangement, enrolling in an education program, getting a job, or joining a community group.

(12) On an ongoing basis and at discharge, staff or the individual using the service documents the level of individual satisfaction with intensive psychiatric rehabilitation services in each individual's file.

Amend the performance indicators for partial hospitalization services in subrule 24.4(13), paragraph “b,” by adopting the following new subparagraph (9):

(9) Individuals using the service participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.

Amend the performance indicators for outpatient psychotherapy and counseling services in subrule 24.4(14), paragraph “b,” by rescinding subparagraphs (1) through (5) and adopting the following new subparagraphs (1) through (10) in lieu thereof:

(1) Individuals using the service are prepared for their role as partners in the therapeutic process at intake where they define their situations and evaluate those factors that affect their situations.

(2) Individuals using the service establish desired problem resolution at intake during the initial assessment.

(3) Psychiatric services other than psychopharmacological services are available from the organization as needed by the individual using the service.

(4) Psychopharmacological services are available from the organization as needed.

(5) Staff document mutually agreed-upon treatment goals during or after each session. A distinct service plan document is not required.

(6) Staff document mutually agreed-upon supports and interventions during or after each
session. A distinct service plan document is not required.

(7) Staff document in the progress notes the individual’s status at each visit and the reasons for continuing or discontinuing services. A distinct discharge summary document is not required.

(8) Any assignment of activities to occur between sessions is documented in the following session’s documentation.

(9) Individuals using the service who have a chronic mental illness participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.

(10) The record documents that the organization follows up on individuals who miss appointments.

ITEM 4. Amend rule 441—24.5(225C) as follows:

Amend subrule 24.5(4), paragraph “b,” subparagraphs (2) and (3), as follows:

(2) Each of the 32 34 indicators for organizational activities has a value of 1.35 1.37 out of a possible score of 15.

(3) Each service has a separate weighting according to the total number of indicators applicable for that service, with a possible score of 70, as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of indicators</th>
<th>Value of each indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management</td>
<td>52 51</td>
<td>1.35 1.37</td>
</tr>
<tr>
<td>Day treatment</td>
<td>47 48</td>
<td>1.49 1.46</td>
</tr>
<tr>
<td>Intensive psychiatric rehabilitation</td>
<td>56 51</td>
<td>1.25 1.37</td>
</tr>
<tr>
<td>Supported community living</td>
<td>45</td>
<td>1.55</td>
</tr>
</tbody>
</table>
Amend subrule 24.5(5), paragraph “f,” by adopting the following new subparagraph (4):

(4) An organization must notify the division when there are changes in its ownership, structure, management, or service delivery.

Amend subrule 24.5(6) as follows:

24.5(6) Nonassignability. Accreditation shall not be assignable to any other organization or provider. Any person or other legal entity acquiring an accredited facility for the purpose of operating a service shall make an application as provided in subrule 24.5(2) for a new certificate of accreditation. Similarly, any organization having acquired accreditation and desiring to alter the service philosophy or transfer operations to different premises must notify the division in writing 30 calendar days before taking action in order for the division to review the change.

Rescind subrule 24.5(7) and adopt the following new subrule in lieu thereof:

24.5(7) Discontinuation.

a. Discontinued organization. A discontinued organization is one that has terminated all of the services for which it has been accredited. Accreditation is not transferable between organizations.

(1) An organization shall notify the division in writing of any sale, change in business status, closure, or transfer of ownership of the business at least 30 calendar days before the action.

(2) The organization shall be responsible for the referral and placement of individuals using the services, as appropriate, and for the preservation of all records.
b. Discontinued service. An organization shall notify the division in writing of the discontinuation of an accredited or certified service at least 30 calendar days before the service is discontinued.

(1) Notice of discontinuation of a service shall not be initiated during the 30 days before the start of a survey. Once a survey has begun, all services shall be considered in determining the organization’s accreditation score.

(2) The organization shall be responsible for the referral and placement of individuals using the services, as appropriate, and for the preservation of all records.

ITEM 5. Amend rule 441—24.6(225C), introductory paragraph and subrule 24.6(1), as follows:

441—24.6(225C) Deemed status. The commission may shall grant deemed status to organizations accredited by a recognized national, not-for-profit, accrediting body when the commission determines the accreditation is for similar services. The commission shall may also grant deemed status for supported community living services to organizations that are certified under the Medicaid home- and community-based services (HCBS) mental retardation waiver.

24.6(1) National accrediting bodies.

a. The national accrediting bodies currently recognized as meeting division criteria for possible deeming are:

1. Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

2. The Commission on Accreditation of Rehabilitation Facilities (CARF).


b. The accreditation credentials of these national bodies must specify the type of organization, programs, and services that they accredit and include targeted population groups, if appropriate.

c. Deemed status means that the division is accepting an outside body's review, assessment, and accreditation of an organization's functioning and services. Therefore, the accrediting body doing the review must be assessing categories of organizations and types of programs and services corresponding to those described under this chapter. An organization that has deemed status must adhere to and be accountable for the rules in this chapter.

d. When an organization that is nationally accredited requests deemed status for services not covered by the national body's standards but covered under this chapter, the division shall accredit those services. Division staff shall provide technical assistance to organizations with deemed status as time permits.

ITEM 6. Amend subrule 24.7(3), introductory paragraph, as follows:

24.7(3) Investigation of complaint. If the division concludes that the complaint is reasonable, has merit, and is based on a violation of rules in this chapter, it may make an investigation of the organization. The division may investigate complaints by an office audit or by an on-site visit investigation. The division shall give priority for on-site visits investigations to instances when individuals using the service are in immediate jeopardy.

__________________________________________
Date

__________________________________________
Carl Smith, Chair
Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury Commission