

IOWA VETERANS HOME POLICIES & PROCEDURES FOR NEW ADMISSIONS



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CONTRACTUAL AGREEMENT

I. RECITALS

The Iowa Veterans Home Contractual Agreement is an admission agreement that this Facility is required by state law and regulation to use. It is a legally binding agreement that defines the rights and obligations of each person (or party) signing it. Please read this agreement carefully. If you have any questions, please discuss them with Facility staff before signing it. You are encouraged to have this agreement reviewed by your legal representative, or any other advisor of your choice, before signing it. You are required to sign this agreement as a condition of admission to this Facility. If you are unable to sign this agreement, your representative may sign it on your behalf.

This contract is subject to change when there are changes in any applicable laws, administrative rules, or as may be approved by the Iowa Commission of Veterans Affairs or other applicable regulatory agencies.

The Iowa Commission of Veterans Affairs sets forth rules governing the operation of the Iowa Veterans Home in the Iowa Administrative Code Title 801, Chapter 10, Iowa Veterans Home. These rules are referenced throughout this contract. A copy of the current 801 Iowa Administrative Code [Chapter 10](#) will be provided upon admission.

II. DEFINITIONS

In order to make this agreement more easily understood, the use of "IVH", "we", "our", "us", "the Facility" and "Facility" are references to the Iowa Veterans Home.

The use of "you", "your", "patient," "member" or "resident" refer to the person receiving care in this facility. For the purpose of this agreement "resident" has the same meaning as "patient".

"Representative" means the agent designated to assist you with making decisions when the need arises. This agent could be your next-of-kin or any other agent designated that is consistent with state law. By law, this agent may be any of the following: A guardian, a conservator, an agent designated under an Advanced Health Care Directive, a Power of Attorney for Health Care, a General Power of Attorney for finances or as authorized by the court. To the extent permitted by law, you may designate a representative at any time.

III. IDENTIFICATION OF PARTIES TO THIS AGREEMENT

The parties to this agreement are the resident, the facility and the resident's representative. The representative is held to the same accountability under this agreement as the resident regardless of who signs the agreement.

The Parties to this agreement are:

Resident: _____

Resident's Representative: _____

Relationship to Resident: _____

IV. YOUR RIGHTS AS A RESIDENT

Residents of this facility keep all their basic rights and liberties as a citizen or resident of the United States. Because these rights are so important, both federal and state laws and regulations describe them in detail. State law requires that a comprehensive “Resident Bill of Rights” be attached to this agreement. Please refer to the attachment to this agreement – Resident Rights. You should review these rights carefully and, if you have any questions, please discuss them with facility staff.

Violation of state laws and regulations pertaining to resident rights may subject our facility and our staff to civil and/or criminal proceedings. You have the right to voice grievances to us without fear of any reprisal. You may submit complaints, questions or concerns about the service we provide to you or about your rights to the Iowa Department of Inspection and Appeals or to the State Long-Term Care Ombudsman. Please refer to [IVH Policy 82](#) – Resident Rights and Responsibilities or speak with your assigned social worker.

V. BILLING AND PAYMENT

A monthly support bill shall be sent to the resident (or financially responsible representative) charging the resident for the care and services received in the previous month with any necessary adjustments for prior months. A resident is required to pay support charges from the resident’s liquid assets, long-term care insurance benefits and/or from the resident’s incomes. The monthly resident support charge shall be the billable days multiplied by the appropriate per diem for that particular level of care. This amount shall be reduced by any offsets (i.e. per diem received from the Department of Veteran Affairs for veterans, Medicare Part B, Medicare Part D and other medical insurance premiums carried upon admission). IVH will not request or require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility; however, IVH may request and require a resident representative who has legal access to a resident’s income or resources available to pay for the care to sign a contract, without incurring personal financial liability, to provide payment from the resident’s income or resources.

A. COMPUTATION OF RESIDENT SUPPORT CHARGES

1. Computation of resident support charges are based on the resident’s resources in accordance with Rule 801 Iowa Administrative Code §10.14.
2. Rules 801 Iowa Administrative Code §10.16 through §10.23 govern the determination of the resident’s resources in calculation of the resident’s monthly support obligation.

B. SERVICES PROVIDED AND RELATED CHARGES

1. The current per diem charge by level of care and the services included in this charge will be provided upon request. This charge is determined and may be adjusted semiannually in accordance with Rule 801 Iowa Administrative Code §10.15. Notification of the changes will be given thirty (30) days in advance.
2. The services included in this charge are defined in the attachment – Services Provided At No Additional Out-Of-Pocket Expense.
3. Additionally, other services and items are available for which a fee may be charged in addition to the base rate. A list of these items/services, method of cost determination and periodic reassessments that may result in the changing

of these charges, is provided as the attachment – Services For Which There Is An Additional Cost.

- a. No further additional fees shall be charged for items/services provided by IVH that are not contained on this list.
 - b. Items/services for which there is an additional fee will not be provided without the authorization for payment by the resident or his/her representative.
4. Payment is due 10 (ten) days following receipt of the monthly bill and/or receipt of the last income for that month. If payment is not received by IVH within thirty (30) days following the due date, a notice of discharge may be issued.
 5. A resident may request services outside of IVH, but all costs and transportation will be the responsibility of the resident.

VI. ADMISSION TO OTHER FACILITIES

Upon diagnosis of acute mental or physical illness requiring temporary care that is beyond the scope of IVH licensure, IVH will transfer the resident to a Department of Veterans Affairs Medical Center or another medical facility as determined by the IVH Medical Provider and/or the Department of Veteran Affairs.

- A. Such admission to another facility will be voluntary; however, in the event that the resident is incapable of a voluntary decision, involuntary hospitalization proceedings will be requested according to Iowa Code Title VI, Subtitle 3, Chapter 229.
- B. If the resident or his/her representative chooses a facility other than the one designated by IVH and/or the Department of Veteran Affairs, payment of all costs associated with placement in the chosen facility will be the responsibility of the resident or the resident's representative.

VII. LEAVE AND BED HOLDS

When the resident is away from the facility, the bed hold and related charges are in accordance with Rule 801 Iowa Administrative Code §10.36.

- A. IVH shall ask the resident or resident's representative if they want the bed held before the resident leaves IVH or within forty-eight (48) hours after the resident leaves IVH. The inquiry and response shall be documented.
- B. IVH shall reserve the bed when requested for as long as payments are made in accordance with 801 Iowa Administrative Code §10.36.

VIII. HANDLING OF PENSIONS AND OTHER RESIDENT FUNDS

Pensions and other resident funds shall be handled in accordance with Rule 801 Iowa Administrative Code §10.35.

IX. VOLUNTARY DISCHARGE OR TRANSFER

The resident or his/her representative may request discharge or transfer from IVH at any time. IVH staff will work with the resident, the resident's representative and receiving facility, if applicable, to ensure that arrangements are made for continuity of care.

- A. In cases of transfer or discharge to another facility, payment of all costs associated with placement in and transportation to the chosen facility will be the responsibility of the resident or resident's representative.
- B. In cases of discharge, the Rule 801 Iowa Administrative Code §10.41 applies regarding county of legal settlement.

- C. The record will note that the discharge/transfer was at the resident's or the representative's request.
- D. If a resident requests a discharge/transfer and the attending physician believes that the discharge/transfer would be detrimental to the health and well-being of the resident, the resident or his/her representative shall sign form [475-0940 – Discharge Against Medical Advice](#) indicating that the resident is leaving against medical advice.
- E. The County Commission of Veterans Affairs will be notified by IVH of a discharge of a resident from their county.
- F. The bill for the resident's care at IVH will be paid in full by the resident or the resident's representative upon discharge. If not paid in full, a Promissory Note must be signed prior to discharge with full payment due within twelve (12) months from date of discharge.

X. INVOLUNTARY DISCHARGE OR TRANSFER FROM IVH

- A. The Commandant may involuntarily discharge or transfer a resident under the following conditions:
 - 1. The resident's physical or mental condition becomes such that he/she requires care that is beyond the scope of IVH licensure to provide.
 - 2. The resident's care needs exceed the staffing and equipment resources available.
 - 3. The Commandant determines that the health, safety or welfare of the resident, other members or staff is in immediate danger, and other reasonable alternatives have been exhausted. The Rule 801 Iowa Administrative Codes §10.40 and §10.43 apply.
 - 4. Failure to pay member support charges in accordance with Section I of this contract.
- B. Notice of discharge will be provided pursuant to Rule 481 Iowa Administrative Code §57.14(3) for residential level of care or 58.40(5) for nursing level of care.
- C. In cases of discharge, the Rule 801 Iowa Administrative Code §10.41 applies regarding county of legal settlement.
- D. The County Commission of Veterans Affairs will be notified by IVH of a discharge of a resident from their county.
- E. IVH staff will work with the resident, resident's representative and receiving facility, if applicable, to assure that arrangements are made for continuity of care.
- F. The bill for the resident's care at IVH will be paid in full by the resident or resident's representative upon discharge. If not paid in full, a Promissory Note must be signed prior to discharge.

XI. OPERATION OF MOTOR VEHICLES ON IVH GROUNDS

Operation of motor vehicles on IVH grounds shall be in accordance with Rule 801 Iowa Administrative Code §10.57. If the resident owns a motor vehicle and wishes to park it on grounds, the resident will be required to submit a copy of his/her valid Iowa driver's license; a copy of the current registration and proof of valid automobile liability insurance. IVH will provide the resident with copies of applicable policies.

XII. CLOTHING, HYGIENE AND PERSONAL BELONGINGS

Clothing shall be the responsibility of the resident or the resident's representative. Clothing may be provided from available IVH sources at the time of need for individuals who are determined to be indigent.

The resident is expected to maintain good personal hygiene, including clean clothing. IVH furnishes bath soap, towels, water and other such related personal hygiene assistance as needed at no additional charge. Commercial laundry services are provided at no additional charge.

The resident being admitted to IVH may bring personal belongings in conformance with [IVH Policy 155](#). A copy of Policy 155 is provided upon admission. Each resident in the nursing buildings will be provided a storage space for personal use with shelving measuring approximately 36" x 24" x 27". Each resident in Heinz Hall will be provided a storage space for personal use with shelving measuring approximately 3' x 3' x 5'. Personal items shall be stored in plastic containers or totes.

XIII. ROOM AND RESIDENT ASSIGNMENTS

Room and resident assignments will be based on the resident's healthcare needs. If there is a change in the resident's level/category of care needs, the resident will be moved to the appropriate level/category of care after consultation with the resident and/or the resident's representative. IVH retains the right to make the final placement decision and to administratively move someone, if necessary.

XIV. NOTIFICATION

The resident and/or resident's representative shall keep IVH advised of the name, address and telephone number of the person to be notified in a medical emergency. The designated person(s) shall keep the assigned IVH social worker informed whenever they anticipate being away on vacation, moving, etc. Each resident or the resident's representative will provide the name, address and telephone number of an alternate contact.

IVH will notify the designated contact person of any significant changes in the resident's condition or as requested by the designated contact person.

XV. GIFTS

You and/or your friends/family members may not give or receive any cash, gifts, articles, or services to/from any employee of the Iowa Veterans Home or its contractors.

XVI. PERSONAL PROPERTY AND FUNDS OF DECEASED RESIDENT

- A. After proper written notification to the resident's representative, any personal property belonging to the deceased resident left after thirty (30) days shall become the property of IVH to dispose of as the Commandant directs; however, if there is a known representative, the said property shall be shipped to the representative at the expense of the estate or the representative.
- B. Upon the death of a resident with personal funds deposited at IVH, IVH must promptly convey the resident's funds and a final accounting of those funds to the individual administering the estate. When an estate is not opened or in cases

where no executor is appointed, IVH must deliver the funds to the proper heirs or Estate Recovery within one (1) year after date of death. If IVH is not aware of any heirs and the resident has not been a Medicaid recipient, the funds will be submitted to the Great Iowa Treasure Hunt.

XVII. PERSONAL PROPERTY AND FUNDS OF DISCHARGED RESIDENT

Personal property of the discharged resident shall be forwarded to the individual at his/her last known address at the resident’s expense. The discharged resident will take all known personal property with him/her at the time of discharge. When a resident discharges from IVH, his/her funds shall be released and a statement provided no later than the tenth (10th) day of the month following the month of discharge.

XVIII. RESIDENT APPEAL PROCESS

A resident or resident representative who believes that any provisions of Rule 801 Iowa Administrative Code Chapter 10 have not been upheld or have been upheld unfairly may file an appeal as outlined in Rule 801 Iowa Administrative Code §10.46.

XIX. NON-DISCRIMINATION

The Iowa Veterans Home shall be in compliance with Title VI of the Civil Rights Act of 1964 as amended; Section 504 Rehabilitation Act of 1973 as amended; the Age Discrimination Act of 1975; the Age Discrimination in Employment Act of 1967, and the Americans With Disabilities Act of 1991.

AFFIDAVIT: This is to certify that I have read the above-stated contract, and/or the contract was read/explained to me by the Commandant, or designee, of the Iowa Veterans Home, and that I fully understand the said contract and will abide by the provisions as outlined.

Signed: _____
Resident or Resident Representative

Signed: _____
Commandant or Designee

This _____ day of _____, _____ at the Iowa Veterans Home, Marshalltown, Iowa.

(One original to be given to the resident or resident’s representative. The other original to become a part of the resident’s permanent record.)

Services Provided At No Additional Out-Of-Pocket Expense

Per diem charges for Nursing Level of Care and Domiciliary Level of Care support obligation is based on income and assets and is computed in accordance with Iowa Administrative Code §10.14 through §10.23.

1. Each resident is assigned a physician, physician's assistant or nurse practitioner; registered nurse; social worker; recreation therapist and dietitian as the resident's core treatment planning team.
2. The following clinical services are available, as needed, at no additional out-of-pocket expense when provided by Iowa Veterans Home (IVH) staff or IVH contracted professionals: Medical, nursing, dental, social work, psychological, pharmaceutical, podiatry, optometry, audiology, recreational services, physical therapy, speech therapy, occupational therapy, chaplain services, nutritional services, dermatology, respiratory care, pulmonary care consults, psychiatry consults, lab, x-ray and incentive therapy.
3. In all cases the Department of Veterans Affairs benefits will be used by eligible residents. IVH reserves the right to receive reimbursement for items purchased by IVH from any medical reimbursement resources for which the resident is eligible. The following items are provided at no additional out-of-pocket expense if prescribed by IVH practitioners:
 - Wheelchair
 - Walker
 - Immunizations
 - Oxygen
 - Nutritional supplements
 - Prosthetic/Orthotic:
 - Dentures
 - Supportive braces
 - Orthopedic shoes
 - Eyeglasses (one [1] pair per year or as prescription changes)
 - Hearing aids (with one [1] time replacement or as determined by diagnostic testing)
 - Medications (prescription and non-prescription items available in IVH formulary)
 - Batteries for electric mobility devices if issued by the IVH or Department of Veteran Affairs
 - Self-help/assistive devices as determined necessary in the individual's plan of care. These items remain the property of IVH.
 - All repairs and maintenance on IVH prosthetic and orthotic equipment prescribed for the resident's use
 - Batteries for hearing aids/communication devices

- A. Replacement of provided items lost through negligence or willful destruction shall be at the expense of the resident.
 - B. Modifications to private and Department of Veterans Affairs owned wheelchairs, which are fabricated/constructed by IVH staff, remain the property of IVH unless IVH has received reimbursement for the modification.
 - C. Transportation to and from IVH scheduled recreational activities. However, any cost associated with participating in the activity will be at the expense of the resident (i.e. admission fees, meal costs, souvenirs, etc).
- 4. Transportation to and from Department of Veterans Affairs Medical Centers or other medical facilities as determined by the IVH Medical Provider will be provided for appointments and admissions scheduled by IVH. The resident or resident's representative may consult and accept treatment from a private hospital, physician or other healthcare provider of the resident's or resident's representative's choice. All arrangements and/or appointments made privately by the resident or resident's representative will be the financial responsibility of the resident or resident's representative. A non-contracted private practitioner cannot provide services at IVH.
 - 5. The following non-clinical services are available as needed at no additional out-of-pocket expense as provided by IVH staff: Cashier/banking services; financial/bill-paying assistance; and assistance in applying for federal, state and nongovernmental agency entitlements.
 - 6. Room and board and services as deemed necessary to meet the healthcare needs of the resident will be provided. This includes linens and toiletry items.
 - 7. IVH may provide specialized services (i.e., experimental drugs) based on available resources. The expense for related supplies and equipment, however, is the responsibility of the resident, resident's representative or an outside payer (for example, Medicare, Medicaid or the Department of Veterans Affairs). A separate agreement stipulating arrangements must be completed in advance of service provision.

SERVICES FOR WHICH THERE IS ADDITIONAL CHARGE

Service	Method of Payment	Changing of Charges
Barber Shop/Beauty Shop	Charge*	Prices are reviewed and revised periodically, based on changes in cost of items and labor
Canteen – Sandwiches, soft drinks, candy, personal care items, etc.	Cash at time of purchase or coupons from “Canteen Books” purchased in advance	Prices are reviewed and revised periodically, based on changes in cost of items and labor
Prescribed alcohol/soft drinks/other food or sundry items purchased on behalf of the resident at resident’s expense	Charge*	Based on actual cost to IVH
Scheduled activities may include a fee or charge	Cash or charge*	Informed at time requesting service. Notified if cost changes and may withdraw
Photocopies	Cash	Informed at time of service
UPS or postal charges for items IVH mails at the resident’s request	Cash or charge*	Based on actual cost to IVH

Oxygen while out of facility is the responsibility of the resident or legal representative to make private arrangements and pay for oxygen beyond one (1) “E” tank provided by IVH.

Medications: The facility will provide up to a thirty (30) day supply of medications for the resident leaving the facility on furlough and/or at the time of discharge. Beyond the thirty (30) day supply, it is the responsibility of the resident or legal representative to make private arrangements and pay for necessary medications.

If the resident wishes to obtain a different brand or style of items normally provided as part of the per diem cost, the cost of such items is entirely the responsibility of the resident or legal representative.

*Payment for items/services charged is upon receipt of the item or service.



Antibiotics – Preserving them for the future!

We are providing you with important information about the appropriate use of antibiotics and antibiotic resistance. To learn more, visit the Centers for Disease Control and Prevention's "Get Smart" web page: www.cdc.gov/getsmart

What are antibiotics?

Antibiotics are life-saving drugs first used during World War II to treat bacterial infections. Before the discovery of these miracle drugs, many people became very ill or died as a result of bacterial infections that antibiotics now easily treat.

What is antibiotic resistance?

Antibiotic resistance happens when bacteria change in a way that reduces or eliminates the effectiveness of antibiotics. As a result, stronger, more expensive antibiotics are needed to overcome the same bacteria. People who develop antibiotic-resistant infections are more likely to need hospitalization and are at increased risk for death. Using antibiotics inappropriately contributes to the rise in antibiotic-resistant infections.

How do I know if I'm using antibiotics appropriately?

Some people who suffer with symptoms during cough and cold season often seek an antibiotic prescription from their healthcare provider. It is important to know that antibiotics will not help reduce symptoms caused by the common cold or flu. In fact, antibiotics are often unnecessary for ear infections, sore throat, and sinus infections as well.

Should I avoid taking antibiotics prescribed by my healthcare provider?

No. Antibiotics are useful and effective when taken as prescribed by your healthcare provider for a bacterial infection. In fact, be certain to take your antibiotic prescription as prescribed if a healthcare provider determines that your illness is bacterial and requires treatment. Do not skip doses. Also, it is important to take the entire course to ensure that no pesky bacteria linger because this can lead to subsequent antibiotic-resistant infections.

What should I do to stay healthy?

You can take steps to prevent getting bacterial and viral illnesses, including:

- Practice good hand washing frequently
- Cough or sneeze into the crook of your elbow and not your hands. Get recommended vaccines, like the flu shot.

What about viral illnesses, like a cold?

In the event that you do get a viral illness, like a cold, that an antibiotic won't treat, you can do the following:

- Get plenty of rest.
- Stay hydrated by drinking water and other fluids.
- Treat symptoms with home remedies (e.g., hot tea to soothe a sore throat or chicken noodle soup).
- Consider over-the-counter treatments (e.g., saline nasal spray, nasal decongestant, or cough medicine).
- Pain medicine for fever or discomfort.



Antibiotic Stewardship and You!

The Iowa Veterans Home has an antibiotic stewardship program that promotes the appropriate use of antibiotics by only using them when absolutely necessary. Here are some guidelines for residents and family members to help understand the program:

Improving antibiotic use starts with you! Using antibiotics wisely is the best way to ensure they work for future bacterial illnesses and prevent unnecessary side effects. (Hint: It starts with preventing infection in first place)

Keep up with vaccinations. Vaccinations help prevent infections that may require antibiotics and helps prevent diseases from spreading.

Handwashing. Washing your hands is one of the best ways to keep yourself and your family healthy by preventing the spread of germs that cause infections.

Ask about symptom relief. Never pressure your healthcare professional for antibiotics, instead ask for the best treatment for your illness. Talk to your healthcare professional or pharmacist about how to relieve symptoms so that you can feel better.

Only take antibiotics for infections caused by bacteria. Illnesses caused by viruses, like the common cold and flu, do not improve with antibiotics. Using antibiotics when they are not needed can cause harmful side effects and make antibiotics less powerful against certain bacteria.

Asking if watchful waiting is right for you. Even some bacterial infections, like mild sinus and ear infections, can get better without antibiotics. For some illnesses, your healthcare professional may recommend watchful waiting, meaning waiting a few days to see if you get better before deciding to prescribe antibiotics.

Ask about side effects. Talk to your healthcare professional or pharmacist about potential side effects of antibiotics.

Take antibiotics exactly as prescribed. Even if you feel better, do not skip doses or stop taking an antibiotic early without approval from your healthcare professional.

Throw left over antibiotics away. Never save antibiotics for future illnesses, take antibiotics prescribed for others, or share antibiotics with others. Talk to your pharmacist about how to dispose of leftover antibiotics.

Visit [cdc.gov/getsmart](https://www.cdc.gov/getsmart) to learn more about using antibiotics wisely.

Per the Centers for Disease Control and Prevention

RESIDENT RIGHTS AND RESPONSIBILITIES

Policy No. 082

PURPOSE:

To outline policy and procedures governing resident rights and responsibilities at the Iowa Veterans Home (IVH).

POLICY:

1. The Iowa Veterans Home affirms that admission to IVH does not deprive a resident of any of his/her civil or legal rights. IVH also affirms that a resident has the right to a dignified existence, self-determination and communication with and access to persons and services inside and outside the facility. IVH encourages and supports residents in exercising their rights. These rights are listed in the [Resident Rights, Responsibilities, and Rule document \(Form 475-0170\)](#).
2. IVH expects each resident to accept, commensurate with individual capabilities, certain responsibilities and will follow the rules for being a resident of IVH. These responsibilities and rules are found in the [Resident Rights, Responsibilities, and Requirements document \(Form 475-0170\)](#), and are regulatorily described in 801 Iowa Code Chapter 10.
3. IVH affirms the resident's right to register complaints, make suggestions, and seek resolutions to problems from anyone inside or outside the agency. IVH has established procedures that residents are encouraged to use, IVH resident complaint and/or recommendation procedures are listed in the Resident Complaint Procedure ([Form 475-1861](#)) which is available on each unit, in the Resident Council Office, and from the unit RCC team members.
4. Resident and/or resident's representative will be made aware of their rights, responsibilities, IVH Rules, and the IVH complaint procedure before or at the time of admission, in a manner that is understandable to them. Whenever any resident right is changed, added, or deleted, all residents or their responsible parties will be informed, with acknowledgement in writing. If the responsible party does not respond, IVH's attempt to inform will be documented.
5. IVH recognizes its responsibility to protect and promote the rights of each resident, as well as to educate staff on residents' rights, responsibilities, and the internal complaint process. This education is important in maintaining quality care and treatment provided to IVH residents.
6. IVH recognizes its responsibility to provide adequate supervision and to ensure against hazards from self, others, or elements in the environment.

PROCEDURES:

1. IVH will inform the resident/resident's representative, will be presented personally in a manner understandable to them: 1.) residents' rights, 2.) resident responsibilities and rules for all residents of IVH, 3.) that residents of IVH must abide by all laws, 4.) the resident's right to grieve, complain, or make suggestions for improvement and appropriate avenues to voice such complaints, grievances, or suggestions, 5.) their right to make an advanced directive. These notifications will be made by their admitting social worker prior to or upon admission, during the resident's stay, and as needed.
2. Resident Rights, Responsibilities, and Rules are to be acknowledged in writing using ([Form 475-0170](#)) which is to be signed by the resident or their representative acknowledging receipt of information and that they have been given the opportunity to ask questions. Resident rights, responsibilities, IVH Rules, complaint procedures, and "Avenues for Resident Complaints" will be posted on each unit and reviewed annually at each resident's IRCC meeting.
3. When residents are admitted who do not speak/read English, these procedures will be followed:
 - A. Deaf: Contact IVH Purchasing for current contract.
 - B. Blind: Notice of Change/Resident Rights will be read to resident by the social worker if the resident understands English. Documentation that this has been done will be entered in the resident's record.
 - C. Non-English Languages: Contact IVH Purchasing for current contract.
5. Education on resident rights and responsibilities will be provided to staff upon employment and annually thereafter.

Approved: 2/22/83
Reviewed/Revised: 11/22/19 – Administrative Policy Committee
Effective: 12/22/19



Timon M. Oujiri, Commandant

IVH RULES AND ADMINISTRATIVE ACTIONS

RULES:

1. Use of intoxicants or alcoholic beverages on the premises of IVH is prohibited unless prescribed by a medical care provider.
2. Bringing alcoholic beverages or illicit substances on the premises of IVH is prohibited.
3. Firearms or weapons of any nature are prohibited. If you have firearms or weapons, they must be turned in and secured for safekeeping. If personal possessions belonging to residents constitute hazards to themselves or others, they shall be removed and stored.
4. Smoking in individual resident rooms is prohibited. Residents who smoke will do so only within designated smoking areas so as not to endanger themselves or others.
5. The Resident Finance Office will be informed of changes in assets/income, and support will be paid by the tenth of each month.
6. Residents will comply with legal requests.
7. Unacceptable behavior (e.g., fighting, assault) on the part of an individual, between residents, or between residents and staff is prohibited.
8. Residents shall not be in violation of State and Federal Statutes.
9. Residents need to be sensitive regarding the materials they display and the fact that the materials may be offensive to others. If a problem is reported, it will be evaluated. If deemed necessary, action will be taken. That could include, but not be limited to, moving the material so it is only visible to the resident, removal of the item, etc.

ADMINISTRATIVE ACTION can include the following:

1. Counseling with appropriate staff.
2. Control of funds.
3. Discharge. If the administrative action described in 1 and 2 above is unsuccessful, the resident may be issued a 30-day notice of discharge. Discharge will only be pursued after all other efforts, both clinically and administratively, to address the resident's problems have failed.
NOTE: County Commission of Veteran Affairs will be notified in case of discharge.

AUTHORIZATION FOR PHOTOGRAPHS,
VIDEOTAPE, INTERVIEWS AND PRESS RELEASES
OF IDENTIFIABLE RESIDENTS

PURPOSE:

To define policy and procedures regarding the use of resident identifiable photographs, videotapes, digital images and/or taped/live interviews (hereafter referred to as images/imaging) by Iowa Veterans Home (IVH) employees or commercial/private media sources. To provide procedures for compliance with Section 160.103 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which includes resident photography as “any information whether oral or recorded in any form or medium that (1) Is created or received by a healthcare provider, (2) Relates to past, present or future physical or mental health or condition of an individual or provision of healthcare to an individual...”

*This policy does not pertain to the digital imaging required upon admission and periodically updated for the purposes of accurate identification of residents while residing at IVH. IVH will retain the ownership rights to all images taken for care and treatment purposes and will properly provide protection to the images upon the resident’s death or discharge.

POLICY:

The privacy and dignity of the resident is the primary consideration when obtaining patient identifiable images for use in medical documentation and public information releases. Authorization must be obtained from the resident or his/her legal representative by the employee involved with the images/imaging/use of the resident’s likeness **prior** to taking the images or conducting the interview or for any public use of existing patient identifiable images. Distribution is to be made only to those individuals/agencies authorized by the resident (or legal representative) in writing to receive them. Every attempt will be made to seek authorization for use of images involving identifiable residents. Employees shall not take, use or disclose resident information for personal use regardless of if they have gained consent. However, if the employee is a family member of the resident prior to their admission into IVH, and such relationship is documented and content is located in the resident’s release of information documentation, photos, video and audio for normal family activities may be taken when the employee is not working.

PROCEDURES:

1. The request to use a resident’s likeness, including photos, video or audio of a resident, shall be explained and discussed with the resident or legal representative to ensure that authorization and written consent are given with the understanding of the purpose of the use and how the resident’s likeness will be used.
2. A staff member may not use a resident’s likeness without the written consent of the resident or legal representative.

3. Even if written consent is obtained relinquishing the resident's privacy rights, staff members must be cognizant that the resident still retains dignity rights which shall not be compromised by any use of photographic images, audio, video or other means of communication.
4. The staff member requesting to use the information is responsible for ensuring that a proper release exists.
5. Upon admission the resident or legal representative will be requested to sign the Authorization for Internal Routine Photos, Videotaping, Name Use and Postings (Form 475-1891). This authorization covers general IVH activity and unit activities, for internal use in the facility, and directly benefits the resident. A request will be made for residents or legal representatives to sign a general release of the resident's likeness to include first and last name, photo, audio or video, and release to the public that the person is a resident of the Iowa Veterans Home. This release is used for materials that IVH posts externally and to the public, such as to social media, newsletters or the IVH website. Documentation shall be on (Form [475-1073](#), choice A).
5. Written consent is needed for interactions with the media or other outside entities (Form [475-1073](#), choice C) will be used.
6. When IVH requests to use information that is more in-depth than the residents name, phot, and knowledge to the general public that they are a resident, (for example, included medical diagnosis, or life-stories) such requests will be made using Form [475-1073](#), choice B).
7. Consent gained on Form 475-1073 shall be witnessed.
8. A new authorization form should be signed for each new series of images, video or audio taken by individuals other than those named on previous authorizations.
9. Photographs taken to document abuse or neglect or to report missing persons DO NOT require authorization from the resident or his/her legal representative.
10. Any photo, video or audio that is released by IVH, with written consent by the resident or designee, will be approved by a division administrator or the commandant.
11. Consent to distribute the material may be revoked by the resident or legal representative at any time by WRITTEN notice. The facility and its employees are released from any legal responsibility or liability for disclosure of this information to the extent indicated and authorized prior to written revocation/revision of the original consent. This notice will be placed in the resident's health record along with the original authorization.
12. Anyone photographing or videotaping residents must assure that proper authorization and verbal consent has been obtained and that the privacy and dignity of residents who have not given authorization is not compromised.
13. The resident or their legal representative is entitled to a copy of their signed release. Authorization is not needed for photographs taken by the resident's family members or friends, although they should be directed regarding the dignity and privacy of other residents around them. Staff members should tell any member of the public that they are violating a right of any resident if that staff member believes the resident's rights are being violated.

Approved: 6/11/91
Reviewed/Revised: 8/5/20 – Administrative Policy Committee
Effective: 8/7/20



Timon M. Oujiri, Commandant

FOOD BROUGHT TO RESIDENTS FROM OUTSIDE SOURCES

Policy No. 120

POLICY/PURPOSE: Food and beverages brought in to the facility are welcome but will be monitored to ensure food safety.

PROCEDURES:

1. The Iowa Veterans Home (IVH) will provide a letter to families in regard to [Outside Food From Visitors](#) in the Admission packet. IVH will follow all food safety guidelines as outlined in this letter.
2. Residents may decline to consume outside food. The nurse will ask the resident or decision-maker if the resident may eat outside food not prepared at IVH when completing the comprehensive assessment. This will be listed under "Food Preferences" in the Nursing Directives.
3. Food and beverages brought into the facility will be inspected before being accepted into storage. Perishable foods will be covered, labeled and dated when properly stored in the unit kitchen refrigerator.
4. For residents on modified diets, foods from the outside must be appropriate for the diet prescribed; use the *Simplified Diet Manual* as a reference (available on each unit).
5. The following items will not be accepted for storage for residents:
 - a. Homemade canned items
 - b. Raw eggs or meats
 - c. Unpasteurized milk
6. Donated food will be coordinated with Volunteer Services to ensure the items donated are stored in such a way to clearly distinguish it from facility food.
7. IVH-sponsored special events, such as cookouts and picnics where food may not be prepared in the IVH kitchen and is served outdoors or in other locations, must be pre-approved by Food and Nutrition Services on a Special Events Form and require the same food safety considerations as outlined in F812.
8. Potluck events organized by families, volunteers or other non-facility staff must be pre-approved by the Food Service Director and Volunteer Coordinator or Recreation Supervisor on a Special Events Form. These events provide enjoyment to our residents and support a person-centered, homelike environment but do pose an increased risk for foodborne illness. IVH is responsible for the following:
 - a. Clearly identifying food that is not prepared by Food and Nutrition Services.
 - b. Developing a protocol for each food event that attempts to identify hazards at specific points during food handling and preparation, and identifying how the hazards can be prevented, reduced or eliminated for the safety of our residents. Each new protocol will be approved initially by the IVH Nursing Home Administrator as to whether we will assume the risk.
 - c. Storing visitor food in such a way to clearly distinguish it from food used by or prepared by the facility.
 - d. Ensuring safe food handling once the food is brought to the facility, including safe reheating, hot/cold holding and handling of leftovers.
 - e. Preventing contamination of nursing home food if nursing home equipment and facilities are used to prepare or reheat visitor food.
 - f. Clearly identifying what food has been brought in by visitors for residents and guests when served.

Approved: 3/7/18
Reviewed/Revised: 3/24/21 – Administrative Policy Committee
Effective: 3/26/21



Timon M. Oujiri, Commandant



IOWA VETERANS HOME

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Kim Reynolds, Governor
Adam Gregg, Lt. Governor
State of Iowa
Timon M. Oujiri, Commandant

RE: Outside Food

Dear Families:

Food and beverages that are brought into the facility are welcomed and encouraged but will be monitored by dietary and nursing staff to ensure safe food handling.

1. Any food or beverage brought into the facility should be checked by a staff member before being accepted into storage.
 - a. All precooked food should be dated when the food was prepared and will be discarded after three (3) days.
 - b. Packaged food items will be dated once opened (e.g. jar of applesauce, juice or yogurt container) and will be discarded within seven (7) days or the "Use By"/"Best By" date on the packaging, whichever comes FIRST.
 - i. PLEASE consider purchasing single-serve packaged items instead of bulk containers to eliminate waste.
 - ii. Condiments can be stored until the expiration date.
2. Foods that do not require refrigeration may be stored in the resident's room until the manufacturer's expiration date if kept in an airtight container/package.
3. IVH staff will follow food safety guidelines for heating foods in the microwave.
4. We do not accept homemade canned items, raw meats/eggs, or unpasteurized milk into storage at the facility.
5. Volunteers enjoy donating/sharing food with the facility. IVH coordinates with Volunteer Services and Nutrition Services for food inspection. Prepared items will be clearly distinguished from facility food. Residents may decline to consume outside food.
6. You are encouraged to utilize the Kopper Kettle and bring in a family meal for your loved one without the constraint of the above-mentioned guidelines.

Thank you for assisting us with the nutritional needs of your loved one!

IVH Administration
475-2131 (New 1/18)

RESIDENT PERSONAL PROPERTY

Policy No. 155

PURPOSE:

To define guidelines to be followed regarding personal property that a resident may bring into the Iowa Veterans Home (IVH) in order to provide a safe, comfortable environment and follow regulations established by state and/or other regulatory bodies.

POLICY:

As noted below, only a limited number of personal property items may be allowed at IVH. The amount of personal property allowed will be based on space availability. Personal property items purchased by residents after admission to this facility must comply with this policy. Residents may be asked to send excess items to family or otherwise dispose of belongings that do not comply with this policy. It is recommended that residents not retain items of great monetary or sentimental value on the unit. IVH is not responsible for loss or damage to resident's personal property unless the property is lost or damage is caused by the negligent or wrongful act or omission of any employee of IVH while acting within the scope of the employee's office or employment.

PROCEDURES:

1. Residents' personal property is not to be loaned, borrowed or donated for another resident's use without a signed consent. That document is to be placed in the resident's chart.
2. When a resident donates or allows the facility to use artwork they have created, [Form 475-2139 – Resident Artwork Release](#), will be completed and signed by a competent resident or legal representative. Once the form is completed, it will be placed in the permanent artwork files in Facilities Management, as per IVH Policy No. 111.
3. In order to repair or replace items damaged by staff, the resident or family must file a tort claim with the State of Iowa. The unit staff must be contacted to complete this process.
4. Listed below are items that may be allowed:
 - a. Electronic Equipment: Electronic equipment may consist of items like computers, televisions (see section 4.a.i below), radios, and VCR and DVD players. The amount of electronic equipment allowed in a room will be subject to the availability and capacity of electrical services to the room, which is determined by IVH Maintenance staff. Headphones are recommended for the convenience of residents to use with electronics to preclude any noise disturbance issues for other residents. All electronic equipment shall be UL approved and inspected by IVH Maintenance staff. Items found to be out of compliance will not be allowed to remain in the facility. Repair cost of personal equipment is the responsibility of the resident.
 - i. Television requirements. The IVH will provide each resident with a wall-mounted, color 32-inch television. Residents who wish to bring a personal television and television stand may do so. A risk assessment will need to be completed for each personal television to assure resident safety and the ability to provide adequate nursing care in the resident room.

Personal televisions shall not exceed 50 inches and must fit safely on a television stand or dresser. Personal televisions will not be secured to or mounted on any walls. IVH shall not be responsible for damage to personal televisions. Recommended viewing distance for all TV sizes is 6 feet.

- b. Personal Clothing: All clothing brought to IVH is to be washed prior to admittance. All clothing brought to IVH or purchased for use by residents that requires laundering should be wash and wear or permanent press. The expense to clean wool or dry clean only clothing is the responsibility of the resident. No clothing is to be sent to the IVH laundry unless it is properly marked. Residents who wish to use personal linens will be responsible for regular laundering of those linens. IVH unit staff will not be expected to launder personal bed linens, but may do so for safety or health reasons.
- c. Furniture: The amount of furniture will be determined by the size of the room with order and safety in mind. IVH furniture may be able to be replaced by like items of personal furnishings. IVH shall require that the resident's personal furniture be kept clean and serviceable or be disposed of. Personal beds and mattresses are not allowed. The social worker and RN are responsible to work with resident and families prior to admission to coordinate their individual choices with the available space in keeping with the conditions of this policy.
- d. Small refrigerators in rooms may be allowed using the following criteria:
 - i. Table model with maximum size of 5 cubic feet.
 - ii. Refrigerators must be UL approved.
 - iii. Resident is responsible for cleanliness and maintenance of the refrigerator. The condition of the refrigerator and contents is checked with safety audits and room inspections. Any problems will be reported to the Resident Care Conference (RCC) team. If problems occur, the resident will be required to remove the refrigerator. The resident is responsible for all costs of upkeep and repairs to the refrigerator.
- 5. The following items **will not be allowed**:
 - a. Drop cords/extension cords, multiple outlet adapters and non-metal power-strip bars.
 - b. Carpeting, runners and throw rugs.
 - c. Electric blankets.
 - d. Personal appliances with heating elements are not allowed in resident rooms, including electric heaters, heating pads, clothing irons, coffee pots, toasters, microwaves and cooking appliances.
 - e. Recliners/chairs with built-in heating elements will have heating elements disconnected.
 - f. Aquariums larger than one gallon in size. The resident or his/her family are responsible for maintenance.
 - g. Humidifiers/dehumidifiers.
 - h. Candles/incense.
 - i. Halogen lights and lamps.
 - j. Individually owned draperies.
 - k. Items hung from the grid work of suspended ceilings.
 - l. Items placed on doors, walls or windows with tape, glue, nails or screws.
 - m. Power tools.
 - n. Weapons of any kind. A pocket knife is allowed with less than a 3-inch blade.

- o. Cardboard storage boxes. Persons participating in the Poppy Program may have boxes in rooms on a temporary basis for specific projects.
 - p. Propane tanks of any size.
 - q. Lighter fluid or other flammable liquids.
 - r. Toxic paints or chemicals.
 - s. Fireworks.
 - t. Grills or smokers.
 - u. Saws.
6. Excessive Clutter and Hoarding:
- a. RCC team discusses.
 - b. If a clutter/hoarding problem is evident, then a room audit is conducted with RCC team members. (See [Resident Room Excessive Clutter Worksheet](#))
 - c. Once the room audit is concluded, the results are discussed with the resident and/or decision maker and copy of audit provided for education.
 - i. Specific standards, guidelines and expectations reviewed.
 - ii. A date is established as a goal for attaining compliance.
 - iii. Mental Health referral offered (if appropriate).
 - d. RCC team and unit staff work with resident and assist with reduction of clutter and compliance.
 - e. Room audit is then repeated on the specified goal date. If progress is made, the unit team will continue to work with resident toward compliance.
 - f. If repeat room audit determines that the resident remains out of compliance, then a referral is made to a cleaning team consisting of representatives from Safety, Infection Control, Domestic Services, Compliance, Nursing Administration, Social Work, and any other discipline that may be needed.
 - g. Once room cleaning has occurred, then additional room audits and room maintenance will be repeated by the RCC team as needed.
 - h. If audit is repeated and continues to be out of compliance, the RCC team will contact Administration for further follow up.
7. The following will be provided by IVH:
- a. Basement Storage: Each resident in the nursing buildings will be provided a storage space for personal use with shelving measuring approximately 36" x 24" x 27". Each resident in Heinz Hall will be provided a storage space for personal use, with shelving measuring approximately 3' x 3' x 5'. **Personal items shall be stored in plastic containers or totes. Cardboard boxes are not acceptable to use as storage containers. Laundry staff will maintain and monitor storage, not allowing excess amounts to be stored in extra bins.**

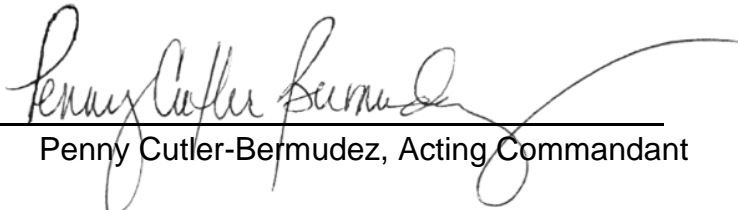
Note: The resident or his/her next-of-kin will dispose of personal property that will not fit into the assigned storage shelf. Property not disposed of within thirty days of written

notification shall be disposed of by IVH by shipping said excess property to the next-of-kin listed in the resident's file at the expense of the resident. If there is no next-of-kin, any property not disposed of after thirty days will become the property of IVH to dispose of as the Commandant or designee directs. All items in personal property storage will be inventoried unless in a locked container. Any locked container must have an inventory sheet attached. If cost is incurred for disposal of personal property, it will be at the resident's expense.

The following items will not be stored:

- i. Furniture items.
 - ii. Mechanical and electronic equipment that will not fit inside plastic totes.
 - iii. Cardboard boxes.
- b. A clothing iron and ironing board are available on each unit for use.
 - c. Aqua K pads are available with a doctor's order.
8. Electrical Appliances:
- a. All electrical appliances will be checked for safety of operation and be UL approved. Electrical appliances will be checked upon arrival at IVH. Upon transfer or purchase of new equipment, the nursing unit coordinator (NUC)/designee will initiate safety checks and an inspection tag will be placed on all resident electrical appliances upon initial inspection.
 - b. The NUC will be notified of any item found to be unsafe so the item can be removed. Unsafe items will be immediately removed.
 - c. The NUC will contact the social worker to make arrangements with the resident/responsible party for any items to be repaired, replaced or destroyed. This should be completed within 30 days.
9. Marking Clothing:
- All clothing will be labeled (see Policy 156, Laundering and Labeling of Resident's Clothing) unless the resident chooses to launder his/her own clothes.
10. Items on loan from the Department of Veterans Affairs or IVH will be clearly marked as VA loaner or IVH loaner by the staff person responsible for dispensing the item to the resident.
11. Donation of personal property items shall be documented on form 475-0054 Part A, Personal Property to be Marked, and 475-0054 Part B, Resident Personal Property, and copies routed as specified on the form. Special purchase of an item for donation should be discouraged. IVH reserves the right to decline donations of personal property.
12. Discarded items must be accounted for by two staff and documented in the resident's record. The resident's signature must be obtained on the completed form prior to disposal of property.

Approved: 10/18/77
Reviewed/Revised: 6/10/21 – Administrative Policy Committee
Effective: 6/10/21



Penny Cutler-Bermudez, Acting Commandant

LAUNDERING AND LABELING OF RESIDENT CLOTHING

Policy No. 156

PURPOSE:

To define policy and procedures for labeling and laundering of resident clothing to prevent loss or misplacement.

POLICY:

Upon admission to the Iowa Veterans Home (IVH), all resident clothing will be properly labeled by the facility so as to identify each article of clothing. Those residents who choose not to have their clothing labeled will be required to sign a waiver to release IVH and/or employees of any responsibility for lost or misplaced clothing articles. If clothing is lost or damaged and replacement is desired, a Tort Claim must be filed by the resident or family.

PROCEDURES:

1. The resident and/or legal representative will be requested to complete form [475-0751](#), Labeling Clothing, indicating whether or not they wish to have clothing items labeled.
2. Staff will use form 475-0054 part A, Personal Property To Be Marked, for clothing needing to be marked.
3. Family will be made aware of the policy on laundering of resident clothing. Residents may make arrangements for laundry to be done outside IVH at their own expense. (See also Policy No. 155, for additional information regarding resident clothing.)
4. Labeling name must be resident's legal name; no nicknames.

Approved: 2/22/83
Reviewed/Revised: 4/22/20 - Administrative Policy Committee
Effective: 4/24/20



Timon M. Oujiri, Commandant

RESIDENT PURCHASES OF GOODS
AND PERSONAL ITEMS

Policy No. 167

PURPOSE:

To provide accountability of resident funds used for the purchase of goods and personal items and define procedures for purchase.

POLICY:

Residents will provide their own personal belongings.

When the nursing unit coordinator (NUC) or social worker determines a need, the Iowa Veterans Home (IVH) will provide personal items to the fullest extent possible for those residents without funds for such purposes.

Expenditures of resident funds shall have the prior approval of the resident or resident's legal representative. Those residents under a custodial agreement or representative payee account will have prior approval from the Resident Finance Office before any purchase is made.

PROCEDURES:

Requests for the purchase of goods or personal items from local stores will be handled in the following manner:

Personal Item Purchase Agreement:

1. The NUC or social worker will verify resident is marked off for local stores on release master and check in SQL to see if adequate funds are available for the purchase.
2. The NUC or social worker will request personal item purchases by completing form [475-0820](#).
3. Form 475-0820 will be saved to the N:\IVH Shared Perm\RF_Purchase Requests for approval of funds.
4. Notification will be made to the NUC or social worker if a request has been denied by the Accounting Technician via email to the requestor.
5. The Resident Finance Office will, if necessary, contact the resident or legal representative to update the Financial Agreement, [form 475-0743](#).
6. The Resident Finance Office will retain one copy of the form 475-0820.
7. If indigent and the State is to pay for the requested item, a copy of the form 475-0820 will be sent to the Purchasing Office by the NUC or social worker.
8. IVH will facilitate making the purchases for those residents unable to do their own shopping. The completed and approved form 475-0820 is faxed or secure mailed to the approved local stores. Once the order is filled, the approved store delivers the requested items to IVH. If a resident purchase is unable to be made, notification will be sent to the requestor via email.
9. Grocery store purchases will be delivered to the Quartermaster (QM), who will sort and then deliver the items to each unit. QM will obtain unit staff signatures for proof of delivery on the purchase request form. Original receipt and signed purchase request form will be forwarded to the Resident Finance Office immediately. Once received and verified, payment for the purchases will be issued.

Requests for purchases of goods and other personal items from catalogs will be handled in the following manner:

1. The NUC or social worker will verify resident is marked off for local stores/catalogs on release master and check in SQL to see if adequate funds are available for the purchase.
2. If there are adequate funds, they will proceed to call and place the order and then e-mail the IVH Resident Purchase Requests distribution list that the order was placed. The e-mail should contain the resident's name; which catalog order was placed with and the amount.
3. Once the item(s) and invoice are received on the unit, the NUC or social worker will sign the invoice as received and send the invoice to Resident Finance Office for payment.

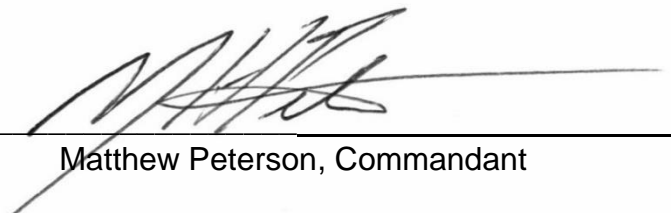
Returns/Exchanges:

All returns and exchanges for local stores for residents that are delivered through QM must be taken back to QM by the NUC or social worker. Each return must note the resident's name and which store the return/exchange is for and whether the item is to be returned or exchanged. When an exchange is requested, be specific about what is to be sent as the replacement. E-mail the IVH Resident Finance Purchase Request distribution list details about the return/exchange.

Online Purchases:

1. The Social Work Supervisor or designee sends an email to the IVH Resident Finance Purchase Request distribution list for verification of funds.
2. The Accounting Technician emails the Social Work Supervisor or designee notification of approval or denial with the reason indicated.
3. When approved, the Social Work Supervisor or designee orders the item using the Pcard and prints the receipt, noting the resident's name. The receipt and a green slip ([475-0131](tel:475-0131)) for the amount of purchase are delivered to the Cashier's Office.
4. Cashier's Office withdraws the funds from the resident's IVH Membership account and sets it aside in the designated special activities account until the Pcard bill comes.
5. Packages are delivered by QM to the Social Work Supervisor or designee who verifies the items received. The Social Work Supervisor or designee then delivers the package to the Unit Social Worker who requested the order on behalf of the resident. The Unit Social Worker ensures delivery of the purchase to the resident.
6. Social Work Supervisor or designee forwards the Pcard statement to the Accounting Technician in the Budget Department for reconciliation.
7. Once reconciled, all documentation is forwarded to the Purchasing Office for payment of credit card bill.

Approved: 8/10/76
Reviewed/Revised: 8/26/21 – Administrative Policy Committee
Effective: 8/27/21



Matthew Peterson, Commandant

DONATED CLOTHING

Policy No. 171

PURPOSE:

To have a small supply of new clothing available to residents in need, as identified by the RCC team.

POLICY:

The Iowa Veterans Home (IVH) will provide for an orderly method of distribution of clothing for resident use through the "Clothes Closet" room located in the basement of the Sheeler building.

PROCEDURES:

1. Make an appointment by paging #326 to go to the Clothes Closet. For after hour access to the Clothes Closet, contact Security staff and they will assist.
2. A social worker or a team member will obtain needed clothing and they will be marked immediately if needed.
3. There is no charge to residents for an item selected from the Clothes Closet.
4. After filling out form 475-0054 Part A, Personal Property To Be Marked, and after the item has been permanently marked with the resident's name, it will be delivered to the resident's living unit by laundry/linen staff.

Approved: 2/1/82

Reviewed/Revised: 4/22/20 – Administrative Policy Committee

Effective: 4/24/20



Timon M. Oujiri, Commandant

RESIDENT PERSONAL FINANCIAL ACCOUNT

Policy No. 182

PURPOSE:

To define policy and procedures regarding residents' bank accounts at the Iowa Veterans Home (IVH).

POLICY:

All residents shall be offered the option to have a bank account record at the Iowa Veterans Home in the Cashier's Office. The IVH Resident Finance Supervisor, or designee, shall have the authority to disburse monies out of an individual resident's account or deposit funds once a written authorization [Resident Financial Accounting Procedures/Agreement \(Form 475-0743\)](#) is on file with the resident's or their representative's signature. The resident or their representative may withdraw such authorization at any time. Resident funds will not be disbursed without written approval and/or vendors' invoices from the responsible party (resident or their representative, i.e., power of attorney, conservator, representative payee, fiduciary, Commandant or Commandant's designee). This program will be discussed with the resident or their representative by staff from the Admissions Office at the time of admission.

PROCEDURES:

1. Upon admission to the Iowa Veterans Home, an account for each resident will be established in the Cashier's Office. The choice of using or not using this account is that of the competent resident or their representative.
2. Married persons at the Iowa Veterans Home will have an account in the name of each individual. Without the expressed written approval of the resident and/or their representative, spouses shall not have access to each other's membership account.
3. Veteran's and their spouse's income is deposited into their respective account. Title XIX residents may be billed jointly based on a predetermined time period per DHS. All other veterans and spouses are billed as single.
4. The cashier will take support payments to be applied to their IVH bill from funds in the residents' accounts each month.
5. Residents may deposit and withdraw money from their own accounts at the Cashier's Office. Each deposit and withdrawal to the resident's account shall be documented by a deposit slip, cash withdrawal slip or check withdrawal slip. The Resident Finance Supervisor or designee shall have the authority to sign the check withdrawal in the resident's name if IVH is the Representative Payee or Fiduciary. The social worker or nurse supervisor shall have the

authority to sign the cash withdrawal. The recreation therapist shall have the authority to withdraw cash by completing the Resident Activity Funds Sheet ([Form 475-1390](#)).

6. Each month, a statement showing the current balance in the account and complete record of transactions will be delivered to the resident or their representative.
7. Residents are encouraged to keep only small amounts of funds in their possession. IVH is not responsible for replacement of funds lost while in the possession of the resident. The facility has a Cashier's Office where funds may be deposited and withdrawn as needed.
8. During non-business hours, residents may make deposits and/or withdrawals (up to \$20 per day) at the switchboard. All residents must present a completed Paid-Out Slip per Policy 134.
9. The Resident Finance Supervisor or designee may authorize direct deposits into the IVH Membership checking account at the bank of entitlements for residents when IVH is representative payee/fiduciary. At the time IVH is appointed representative payee or fiduciary for a resident, the [Resident Financial Account Procedures/Agreement \(Form 475-0743\)](#) will be updated. If the resident has a power of attorney or conservator, that legal representative will be contacted to complete and sign the new agreement. If the resident does not have a power of attorney or conservator, the Resident Finance Supervisor will complete and sign the agreement.
10. Residents determined by IVH medical care providers to have decision-making capabilities to handle their finances and who have no conservator will have complete personal control of their personal funds unless there is a restriction imposed. Residents that have restrictions imposed because of abuse of intoxicating beverages or other drugs and behavioral problems, can have their money controlled by IVH administration and/or a conservator or federally appointed agent. These restrictions will be time-limited and documented in the administrative file and the health record. The reason(s) for the restriction and person informing the resident will also be noted.
11. Residents determined by IVH medical care providers to be incapable of making financial decisions, will be allowed no more than \$25 a week from the Cashier's Office (or a set amount established by the unit Resident Care Conference team) during normal Cashier's Office hours.

Approved: 10/19/82
Reviewed/Revised: 4/21/21 - Administrative Policy Committee
Effective: 4/23/21



Timon M. Oujiri, Commandant

RESIDENT'S SUPPORT BILLING AND
OTHER FINANCIAL MATTERS

Policy No. 184

PURPOSE:

To enable the Resident Finance Office at the Iowa Veterans Home (IVH) to determine the support billing charge payable to the facility by the resident for the level of care provided. To define procedures for handling of resident checks, including deposits and withdrawals of funds.

POLICY:

The Iowa Veterans Home will follow the Iowa Administrative Rules, Section 801, Iowa Commission of Veterans Affairs, Chapter 10, to determine resident financial policies. A monthly support bill shall be sent to the resident or their representative charging the resident for care for the previous month with any necessary adjustment for prior months. The monthly resident support charge shall be the billable days multiplied by the appropriate per diem. This amount shall be reduced by any offsets. The resident or their representative shall pay an amount not to exceed the amount calculated based on the resources available for the cost of care as set out in the Iowa Administrative Rules, Chapter 801-10.14 (35D) which states, "A member shall be required to pay support charges from the member's liquid assets, long-term care insurance benefits, or from the member's income". If a resident is certified as eligible and participating in the Title XIX program, the Department of Human Services Income Maintenance Worker shall determine the client participation for the Title XIX per diem billing. If the resident is on Title XIX and the resident is out of the facility, IVH will continue to bill the resident for the IVH support charge at his/her current rate and IVH will bill Title XIX for the difference. Title XIX will only reimburse IVH 42% for hospital days, up to 10 days per month or any therapeutic visitation days.

Billable days for residents not participating in the Title XIX program shall be counted as follows:

1. All days in the month for which the member received care (in-house).
2. All leave days in excess of twelve (12) days up through the fifty-ninth (59th) day shall be billed at the resident's regular per diem rate based on their income and assets. Any leave in excess of fifty-nine (59) days shall be billed at the IVH full support per diem, regardless of resources.
3. The first ten (10) consecutive days of each hospitalization. After ten (10) days, IVH assumes the authority to discharge the resident, but reserves the right to negotiate an extension to the bed hold, if warranted, in the best interest of the resident and the facility, at the discretion of the Commandant or designee. The charge for domiciliary level of care will be calculated in a manner similar to the nursing level of care. A hospital stay may occur more than once in a calendar year. The resident or their representative shall pay an amount not to exceed this amount based on resources (assets/incomes) available to pay for this cost for billable days.

The resident or their representative shall be post-billed for such services with payment due ten (10) days following receipt of the monthly bill and/or receipt of the last income.

The Resident Finance Office will be kept informed by the resident or their representative on a timely basis regarding the existence of or changes in the resident's income and assets, spouse's income (for

those on Title XIX) and the conversion of non-liquid assets to liquid assets and change in marital status.

All residents or their representatives shall assist with applying for any and all benefits from both governmental and non-governmental agencies or firms to which the resident is entitled. Failure to do so and/or failure to report assets and/or incomes accurately or refusal to accept the available billing programs offered at IVH, shall cause that resident to be charged up to the current full per diem rate for their level of care as if these responsibilities have been followed. If payment is not received by IVH within thirty (30) days following due date, a notice of discharge may be issued.

Due to the post-billing procedures, those residents receiving Aid and Attendance benefits from the Department of Veterans Affairs (DVA) who move from nursing level of care to the domiciliary level of care will have a back bill owed for one month once the Aid and Attendance is discontinued. Most domiciliary residents are not eligible for Aid and Attendance benefits, thereby causing a decrease in their billable incomes. All efforts will be made by the appropriate Resident Finance staff to work with the resident to make payments toward the back bill in these situations.

Handling of pension money and other funds and mail will be in accordance with rules 801, Iowa Administrative Code 10.35 and 10.51.

PROCEDURES:

1. Checks received at the Iowa Veterans Home for residents from governmental and non-governmental agencies or companies will be secured in the Cashier's Office and deposited and/or held for signature according to selection made on the Financial Agreement ([475-0743](#)) by the resident or their representative.
2. Residents that have incomes sent and/or kept in an outside facility (bank, savings and loan, credit union, etc) shall:
 - A. Provide the Resident Finance Office with a full banking statement on a monthly basis showing activity within the account, unless paying the full per diem rate for support.
 - B. Provide documentation to the Resident Finance Office of changes in income and/or assets.
3. IVH shall maintain a written record of each resident's IVH membership account. A monthly statement will be sent to the resident or their representative.
4. Residents may have access to funds in excess of their monthly support charge provided they are not under any imposed monetary restriction by IVH Administration or their legal financial representative.
5. Residents may deposit surplus money in an account in the name of the resident. Those residents under a monetary restriction shall deposit excess funds in an account in the name of the resident.
6. Generally, there will be no cash advances to residents. Rare exceptions may only be approved in extenuating circumstances as determined by the Operations Division Administrator or Finance Bureau Chief.

Collection of Past Due Bills:

If a resident incurs a past-due balance for their cost of care for any reason, the following steps will be taken:

A. Current Residents:

- 1) The resident or their representative will meet with the appropriate Resident Finance staff to discuss a payment plan and will sign a promissory note.
- 2) Generally, a minimum of \$30 per month will be the required monthly payment if the resident has a \$140 personal spending allowance.
- 3) The minimum payment amount for those residents without a \$140 personal spending allowance will be determined by the Resident Finance Supervisor or Finance Bureau Chief.
- 4) Failure to meet the obligations of the promissory note may result in a notice of administrative discharge being issued to the resident.

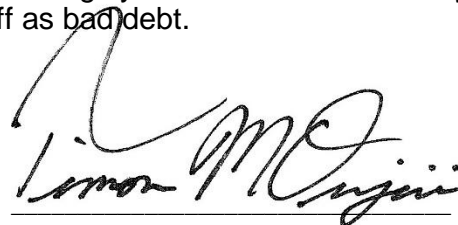
B. Discharged Residents:

- 1) Residents planning to discharge will meet with the appropriate Resident Finance staff prior to their discharge date. The resident or their representative will sign a promissory note for the balance due that will not exceed 12 (twelve) months.
- 2) A notation will be made on the resident card of the discharged resident regarding the outstanding bill. Readmission will be denied until payment in full is received unless exception is granted by the Commandant for extenuating circumstances.
- 3) A notification letter will be sent regarding the failure to meet the requirements established in the promissory note and may result in IVH filing a claim with Small Claims Court or taking other legal options to collect the amount due.
- 4) If the discharged resident has a conservator, representative payee or fiduciary who fails to pay the amount owed to IVH, the courts, Department of Veterans Affairs and/or Social Security will be notified by IVH that this financial obligation has not been met.
- 5) IVH will access the State's income-offset program for any outstanding bill.

C. Deceased Residents:

- 1) A notification of an outstanding balance letter will be sent to the executor, conservator, resident representative or next-of-kin (if known and involved in the finances) after the death of an IVH resident.
- 2) The Resident Finance Office staff will submit a claim for any balance owed to IVH when an estate is probated.
- 3) The Resident Finance Office will maintain a tracking system to ensure accuracy of past-due resident accounts and any amounts written off as bad debt.

Approved: 7/7/87
Reviewed/Revised: 4/21/21 – Administrative Policy Committee
Effective: 4/23/21



Timon M. Oujiri, Commandant

SUPPORT CHARGE FORMULA FOR RESIDENTS
IN THE INCENTIVE THERAPY PROGRAM AND OTHER
COMMUNITY NONPROFIT REHABILITATIVE PROGRAMS

Policy No. 185

PURPOSE:

To define policy on the contributions of residents to their cost of care, including income earned as a result of wages received through the Incentive Therapy Program at the Iowa Veterans Home (IVH) or other community nonprofit rehabilitative programs.

POLICY:

Through therapeutic programming the Iowa Veterans Home provides work opportunities for residents who participate in the Incentive Therapy Program ([Policy No. 229](#)). Residents are given tasks commensurate with their psychosocial and physical level of functioning. Residents are compensated for their involvement in the program at the State's minimum wage.

PROCEDURES:

1. The first \$150 received in a month for participation in the Incentive Therapy Program by a resident residing in the domiciliary level of care will be exempt from computation of resident support.
2. The first \$75 received in a month for participation in the Incentive Therapy Program by a resident residing in the nursing level of care will be exempt from computation of resident support.
3. Any amount earned in Incentive Therapy Program wages that exceeds the maximum (\$150 for domiciliary residents and \$75 for nursing residents) shall be billed upon as income and utilized for payment toward the resident's care. The combined contribution toward a resident's support charge (Incentive Therapy Income and other incomes/assets) shall not be greater than the full per diem rate at the level of care at which he/she resides.
4. If a resident participating in the Incentive Therapy Program permanently transfers to a different level of care during the month, the exempt amount of wages may be prorated for that month by calculating the number of days residing at each level of care.

Approved: 11/16/82
Reviewed/Revised: 4/21/21 – Administrative Policy
Committee Effective: 4/23/21



Timon M. Oujiri, Commandant

RESIDENT FINANCIAL AFFAIRS AND MAIL

Policy No. 188

PURPOSE:

To define policy and procedures that ensure the proper handling of resident financial affairs and mail coming to the Iowa Veterans Home (IVH). To ensure the resident's right to manage their own financial affairs and handle their mail. To ensure resident liberty interest in managing their mail and financial affairs in a way that suits their needs and abilities.

POLICY:

The Iowa Veterans Home believes in the dignity of every competent resident or, if lacking decision making capacity, their legal representative, to make choices that best suit their individual needs regarding how to handle mail and financial affairs. This policy outlines procedures that IVH follows for each resident depending on their individual choice and needs to ensure the resident's rights under state and federal laws and regulations.

PROCEDURES:

Financial Affairs:

Resident financial affairs are handled so as to respect residents' rights and dignity while meeting the IVH need for complete and timely information regarding support charges.

A. On the day of admission, the Admissions Office shall discuss with the resident, and/or their legal representative, information regarding his/her personal choices in handling financial affairs and will assist in making a determination as to which of the available financial accounting agreements is most suitable according to the individual's needs, choices and circumstances. Available agreements include:

1. Complete control by resident of all his/her financial affairs with the corresponding obligation to furnish all data necessary to properly calculate support billing. Unless on full support, this includes a copy of all bank or other financial institution statements of accounts within seven (7) days of receipt of such statements. All residents must furnish copies of award letters from governmental or non-governmental agencies to ensure that resident is receiving the maximum allowable benefits from all sources. This agreement is signed by the resident or their legal representative, is witnessed, and can be revised or revoked at any time upon notification to the Resident Finance Office ([form 475-0743](#)). A copy of the signed agreement will be given to the resident or their legal representative.

2. An individualized assistance agreement is arrived at mutually between the Admissions Office and the resident or their legal representative. This agreement will outline what the resident is requesting assistance with in his/her financial affairs, and will also ensure that IVH receives required data for support billing and benefit maintenance purposes. This can include giving complete assistance to a resident upon his/her request and agreement. This agreement is signed by the resident or their legal representative and witnessed and can be revised or revoked at any time upon notification to the Resident Finance Office. A copy of the signed agreement will be given to the resident or their legal representative.

a. If a resident undergoes a change of Decision Making Capacity (DMC), the IVH Resident Finance Office will open and handle the mail of the resident until the resident's legal

representative can be reached and the mail agreement can be modified to suit the resident's changed needs. This is to allow continuity of IVH business and care of the resident.

b. All governmental and non-governmental award letters or copies thereof shall be kept in the Resident Finance Office for processing, filing and determination of resident support charges as applicable. Likewise, Medicare and Medicaid correspondence will be forwarded to the IVH Resident Finance Office, Purchasing Office or IVH Pharmacy for processing and filing, where the original records will be kept.

Mail:

IVH recognizes the liberty and privacy interest of residents being able to send and receive mail through the United States Postal Service and other carrier services.

A. On the day of admission, the Admissions Office shall discuss with the resident and/or their legal representative the resident's functioning level and ability to handle mail and preferences for how IVH processes resident's mail. The resident or legal representative's mail handling choices will be recorded on form [475-0671](#).

B. IVH categorizes mail into three categories, personal, business and standard mail.

Personal Mail: Includes first class, priority and priority express mail not from a business; subscriptions; church mail; packages and mail from veteran's organizations.

Business Mail: Includes first class, priority and priority express mail from a business or entity (government or otherwise).

Standard Mail: Encompassing USPS Marketing Mail, includes pre-sort standard, standard and non-profit.

1. Personal Mail: is delivered directly to the resident. Residents of IVH shall receive their mail on the unit on the same day the US Post Office delivers mail. Residents who require additional assistance with mail can contact the unit social worker to arrange additional services (help opening, reading, etc) relating to mail.

Exceptions to personal mail:

a. Mailed Prescriptions: All mail from a Veterans Affairs pharmacy will be sent to the pharmacy for opening, processing and/or returning. For all other packages that indicate that medication or prescriptions might be the contents, mail staff will notify the addressed resident's unit or pharmacy staff to pick up the package. The package will be opened in the presence of the resident by pharmacy staff or a licensed person on the unit, such as an RN or LPN. If the content of the package is medication or some other prohibited substance, the contents will be withheld from the resident and secured.

b. Certified Mail: Certified mail or express mail for residents will be accepted and signed for by an IVH employee at the time of mail delivery. Certified mail or express mail will be sent directly to the resident or the Resident Finance Office with the signature confirmation form ([form 475-1854](#)), providing proof of delivery to the resident.

2. Business Mail: IVH recognizes two acceptable business mail arrangements.
 - a. Sending all business mail directly to the resident/legal representative, this includes bank or other financial institution statements of accounts, award letters from governmental or non-governmental agencies, and awards from any other source to ensure that the resident is receiving the maximum allowable benefits from all sources. Under this option the resident or legal representative agrees to bring all necessary documents to the Resident Finance Office within 7 days of receipt of the documents so that copies can be made (Mail Direct); or
 - b. Sending business mail to the Resident Finance Office to open and process; the Resident Finance Office retains original documents in the residents file. The resident or legal representative can request a copy of the documents they desire for up to 12 months. The Resident Finance Office may purge the file after 12 months.

Exceptions to business mail procedures:

Even if the resident has selected the “Mail Direct” option, IVH retains the following rights from residents regarding their mail processed through IVH:

- a. Checks: Government checks (County, State or Federal), private pension checks and other recognizable checks will be delivered by mailroom staff to the Cashier's Office for security reasons.
- b. Certified Mail: Certified mail or express mail for residents will be accepted and signed for by an IVH employee at the time of mail delivery. Certified mail or express mail will be sent directly to the resident or the Resident Finance Office with the signature confirmation form ([form 475-1854](#)), providing proof of delivery to the resident.
- c. Change in DMC: If a resident undergoes a change of DMC, the Resident Finance Office will open and handle the mail of the resident until the resident's legal representative can be reached and the mail agreement can be modified to suit the resident's changed needs. This is to allow continuity of IVH business and care of the resident.
- d. Discharge: Upon a resident's discharge, whether for death or otherwise, IVH retains the right to open and handle all resident business mail to properly finalize the resident's financial obligations to IVH and other entities with which IVH assisted the resident. A copy of the financial transaction(s), along with an explanation, will be forwarded to the resident or legal representative if the former resident is still living or to the resident's estate if deceased.
- e. Medicare Part D and other prescription drug plans: All mail regarding Medicare Part D and other prescription drug plans including Champ VA and Tricare will be opened and handled by IVH Pharmacy, as IVH is responsible for enrolling the resident and making any and all changes to Medicare Part D.
- f. Medicaid: All mail regarding Medicaid will be opened and handled by the Resident Finance Office, as IVH is responsible for enrolling the resident and making any and all changes to the resident's Medicaid enrollment status.
- g. Medical Bills: Unless the resident or legal representative handles their own insurance related affairs, including paying all medical bills and associated costs, all communication from Medicare, Medicaid and any other healthcare insurers, will be opened and handled by the Resident Finance Office, Purchasing Office or Pharmacy. This includes explanation of benefit statements, enrollment obligations, notifications and checks for payment of services. Resident is granting IVH permission to handle their insurance related affairs, including opening their insurance related mail.

3. Standard Mail: Is dispersed in accordance with the resident's wishes under three preset arrangements.
 - a. Sending all standard mail directly to the resident;
 - b. Disposing of all standard mail on behalf of the resident; or
 - c. Sending all standard mail to the unit social worker so that the resident can go through the mail with the social worker's assistance. (If this option is chosen, it is agreed that mail will not be gone through with the resident on a daily basis by the social worker, but on a regular basis, at least once per week)

Exception to the Standard Mail Agreement

- a. All mail delivered by the mailroom staff directly to the Resident Finance Office will be processed the same day (except weekends and/or holidays), according to the resident's choice.
 - b. Residents on non-hospital leaves or extended medical leaves may have their mail delivered to the Resident Finance Office for forwarding if arrangements have been made by the resident; otherwise, mail will be held on the unit until their return.
 - c. If a resident undergoes a change of DMC, the Resident Finance Office will open and handle the mail of the resident until the resident's legal representative can be reached and the mail agreement can be modified to suit the resident's changed needs. This is to allow continuity of IVH business and care of the resident.
 - d. All governmental and non-governmental award letters or copies thereof shall be kept in the Resident Finance Office for processing, filing and determination of resident support charges when applicable.
 - e. Medicare and Medicaid correspondence will be forwarded to the Resident Finance Office, Purchasing Office or Pharmacy for processing and filing, where the original records will be kept.
 - f. Discharge: Upon a resident's discharge, whether for death or otherwise, IVH retains the right to open and handle all resident business mail to properly finalize the resident's financial obligations to IVH and other entities with which IVH assisted the resident. A copy of the financial transaction(s), along with an explanation, will be forwarded to the resident or legal representative if the former resident is still living or to the resident's estate if deceased.
- C. Discharge Related Mail and Personal Effects Forwarding:
1. Social work staff will provide a change of address packet to all residents during discharge planning and assist them in filling it out, if desired.
 2. All first class mail received at IVH for discharged/deceased residents shall be forwarded to the resident/resident legal representative for twelve months, with the exception of Social Security, Veterans Affairs and/or pension checks which are returned to the sender. All periodicals (magazines and newspapers) and any standard, non-profit or bulk mail with an address correction endorsement shall be forwarded for sixty days from the date of discharge/death. These forwarding guidelines are comparable to the written US Postal Service guidelines.
 3. The Resident Finance Office, Purchasing Office and IVH Pharmacy retain the right to open and handle all resident business mail after discharge to properly finalize the resident's financial obligations to IVH. A copy of the financial transaction(s), along with an explanation, will be forwarded to the resident, resident's legal representative or, if deceased, the resident's estate.

4. Residents' Valuables Upon Discharge:
- a. After proper written notification to the resident or resident's legal representative, valuables left after thirty (30) days shall become the property of IVH to dispose of as the Commandant or designee directs.
 - b. Valuables of a discharged resident may be picked up by the resident or resident's legal representative or be shipped to the resident or resident's legal representative at the expense of the resident, resident's legal representative, or the estate.
 - c. Valuables kept in the IVH vault which are to be shipped from IVH will be properly accounted for through the cooperative efforts of the assigned social worker, Resident Finance Office, Cashiers Office and Quartermaster.
 - (1) Resident's valuables kept in the IVH vault shall be picked up at the Resident Finance Office by the assigned social worker.
 - (2) A receipt shall be signed by the social worker, which will be kept in the administrative file. A copy is also retained the Resident Finance Office receipt book.
 - (3) The social worker will take the items to Quartermaster to be packed and shipped.
 - (4) Valuables will be insured according to the value of the items, if known, or an estimated amount if the value is unknown.
 - (5) Quartermaster staff will document where items are shipped and maintain the tracking label until the items are received.
 - (6) Valuables of discharged residents shall be shipped at the expense of the resident, resident's legal representative or the resident's estate.

Approved: 5/15/84
Reviewed/Revised: 4/21/21 – Administrative Policy Committee
Effective: 4/23/21



Timon M. Oujiri, Commandant

LEAVES, VISITATIONS and PASSES

Policy No. 189

PURPOSE:

To issue policy and procedures concerning leaves/visitations for all residents and passes for domiciliary residents.

POLICY:

The Iowa Veterans Home (IVH) may issue leave for time away from the facility to residents with the knowledge and approval of administration and the unit resident care (RCC) team. If absence is determined to be against medical advice, the medical care provider will document accordingly (Discharge Against Medical Advice, [Form 475-0940](#)).

IVH may issue visitations, up to eighteen (18) days per calendar year, for time away from the facility to residents enrolled in the Title XIX program with the knowledge and approval of Administration and the RCC team. The resident's medical provider may approve additional days under certain circumstances if deemed rehabilitative for the resident.

While in a declared pandemic, leave and visitation requests must be submitted to the Infection Control Team for review to ensure there is a safe plan in place and to discuss whether the resident will have to go into quarantine upon their return to IVH.

PROCEDURES:

- I. For residents not enrolled in the Title XIX program, the following procedures apply:
 - A. Leaves:
 1. Requests to leave by residents residing on nursing unit will be made directly to the Social Worker or Primary Nurse (PN). Requests for leave by residents in Heinz Hall will be made directly to Heinz Hall staff. Requests for leave should be made at least three (3) days prior to leave, if possible.
 2. For nursing residents, the request and plan will be submitted to IVH Infection Control for review and approval.
 3. The nursing unit Social Worker, PN, or Heinz Hall office staff, will complete the information on the [Application for Leave/Visitation \(Form 475-0026\)](#). For nursing units, the Social Worker or PN will notify the unit nurse of the resident's plans.
 4. The Application for Leave/Visitation will be completed and approved electronically. The request will be e-mailed to the IVH Leave/Visitation Distribution List. The Resident Finance Office will complete the number of leave days used to date and then e-mail a copy of the form to the sender and the Switchboard. For nursing residents, one copy will be printed and retained in the resident's unit chart. For Heinz Hall, one copy will be printed and retained in the Heinz Hall office. A copy will be given to the resident.
 5. When leaving, the nursing resident will alert nursing staff and the Heinz Hall resident will stop at the Heinz Hall office. The date and time of departure will be documented on the Application for Leave/Visitation and the resident will be given a copy. This will be placed on census. A copy of the Application for Leave/Visitation will be forwarded to the Resident Finance Office with the census report.
 6. Upon return of the resident from leave, the nursing unit or Heinz Hall office will place return time on census.

7. Emergency leaves:
 - a. Emergency leaves may be secured for nursing resident during non-business hours from the Switchboard after the emergency application for Leave/Visitation is approved by the in-house Nursing Supervisor (#620).
 - b. Emergency leaves may be secured for Heinz Hall residents during non-business hours from the Heinz Hall office staff.
 8. When there is a change in the number of days for a leave already issued, the Resident Finance Office shall be notified of this.
- B. Passes:
1. A pass is required for a Heinz Hall resident if he/she will be gone past midnight. Passes will be approved by the Heinz Hall supervisor or designee. Approval of pass by the Resident Finance Office is not required. Passes are granted for up to 96 hours. The Resident Finance Office must be notified of a resident going on a pass and returning from pass. This will be done by documentation on the daily census report.
 2. Heinz Hall residents desiring a pass will follow the same procedure as outlined for leave residents. Application for Pass ([form 475-0060](#)) will be completed. The resident will be given a copy and the original will remain in the Heinz Hall office.
- II. For residents enrolled in the Title XIX program, requests for visitation time will be handled using procedures indicated for leaves with the following exceptions:
- A. If the resident has used the eighteen (18) days allowed, additional days may be approved when it can be demonstrated that the visitation day(s) may be therapeutic in nature. The request for additional visitation days will be referred to an RCC team member. The RCC team will discuss their request, document their recommendations and submit their rationale for the additional days to the medical care provider. The request for additional days will be approved if the therapeutic benefit of it is documented and a medical care provider order is written indicating in what way the time is expected to be therapeutic. The process of issuing a visitation will then continue as indicated for leaves. If the team and medical care provider do not find that the additional days would be rehabilitative, the request will be denied for the purposes of Title XIX billing.
 - B. Copies of the orders for visitation days beyond eighteen (18) must be submitted to the Resident Finance Office.
- III. The following procedures apply to all leaves, visitations and passes:
- A. Transportation:
The cost of transportation to go on a leave/visitation/pass and return from a leave/visitation/pass shall be the responsibility of the resident.
 - B. Securing Money and/or Valuables:
The staff person submitting the Leave/Visitation Request or Application for Leave/Visitation form with the resident should point out the option of using Personal Property and Cashiers for securing money and/or valuables left in their room while on leave/visitation. If this option is used by the resident, it will be the resident's responsibility to arrange for pickup and delivery of the money and/or valuables. All money and valuables will be inventoried by the home unit with the valuables being placed in Personal Property and money deposited into the resident's account. The resident will be given a receipt for the money by the Cashier's office.
 - C. Leave/Medical Care:
When a nursing resident is on leave, the resident shall remain on in-house status for the first 12 leave days per calendar year for DVA per diem purposes and IVH shall be financially responsible for medical expenses unless these are assumed by the member or legal representative in relation to choice of medical facility. When a resident has used

12 non-hospital leave days, IVH is not financially responsible for any medical charges for the resident. This includes the cost of private medical care providers and hospital care, except those residents on leave to a Department of Veterans Affairs Medical Center, UIHC or other hospital, as authorized by the attending Iowa Veterans Home medical care provider. Residents who are recipients of Title XIX benefits should request providers of medical care file for Title XIX reimbursement.

D. Leave/Visitation Medications:

1. Medications will be dispensed by the IVH Pharmacy for a period not to exceed 30 days. Such medications will not be refilled after the initial 30-day supply.
2. If a resident extends his/her leave/visitation, he/she may receive additional medication to complete his/her 30-day supply.
3. If a resident extends his/her leave/visitation beyond 30 days, he/she may contact IVH for a written prescription. The resident is then responsible for getting the prescription filled and for payment of the charge for the medication.
4. All regularly scheduled medications listed on the medication administration record will be dispensed with the exception of insulin, ophthalmic and otic drops, ointments and inhalers. The resident's own supply will be sent with them from their unit unless otherwise requested.
5. PRN medications will be dispensed only upon the written order of a medical care provider; PRN orders must also specify the quantity of medication to be sent.
6. The staff person in charge of medications for the unit is responsible for seeing that the medications received from the Pharmacy are verified with the medications ordered and documented in the record that is given to the resident.
7. Education and verification of medications given to the resident/responsible party will be completed by medication staff. For nursing residents, the charge nurse will complete [Leave/Visitation Medication Checklist, Form 475-2026](#).
8. Upon return from leave/visitation, the unused medications and prescription containers will be turned in to the nurse in charge on the unit and then sent to the Pharmacy. Medication staff is responsible for documenting the number of containers returned and that they have been sent to the Pharmacy. Documentation will be completed regarding irregular amounts returned, i.e., medications not taken.
9. If a resident takes a discharge while on leave/visitation, he/she may receive sufficient medication to total a 30-day supply from the initial leave date.
10. If a resident on self-medications has an adequate supply of medication, a leave supply will not be issued.

Approved: 04/19/1984
Reviewed/Revised: 4/21/21 – Administrative Policy Committee
Effective: 4/23/21



Timon M. Oujiri, Commandant

LEAVE/VISITATION TIME AND ROOM RETENTION

Policy No. 190

PURPOSE:

To define procedures concerning room retention while a resident is on leave/visitation.

POLICY:

At the discretion of the Commandant or designee and the unit Resident Care Committee (RCC) team, each resident may be granted a therapeutic leave/visitation of a specified period of time. The resident will be required to pay for the bed in accordance with this policy and any time a leave/visitation is taken, except as noted in Procedures 1B and 1H of this policy. If absence is determined to be against medical advice, the medical care provider will document accordingly.

PROCEDURES:

1. For those residents not enrolled in Title XIX, the following rules apply:
 - A. A leave may be taken for nursing care residents and for any periods in excess of ninety-six (96) hours in the domiciliary, but not to exceed fifty-nine (59) days in a calendar year, if unable to pay full support.
 - B. The first twelve (12) days of leave time used during the calendar year will be free time (no support charges are made). There are no restrictions as to the amount of days taken in any one month or during any one leave. Staff who normally issue leaves should e-mail the Iowa Veterans Home (IVH) Leave Visitation Distribution List (during business hours) for information about remaining visitation days for a resident (see [Policy No. 189](#), Leaves and Visitations).
 - C. For leave time over twelve (12) days, up to and including fifty-nine (59) days per year, a resident will be charged his/her current support charge.
 - D. For leave time over fifty-nine (59) days per year, up to and including ninety (90) days per year, the resident will be charged the full support billing charge for the level of care in which he/she resides. A resident taking more than 90 days of leave in a calendar year will no longer have their bed held and will be discharged from IVH.
 - E. Leave time is not cumulative from one calendar year to another calendar year.
 - F. Leave time classified as free time that the resident does not utilize will not be credited toward the individual's support.
 - G. Time spent in any approved medical center away from IVH does not count against leave time.
 - H. The first ten (10) days of any acute hospital stay, the resident will be charged his/her regular support. For stays over ten (10) days, a credit will be issued and will appear on the following month's bill.

- I. Support charges for residents on leave wishing to retain their room or bed will be due within ten business days after the monthly support bill is received or ten business days after the member's last income deposit for that month as though they were in residency.
2. For those residents enrolled in Title XIX, rules governing time away from the facility will be those prescribed in the Department of Human Services Policy regarding Title XIX. In addition, the following rules apply:
 - A. The term "visitation" is used instead of "leave" for residents enrolled in the Title XIX program.
 - B. The bed shall be held while the resident is on visitation away from IVH for a period not to exceed eighteen (18) days in any calendar year. There are no restrictions as to the amount of days taken in any one month or during any one visit. Staff who normally issue leaves should e-mail the IVH Leave Visitation Distribution List (during business hours for information about remaining visitation days for a resident (see [Policy No. 189](#), Leaves and Visitations).
 - C. Exceptions may be granted when it can be demonstrated that the visitation day(s) may be rehabilitative in nature (see [Policy No.189](#)).
3. A resident who does not pay the charges in accordance with this policy will be given notice of discharge. IVH will not continue to hold a bed while a resident is on leave/visitation unless the charges are paid in accordance with procedures outlined above.
4. Any questions concerning leaves/visitations should be directed to the Resident Finance Office, as they are responsible for keeping track of time on leaves/visitation.

Approved: 11/2/82
Reviewed/Revised: 6/3/20 – Administrative Policy
Committee
Effective: 6/5/20



Timon M. Oujiri, Commandant

BED HOLD POLICY

Policy No. 190A

PURPOSE:

To define the procedures governing room retention for hospitalized residents and/or those on leave, while allowing reasonable access to residents who are on the waiting list.

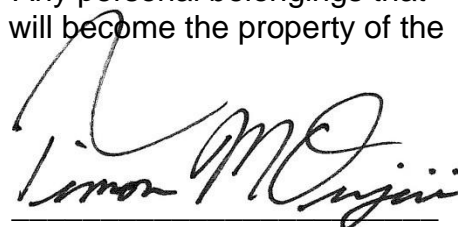
POLICY:

This policy will outline the Iowa Veterans Home (IVH) bed hold procedures in accordance with State and Federal requirements.

PROCEDURES:

1. Upon admission to IVH, each resident/resident representative will receive and review the IVH Bed Hold policy as contained within the IVH Contractual Agreement ([Form 475-1833](#)).
2. Upon transfer out of the facility the resident/resident representative will again be issued the Bed Hold Policy and then confirm whether they wish to have their bed held in their absence.
3. This information will be relayed in writing or verbally within the first 24 hours of the resident transfer from IVH.
4. Beds held will remain available for immediate readmission for up to 10 days as coverage is afforded in accordance with the Medicaid State Plan rules. After 10 days, IVH assumes the authority to discharge the resident, but reserves the right to negotiate an extension to the bed hold if warranted in the best interest of the resident and the facility at the discretion of the Commandant or designee.
5. An extension may include an agreed upon daily hold rate, but any charge shall not exceed the established daily rate of Medicaid reimbursement.
6. If discharged, any personal belongings will be inventoried and stored for collection by the resident or their representative. Any personal belongings that remain at IVH beyond thirty days after discharge will become the property of the State of Iowa.

Approved: 9/19/17
Reviewed/Revised: 6/3/20 – Administrative Policy Committee
Effective: 6/5/20



Timon M. Oujiri, Commandant

CHAPTER 10 IOWA VETERANS HOME

[Prior to 2/29/84, Social Services [770] Ch 134]
[Prior to 2/11/87, Human Services [498] Ch 10]
[Prior to 1/20/93, Human Services [441] Ch 10]

PREAMBLE

The Iowa Veterans Home is a long-term health care facility located in Marshalltown, Iowa, with oversight provided by the commission of veterans affairs.

801—10.1(35D) Definitions relevant to Iowa Veterans Home. The following definitions are unique to rules pertaining to the Iowa Veterans Home.

“Acute alcoholic” means any disturbance of emotional equilibrium caused by the consumption of alcohol resulting in behavior not currently controllable.

“Acutely mentally ill” means any disturbance of emotional equilibrium manifested in maladaptive behavior and impaired functioning caused by genetic, physical, chemical, biological, psychological, social or cultural factors which requires hospitalization.

“Addicted to drugs” means a state of dependency as medically determined resulting from excessive or prolonged use of drugs as defined in Iowa Code chapter 124.

“Admissions committee” means the committee appointed by the commandant to review applications to determine eligibility for admission and appropriate level and category of care.

“Admissions coordinator” means the individual responsible for the coordination of the admissions process.

“Applicant” means a person who is applying for admission into the Iowa Veterans Home.

“Assets” means items of value held by, or on behalf of, an applicant or member. Assets include, but are not limited to, cash, savings and checking accounts; stocks; bonds; contracts for sale of property; homestead or non-homestead property. Nonrecurring windfall payments such as, but not limited to, inheritances; death benefits; insurance or tort claim settlements; and cash payments received from the conversion of a nonliquid asset to cash shall be considered assets upon receipt.

“At once” or *“timely”* means within ten calendar days.

“Collaborative care plan” means the plan of care developed for a member by the interdisciplinary resident care committee.

“Commandant” means the chief executive officer of the Iowa Veterans Home.

“Commission” means the Iowa commission of veterans affairs.

“Continuously disruptive” means any behavior, on a recurring basis, which has been documented by Iowa Veterans Home staff, that causes harm to a member or staff or conflicts with the member responsibilities set forth in subrule 10.12(1).

“Countable asset” means an asset to be considered in calculation of member support obligation.

“Dangerous to self or others” means any activity by a member which would result in injury to the member or others.

“Dependent” means a person for whose financial support an applicant or member is legally responsible or obligated.

“Diversion” means income that is transferred to a spouse before the member support is determined.

“DVA” means the U.S. Department of Veterans Affairs.

“Free time” means 12 days of leave time each calendar year for which the member is not charged for care during absence.

“Full support rate” means the maximum daily rate of support times the billable days of care received in any month less any offsets.

“Gold Star parent” means a parent of a deceased member of the United States armed forces who died while serving on active duty during a time of military conflict or who died as a result of such service.

“Honorable discharge” means separation or retirement from active military service. The veteran must be eligible for medical care in the DVA system (excluding financial eligibility). Honorable discharge includes general discharges under honorable conditions.

“Income” means money gained by labor or service, or money paid periodically to an applicant or member. Income includes, but is not limited to, disability, retirement pensions or benefits; interest, dividends, payments from long-term care insurance, or other income received from investments; income from property rentals; certain moneys related to real estate contracts; earnings from regular employment or self-employment enterprises.

“IVH” means the Iowa Veterans Home.

“Legal representative” for purposes of applicant or member personal and care decisions means durable power of attorney for health care, guardian, or next-of-kin (spouse, adult children, parents, adult siblings). For applicant or member financial decisions, “legal representative” means conservator, power of attorney, fiduciary, representative payee or next-of-kin (spouse, adult children, parents, adult siblings).

“Licensed nursing home administrator” means a duly licensed nursing home administrator pursuant to Iowa Code chapter 147.

“Medical provider” means a doctor of medicine or osteopathic medicine who is licensed to practice in the state of Iowa. Except as defined by Iowa law, a medical provider also means an advanced registered nurse practitioner or physician assistant who is licensed to practice in the state of Iowa.

“Member” means a resident of IVH.

“Member support” means the dollar amount which is billed monthly to the member or legal representative for the member’s care.

“PASRR” means preadmission screening and resident review.

“Resident care committee” or *“RCC”* means the member, a social worker, a registered nurse, a dietitian, a medical provider, a recreation specialist and a mental health provider, as required, who are involved in reviewing a member’s assessment data and developing a collaborative care plan for the individual member.

“Resource” means assets and income.

“Spouse” means a person who is the legal or common-law wife or husband of a veteran.

“Surviving spouse” means a person who is the legal or common-law widow or widower of a veteran.

“Therapeutic activity” means an activity that is considered as treatment. A therapist shall determine that a particular activity is beneficial to the well-being of a member and shall include this determination in the member’s plan of care.

“Visitation” Visitation is considered part of the individual’s therapeutic program. Visits are expected to benefit the individual’s treatment goals while meeting the security needs of the facility and ensuring the safety of the individual and the visitor.

“Veteran” means a person who served in the active military and who was discharged or released therefrom under honorable conditions. Honorable and general discharges qualify a person as a veteran. The veteran must be eligible for medical care in the DVA system (excluding financial eligibility). In addition, veteran includes a person who served in the merchant marine or as a civil service crew member between December 7, 1941, and August 15, 1945.

“Voluntary discharge” means a member wishes to terminate the member’s association with IVH on a permanent basis. This includes discharge for medical reasons which have been approved by a qualified medical provider. All other discharges are involuntary. [ARC 8014B, IAB 7/29/09, effective 7/10/09; ARC 9689B, IAB 8/24/11, effective 9/28/11; ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]; [Filed ARC 5800C (Notice ARC 5660C, IAB 6/2/21), IAB 7/28/21, effective 9/1/21]

801—10.2(35D) Eligibility requirements. Veterans, spouses of veterans, and Gold Star parents shall be eligible for admission to IVH in accordance with the following:

10.2(1) Veterans shall be eligible for admittance to IVH in accordance with the following conditions:

a. The individual is disabled by reason of disease, injury or old age and meets the qualifications for nursing or residential level of care available at IVH.

b. The individual cannot be competitively employed on the day of admission or throughout the individual’s residency.

c. The individual shall have met the residency requirements of the state of Iowa on the date of admission to IVH.

d. An individual who has been diagnosed by a qualified health care professional as acutely mentally ill, as an acute alcoholic, as addicted to drugs, as continuously disruptive, or as dangerous to self or others shall not be admitted to or retained at IVH.

e. The individual must be eligible for care and treatment at a DVA medical center (excluding financial eligibility).

f. Individuals admitted to the domiciliary level of care must meet DVA criteria stated in Department of Veterans Affairs, Veterans Health Administration, Directive 1601SH.01(1).

g. Homelessness does not disqualify persons otherwise eligible for admission to IVH.

10.2(2) Spouses and surviving spouses shall be admitted in accordance with the following:

a. The spouse or surviving spouse shall have been married to a veteran for at least one year preceding date of application or date of death of veteran.

b. The spouse of a veteran is eligible for admittance to IVH only if the veteran is admitted.

c. The surviving spouse of a deceased veteran is eligible for admittance to IVH if the deceased veteran would also be eligible for admittance to IVH if still living.

d. Spouses, surviving spouses and Gold Star parents admitted to IVH shall not exceed more than 25 percent of the total number of members at IVH as provided in U.S.C. Title 38.

10.2(3) A Gold Star parent shall be eligible for admittance in accordance with the following conditions:

a. The parent's child died while serving on active duty in the armed forces of the United States during a time of military conflict or died as a result of such service.

b. The individual is disabled by reason of disease, injury or old age and meets the qualifications for nursing or residential level of care available at IVH.

c. The individual cannot be competitively employed on the day of admission or throughout the individual's residency.

d. The individual shall have met the residency requirements of the state of Iowa on the date of admission to IVH.

e. An individual who has been diagnosed by a qualified health care professional as acutely mentally ill, as an acute alcoholic, as addicted to drugs, as continuously disruptive, or as dangerous to self or others shall not be admitted to or retained at IVH.

f. Gold Star parents, spouses and surviving spouses admitted to IVH shall not exceed more than 25 percent of the total number of members at IVH as provided in U.S.C. Title 38.

10.2(4) An individual who was not a member of the United States armed forces may be eligible for admittance in accordance with the limitations described in subrule 10.2(1), if the following conditions are met:

a. The individual was a member of the armed services of a nation with which the United States was allied during a time of conflict.

b. The individual is eligible for admission to a DVA medical center in accordance with U.S.C. Title 38, Chapter 17, Medical Care, Subchapter 2, Section 1710. [**ARC 9689B**, IAB 8/24/11, effective 9/28/11; **ARC 1157C**, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter]; [Filed ARC 5800C (Notice ARC 5660C, IAB 6/2/21), IAB 7/28/21, effective 9/1/21]

801—10.3(35D) Application. All applicants shall apply for admission to IVH in accordance with the following subrules:

10.3(1) All applicants shall make application to IVH through the county commission of veterans affairs in the applicant's county of residence.

10.3(2) Application shall be made on the "Veteran Application for Admission to the Iowa Veterans Home," Form 475-0409, the "Spouse's Application for Admission to the Iowa Veterans Home," Form 475-0410, or the "Gold Star Parent Application for Admission to the Iowa Veterans Home," Form 475-2044. Separate applications shall be required for an eligible veteran and the spouse of the veteran when both veteran and spouse are applying for admission. The applications may be obtained at:

a. The county commission of veterans affairs' office.

b. DVA medical centers located in or serving veterans in the state of Iowa.

c. IVH.

d. Web site: www.ivh.iowa.gov.

10.3(3) The applicant shall provide a copy of a physical which has been completed within three months of application. If needed, a physical shall be scheduled by the applicant's primary care provider. Information must be authenticated by the medical provider's original signature or electronic signature.

10.3(4) The following items shall be attached to the application before it is forwarded to IVH:

a. A copy of the veteran's honorable discharge (DD-214) from the armed forces of the United States.

b. If the applicant is a married or surviving spouse, a copy of the marriage certificate or evidence of a common-law marriage on which a prudent person would rely.

c. If the applicant is a Gold Star parent, a copy of the child's birth certificate and certification of the child's death while serving on active duty in the armed forces of the United States during a time of military conflict.

d. A copy of the applicant's birth certificate.

e. A copy of marriage license(s), divorce decree(s) or death certificate for the spouse, if applicable.

f. A completed "Personal Functional Assessment," Form 475-0837.

g. A completed "Supplement to Application for Admission to the Iowa Veterans Home," Form 475-0843.

h. A completed "Financial Affidavit," Form 475-0839.

10.3(5) Once the requirements of subrules 10.3(2), 10.3(3) and 10.3(4) have been met, the county commission of veterans affairs shall forward the completed application to the admissions office at IVH. No county shall require additional requirements for the application for admission beyond the requirements stated in these rules. Neither shall a county require additional forms to be filled out or provided by the applicant other than the forms required by these rules.

10.3(6) Eligibility determinations are subject to approval by the commandant or designee. [ARC 9689B, IAB 8/24/11, effective 9/28/11; ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]; [Filed ARC 5800C (Notice ARC 5660C, IAB 6/2/21), IAB 7/28/21, effective 9/1/21]

801—10.4(35D) Application processing.

10.4(1) Applications received by the admissions office shall be reviewed for completeness. The county commission of veterans affairs shall be required to submit additional information if needed.

10.4(2) The admissions committee shall assign the level of care required by the applicant. If a special care unit or treatment is required, this shall be designated. If there is a question regarding the level of care for which the applicant qualifies, the applicant shall be scheduled for either a preadmission visit with appropriate staff or a site visit in order to make a determination of appropriate level of care.

10.4(3) Regardless of whether or not the applicant can be immediately admitted, the applicant shall be notified by the admissions coordinator of the applicant's designated level of care. An applicant who does not wish to be admitted to the designated level of care may submit evidence to show that another level of care may be more appropriate. However, once the admissions committee makes a final determination, the applicant who does not wish to be admitted under the designated level of care may withdraw the application or have the application denied.

10.4(4) When space is not immediately available in the level of care assigned or on the appropriate special care unit, the applicant's name shall be placed on the appropriate waiting list for that level of care or special care unit in the order of the date the application was received.

10.4(5) When space is available at time of application, or when space becomes available in accordance with the designated waiting list, the applicant shall be scheduled for admittance to IVH as follows:

a. An applicant whose physical examination or personal functional assessment, or both if applicable, was completed more than three months prior to the scheduled date of admittance may be required to obtain another physical examination by a medical provider or complete a current personal functional assessment, or both if applicable. This information shall be reviewed to determine that the applicant is capable of functioning at the previously determined level of care.

b. An applicant who requires a different level of care than previously determined shall be admitted to the level of care required if a bed is available or shall have the applicant's name placed on the waiting list for the appropriate level of care in accordance with the date the original application was received.

c. Prior to an applicant's admission to a nursing care unit, the PASRR shall be received. [ARC 8014B, IAB 7/29/09, effective 7/10/09; ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]

801—10.5(35D) Applicant's responsibilities. Prior to admission to IVH, the applicant or a person acting on the applicant's behalf shall:

10.5(1) Report any change in the applicant's condition that could affect the previously determined level of care.

10.5(2) Report changes in mailing address, county or state of residency.

10.5(3) Provide additional information, verification or authorization for verification concerning the applicant's circumstances, condition of health, and resources if required.

10.5(4) Participate in a preadmission evaluation for level of care if required.

801—10.6(35D) Admission to IVH.

10.6(1) The applicant shall be notified by the admissions coordinator to appear for admission to IVH.

10.6(2) Upon arrival at IVH, the applicant or legal representative shall meet with the admissions staff for an admission interview.

10.6(3) During the interview, the following items will be reviewed and signed by the applicant or legal representative:

a. Permission for Treatment, Form 475-0814.

b. The "Contractual Agreement," Form 475-1833.

c. The applicant's resources.

d. The member support, billing process and banking services.

10.6(4) An applicant becomes a member at that point in time when the applicant or legal representative signs and dates the "Contractual Agreement," Form 475-1833, or otherwise authorizes, in writing, acceptance of the terms of admittance specified in the Contractual Agreement.

10.6(6) Each member shall be placed on a unit providing the appropriate level of care based on individual needs.

a. A member requiring a subsequent change in placement based on individual care needs shall be transferred to a unit which provides the appropriate level of care within the scope of its licensure.

b. Members shall have priority over new admissions for placement on a unit when a vacant bed becomes available.

10.6(7) Care at IVH shall be provided in accordance with Iowa Code chapter 135C; 481—Chapter 57, Residential Care Facilities; 481—Chapter 58, Nursing Facilities; and DVA State Veterans Homes, Veterans Health Administration, M-5, Part 8, Chapter 2, Procedure for Obtaining Recognition of a State Veterans Home and Applicable Standards, 2.07, Standards for Nursing Care, and 2.08, Standards for Domiciliary Care, November 4, 1992. [ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]; [Filed ARC 5800C (Notice ARC 5660C, IAB 6/2/21), IAB 7/28/21, effective 9/1/21]

801—10.7 to 10.10 Reserved.

801—10.11(35D) Member rights.

10.11(1) Member rights shall be in accordance with those listed in 481—Chapter 57 for members residing in the residential care facility level of care, those listed in 481—Chapter 58 for members residing in the nursing facility level of care, and those noted in Department of Veterans Affairs, State Veterans Homes, Veterans Health Administration, pertaining to residents of state veterans homes.

10.11(2) A member has the right to share a room with the member's spouse when both members consent to the arrangement.

10.11(3) If a member is incompetent and not restored to legal capacity, or if the medical provider determines that a member is incapable of understanding and exercising these rights, the rights devolve to the member's legal representative.

10.11(4) In some cases, a member may be determined to be in need of an agent by the DVA, the Social Security Administration or a similar funding source. In these cases, the commandant or designee may serve as agent subject to Iowa Code section 135C.24. All rights and responsibilities regarding the financial awards shall devolve to the commandant or designee. [**ARC 9689B**, IAB 8/24/11, effective 9/28/11; **ARC 1157C**, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; **ARC 2675C**, IAB 8/17/16, effective 9/21/16]

801—10.12(35D) Member responsibilities.

10.12(1) The member or legal representative has the responsibility:

a. To timely report the existence of or changes in the member's income, spouse's income, assets or marital status, including the conversion of nonliquid assets to liquid assets.

b. To apply for all benefits due (such as, but not limited to, Title XIX, DVA pension, DVA compensation, Social Security, private pension programs, or any combination), and accept the available billing programs offered at IVH.

c. To provide information concerning the physical condition and, to the best of the member's knowledge, accurate and complete information concerning present physical complaints, past illnesses, hospitalizations, medications and other matters related to the member's health.

d. To report unexpected changes in the member's condition to the attending medical provider or other clinician.

e. To participate in treatment planning, cooperate with the treatment team in carrying out the treatment plan, and to participate in the evaluation of the member's care.

f. To be considerate of the rights of other members and staff and control behavior in respect to smoking, noise, and number of visitors.

g. To treat other members and staff with dignity and respect.

h. To respect the property of other members, staff, and IVH. A member or legal representative may be held financially responsible for any property damaged or destroyed by the member.

i. To ask questions about anything that the member may not understand about the member's care or IVH.

j. To accept the consequences of the member's actions if the member refuses treatment or fails to follow prescribed care.

k. To follow the rules and regulations of IVH regarding member care and conduct as set out in subrule 10.40(1).

l. To keep scheduled appointments with staff. If unable to do so, the member is responsible for notifying appropriate staff.

m. To maintain personal hygiene, including clothing, and maintain personal living area based on the member's physical and mental capabilities.

n. To follow all fire, safety and sanitation regulations as established by IVH and applicable regulatory agencies.

o. To provide information and verification of resources. A member or legal representative must fulfill the member support obligation for member health care.

p. To carry Medicare Part B and Medicare Part D insurance if eligible. IVH shall buy the medical insurance portion of Medicare Part B and Medicare Part D if the member is not eligible to receive Medicare under social security.

q. To delegate to IVH the authorization to enroll the member in Medicare Part B and Medicare Part D. The premium shall be deducted from the member's social security or paid monthly with the member's funds.

r. To assign the benefits of Medicare Part B, Medicare Part D and other medical insurances to IVH. The cost of Medicare Part B, Medicare Part D and other medical insurances shall be used as an offset to the aggregate semiannual per diem rate calculation according to the particular level of care as

calculated in January and July of each year for the preceding six months and effective March 1 and September 1.

10.12(2) The member or legal representative is responsible for the full payment of the member's support charges within the calendar month that the monthly support bill is received. Failure to pay a monthly support bill within 30 days of issuance may result in discharge from IVH unless prior arrangements have been made.

10.12(3) In those instances when a legal representative is responsible for the handling of the member's resources, the legal representative shall keep any records necessary and provide all information or verification required for the computation of member support as set out in rule 801—10.14(35D). Failure of the legal representative to do so may result in the discharge of the member. In some cases, IVH may act to have the commandant or designee established as the member's fiduciary or agent as set out in subrule 10.11(4). In those cases when a guardian or conservator of a member fails to keep necessary records or provide needed information or verification or to meet the member support obligation, IVH may notify the court of problems and request to establish another individual as guardian or conservator. The conservator of a member shall submit a copy of the annual conservatorship report to IVH.

10.12(4) When a member temporarily needs a level of care that is not offered by IVH, the member shall be referred by IVH medical staff to a DVA medical center or other medical facility.

a. If a member who is treated at a DVA medical center has coinsurance to supplement Medicare, this coinsurance shall be used for the DVA medical center charges. IVH shall be responsible for all DVA medical center charges if the member does not carry coinsurance supplement.

b. If a member chooses a medical facility other than a DVA medical center or other medical facility as referred by IVH medical staff, the member is responsible for costs resulting from care at the medical facility chosen. [ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]

801—10.13 Reserved.

801—10.14(35D) Computation of member support. As a condition of admittance to and residency in IVH, each member is required to contribute toward the cost of that member's care based on that member's resources and ability to pay.

10.14(1) A monthly member support bill shall be sent to the member or legal representative charging the member for care in the previous month with any necessary adjustment for prior months. A member shall be required to pay member support charges from the member's liquid assets and long-term care insurance benefits and from the member's income. The monthly member support charge shall be the billable days, as set out in subrule 10.14(3), multiplied by the appropriate per diem from rule 801—10.15(35D). This amount shall be reduced by any offsets as set out in subrules 10.15(2) and 10.15(3). The member or legal representative shall pay an amount not to exceed the amount calculated based on the resources available for the cost of care as set out in this chapter.

10.14(2) Title XIX residents. If a member is certified as eligible and participating in the Title XIX program, the amount of payment shall be determined by the department of human services income maintenance worker.

10.14(3) Billable days (non-Title XIX). Billable days for members not participating in the Title XIX program shall be counted as follows:

a. All days in the month for which the member received care (in-house).

b. All leave days in excess of the 12 free days up through the fifty-ninth leave day. Any leave days in excess of 59 days shall be considered billable, and the member must pay the full support rate, not the amount determined by resources.

c. The first ten days of each hospitalization. After ten days, IVH assumes the authority to discharge the resident, but reserves the right to negotiate an extension to the bed hold, if warranted, in the best interest of the resident and family, at the discretion of the commandant or designee. A hospital stay may occur more than once in a calendar year. [ARC 8014B, IAB 7/29/09, effective 7/10/09; ARC 2675C, IAB 8/17/16, effective 9/21/16]; ARC 5800C, IAB 7/28/21, effective 9/1/21]

801—10.15(35D) Per diems.

10.15(1) For members not participating in the Title XIX program, the per diem by which the billable days shall be multiplied shall be established as follows:

a. Nursing level of care.

(1) The charge for care is the per diem rate calculated in January and July of each year for the preceding six-month period and is submitted by IVH to the Iowa Medicaid enterprise of the department of human services.

(2) The updated per diem rate shall be effective semiannually on March 1 and September 1 of each year.

(3) Members or financial legal representatives shall be sent a notice one month in advance of the rate change.

b. Domiciliary level of care.

(1) The total cost of care per member shall be determined in January and July of each year for the preceding six-month period and calculated in a manner similar to the nursing level of care. This cost shall be the updated per diem rate.

(2) The per diem rate shall be adjusted semiannually on March 1 and September 1 of each year.

(3) Members or financial legal representatives shall be sent a notice one month in advance of the rate change.

10.15(2) Veteran members for whom IVH receives a per diem from the DVA (under Title 38). IVH shall consider this per diem as a third-party reimbursement to the charge for care and shall be an offset to the member support bill. The offset of the per diem received (billed to DVA) shall be shown as an offset for the month billed. The provisions of 38 U.S.C. 1745(a), which were established by Section 211 of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461), set forth a mechanism for paying a higher per diem rate for certain veterans who have service-connected disabilities and are receiving nursing home care in state homes. If IVH receives this higher per diem rate from the DVA, the member will not have a support charge from IVH.

10.15(3) The daily per diem charge shall be reduced by an amount equal to the appropriate Medicare Part B and Medicare Part D premiums paid by the enrolled member.

10.15(4) For members carrying other medical insurance upon admission and continuing to carry other medical insurance after admission. The member support charge shall be reduced by an amount equal to the other medical insurance premium.

10.15(5) For members not eligible for Title XIX medical assistance. The member support charge shall be reduced in accordance with subrules 10.15(2), 10.15(3) and 10.15(4), if applicable. The member shall then contribute all remaining available resources up to the charge for care. Members receiving DVA pension and aid and attendance shall be considered as having used the amount equal to aid and attendance first in payment for their care at IVH.

10.15(6) Payment of support is due within ten business days after the monthly support bill is received or ten business days after the member's last income deposit for that month.

a. If payment is not received by IVH within 30 days following the due date, a notice of discharge may be issued.

b. If there are extenuating circumstances, the member or legal representative should meet with the commandant or designee to work out a schedule of payments. [ARC 8014B, IAB 7/29/09, effective 7/10/09; ARC 2675C, IAB 8/17/16, effective 9/21/16]

801—10.16(35D) Assets. The following rules specify the treatment of assets, as defined in rule 801—10.1(35D), in the payment of member support as described in rule 801—10.14(35D). Only liquid assets shall be considered in the payment of member support.

10.16(1) For members who have applied for and are eligible to receive Title XIX medical assistance, rule 441—75.5(249A) shall apply. Financial eligibility for Title XIX shall be determined by the department of human services income maintenance worker.

10.16(2) For members not eligible for Title XIX medical assistance, the following rules apply:

a. Assets considered. The assets considered shall include all assets owned by the member, or if married, both the member and the spouse living in the community, except for the following:

(1) The homestead is exempt as follows: The exempt homestead is defined as the house, used as a home, and may contain one or more contiguous lots or tracts of land, including buildings and

appurtenances. Contiguous means that portions of the homestead cannot be separated from the home by intervening property owned by others. However, the homestead is considered contiguous if portions of it are separated from the home only because of roads or other public rights-of-way. Property that is not exempt as part of the homestead shall be treated in accordance with the rules of this chapter. The homestead, as defined, can retain its exempt status for a period of time not to exceed 36 months, while the member, spouse and dependents are temporarily absent, provided the following conditions are met:

1. There is a specific purpose for the absence.
2. The member, spouse or dependents intend to return to the homestead when the reason for the absence has been accomplished.
3. The member, spouse or dependents can reasonably be expected to return to the home during the 36-month time limitation.
4. If a person is an applicant at the time the homestead becomes vacant due to the absence of the applicant, spouse or dependents, the first month of the 36-month period is the month of admission to IVH.
5. If a person is a member when the homestead becomes vacant due to the absence of the member, spouse or dependents, the first month of the 36-month period is the month following the month in which the homestead is vacated.
6. Any homestead that does not qualify for this exemption or any homestead that is vacant for a period of time exceeding the 36-month limit shall be treated in accordance with subrule 10.16(3).
 - (2) Household goods, personal effects and one motor vehicle.
 - (3) The value of any burial spaces held for the purpose of providing a place for the burial of the member, spouse or any other member of the immediate family.
 - (4) Exempt income-producing property includes, but is not limited to, tools, equipment, livestock, inventory and supplies, and grain held in storage.
 - (5) Other property essential to the means of self-support of either the member or spouse as to warrant its exclusion under the Supplemental Security Income program.
 - (6) Assets of a blind or disabled person who has a plan for achieving self-support as determined by the division of vocational rehabilitation or the department of human services.
 - (7) Assets of Native Americans belonging to certain tribes arising from judgment fund and payments from certain land and subsurface mineral rights. This does not include per capita payments from casino proceeds.
 - (8) Any amounts arising from Public Law 101-239 which provides assistance to veterans under the Agent Orange product liability litigation.
 - (9) Assistance under the Disaster Relief Act and Emergency Assistance Act or other assistance provided pursuant to federal statute as a result of a presidential disaster declaration and interest earned on these funds for the nine-month period beginning on the date these funds are received or for a longer period where good cause is shown.
 - (10) An amount that is irrevocable and separately identifiable, having a principal amount not in excess of a predetermined amount set by the department of human services, without an itemized billing, for the member or spouse to meet the burial and related expenses of that person.
 - (11) Federal assistance paid for housing occupied by the spouse living in the community.
 - (12) Assistance from a fund established by a state to aid victims of crime for nine months from receipt when the client demonstrates that the amount was paid as compensation for expenses incurred or losses suffered as a result of a crime.
 - (13) Relocation assistance provided by a state or local government to a member or spouse comparable to assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 which is subject to the treatment required by Section 216 of the Act.
 - (14) Any other asset excluded by statute.

b. Assets of a single member. When liquid assets not exempted in paragraph “a” above are equal to or exceed \$2,000, those liquid assets shall be considered an available resource for the payment of member support. These assets shall be considered available for payment of member support until such time that the remaining liquid assets total less than \$500, but leaving at least \$140.

c. Assets of a married member with spouse in a care facility. If a member's spouse is residing in a nursing facility, the member shall be treated as a single member for asset determination purposes. If the member and the spouse become members of IVH on the same day, all resources of both members shall be added together and split one-half to each member for asset determination purposes. If the spouse is residing in a residential care facility, the rules pertaining to a spouse living in the community apply.

d. Assets of a married member with spouse living in the community. When liquid assets not exempted in paragraph "a" above are equal to or exceed \$2,000, those liquid assets shall be considered an available resource for the payment of member support. The assets attributed to the member shall be determined from the documented assets of both the member and spouse living in the community as of the first day of admission to IVH. All resources of both the member and the spouse shall be added together. If the total resources are less than the predetermined amount set by the department of human services, then that amount is awarded to the community spouse. The amount in excess of this predetermined figure, up to an equal amount, if applicable, shall be awarded to the member. Any resources over this combined amount shall be split one-half to the member and one-half to the spouse up to a predetermined maximum set by the department of human services. amount shall be awarded to the member. All resources over the predetermined amount shall be awarded to the member. These assets shall be considered available for payment of member support until such time that the remaining liquid assets total less than \$500, but leaving at least \$140.

(1) If the member has transferred assets to the spouse living in the community under a court order for the support of the spouse, the amount transferred shall be the amount attributed to the spouse to the extent it exceeds the specified limits above.

(2) After the month in which the member is admitted, no attributed resources of the spouse living in the community shall be deemed available to the member during the continuous period in which the member is at IVH. Resources which are owned wholly or in part by the member and which are not transferred to the spouse living in the community shall be counted in determining member support. The assets of the member shall not count for member support to the extent that the member intends to transfer and does transfer the assets to the spouse living in the community within 90 days.

(3) Report of results. The department of human services shall provide the member and spouse and legal representative, if applicable, a report of the results of the attribution. The report shall state that either has a right to appeal the attribution in accordance with rule 801—10.45(35D).

e. Exception based on estrangement. When it is established by a disinterested third-party source and confirmed by the commandant or designee that the member is estranged from the spouse living in the community, member support shall be determined on the basis of resources of a single member.

10.16(3) When a member owns an available, nonliquid, nonexempt asset, the value of which would affect the computation of member support as described in rule 801—10.14(35D), the asset shall be liquidated. The value of that asset shall be considered in the computation of member support. The following paragraphs are to be considered when liquidating assets:

a. Net market value, or equity value, is the gross price for which property or an item can be sold on the open market less any legal debts, claims or liens against the property or item. IVH shall consider the condition and location of an item or property and local market conditions in determining the gross sales price of the item or property. In order for a loan or claim to be considered a lien or encumbrance against an asset, the loan or claim must be made under circumstances that result in the creditors having a recorded legal right to satisfy the debt.

b. An asset must be available in order for it to be treated in accordance with the rules of this chapter. An asset is considered available when:

(1) The member owns the property in part or in full and has control over it; that is, it can be occupied, rented, leased, sold or otherwise used and disposed of at the member's discretion; and

(2) The member has a legal interest in a liquidated sum and has the legal ability to make the sum available for member support.

c. A member must take all appropriate action to gain title and control of any asset of which the value would affect the computation of member support.

d. The value of the asset may be adjusted if the member or legal representative:

(1) Advertises the asset for sale, through appropriate methods, on a continual basis.

(2) Lists the asset with a real estate broker or other agent appropriate to the asset.

(3) Asks a reasonable price which is consistent with the asking price of similar items of property in the community.

(4) Does not refuse a reasonable offer.

(5) Does not sell the asset for an unreasonably low price.

e. Cash proceeds from the sale of an asset, conversion of an asset to cash, or receipt of any cash asset as defined in rule 801—10.1(35D) shall be used in the computation of member support beginning with the calendar month of receipt. [ARC 8014B, IAB 7/29/09, effective 7/10/09; ARC 9689B, IAB 8/24/11, effective 9/28/11; ARC 2675C, IAB 8/17/16, effective 9/21/16]; [Filed ARC 5800C (Notice ARC 5660C, IAB 6/2/21), IAB 7/28/21, effective 9/1/21]

801—10.17(35D) Divestment of assets.

10.17(1) “Intentional divestment of assets” means:

a. To knowingly sell, give or transfer by member or legal representative for less than fair market value, any asset, the value of which would affect member support; or

b. To knowingly and voluntarily place an asset, the value of which would affect member support, under a trust or other legal instrument that ends or limits the availability of that asset.

10.17(2) Transfers of resources shall be presumed to be divestiture unless the individual furnishes convincing evidence to establish that the transaction was exclusively for some other purpose. In addition to giving away or selling assets for less than fair market value, examples of transferring resources include, but are not limited to, establishing a trust, contributing to a charity or other organization, removing a name from a joint bank account, or decreasing the extent of ownership interest in a resource or any other transfer as defined in the Supplemental Security Income program.

a. Convincing evidence to establish that the transaction was not a divestiture may include documents, letters, and contemporaneous writings, as well as other circumstantial evidence.

b. In rebutting the presumption that the transfer was a divestiture, the burden of proof is on the individual to establish:

(1) The fair market value of the compensation;

(2) That the compensation was provided pursuant to an agreement, contract, or expectation in exchange for the resource; and

(3) That the agreement, contract, or expectation was established at the time of transfer.

10.17(3) An applicant or legal representative shall not knowingly and intentionally divest an asset, as set out in subrule 10.17(1), within the period established by Title XIX statute prior to admission, with the intention of reducing the applicant’s member support or of obtaining admission to IVH. When it is determined by the commandant or designee that an applicant did intentionally divest an asset, upon admission that applicant may be charged member support as if divestment did not occur. [Filed ARC 5800C (Notice ARC 5660C, IAB 6/2/21), IAB 7/28/21, effective 9/1/21]

10.17(4) A member or legal representative shall not knowingly and intentionally divest an asset, as described in subrule 10.17(1), while a member with the intention of reducing the member support. When it is discovered that a member or legal representative improperly divested an asset(s), that member may be charged member support as if divestment did not occur.

801—10.18(35D) Commencement of civil action. The commandant or designee may file a civil action for money judgment against a member or discharged member or the member’s legal representative for support charges when the member or discharged member fails to pay member support in accordance with 801—Chapter 10.

801—10.19(35D) Income. This rule describes the treatment of income, as defined at rule 801—10.1(35D), in the computation of member support as described at rule 801—10.14(35D).

10.19(1) For members who are eligible for Title XIX medical assistance, rule 441—75.5(249A) shall apply. For those members participating in the Title XIX medical assistance program, the difference between the \$140 personal needs allowance and the Title XIX personal needs allowance shall be returned to the member out of individual member participation.

10.19(2) For members who are not eligible for Title XIX, the following shall apply:

a. The following types of income are exempt in the computation of member support:

(1) The earned income of the spouse or dependents.

(2) Unearned income restricted to the needs of the spouse or dependents (social security, DVA, etc.).

(3) Any other income that can be specifically identified as accruing to the spouse or dependents.

(4) Nonrecurring gifts, contributions or winnings, not to exceed \$60 in a calendar quarter.

(5) Interest income of less than \$20 per month from any one source.

(6) State bonus for military services.

(7) Any earnings received by a member for that member's participation in money-raising activities administered by veterans' organizations or auxiliaries (i.e., poppies).

(8) Any money received by a member from the sale of items resulting from a therapeutic activity (i.e., items sold in the IVH gift shop).

(9) The first \$150 received by a member in a month for participation in the incentive therapy or other programs as described in rule 801—10.30(35D), for members in the domiciliary level of care. For members in the nursing level of care, the first \$75 shall be exempted.

(10) Personal loans.

(11) In-kind contributions to the member.

(12) Title XIX payments.

(13) Yearly DVA compensation clothing allowance for those who qualify.

(14) Other income as specifically exempted by statute.

(15) Any income similar in its origin to the assets excluded in subparagraphs 10.16(2) "a" (6) and (7).

(16) Income from employment as outlined in the IVH discharge planning policy (IVH policy #265).

b. Personal needs allowance. All members shall have an amount exempted from their monthly income intended to cover the purchase of clothing and incidentals.

(1) All income up to the first \$140 shall be kept as a personal needs allowance.

(2) The personal needs allowance shall be subtracted from the member's income prior to determination of moneys to which the spouse may be entitled.

c. Any type of income not specifically exempted shall be considered for the payment of member support as provided in rule 801—10.14(35D).

d. Determining income from property.

(1) Nontrust property. Where there is nontrust property, income paid in the name of one person shall be available only to that person unless the document providing income specifies differently. If payment of income is in the name of two persons, one-half is attributed to each. If payment is in the name of several persons, the income shall be considered in proportion to their ownership interest. If the member or spouse can establish different ownership by a preponderance of evidence, the income shall be divided in proportion to the ownership.

(2) Trust property. Where there is trust property, the payment of income shall be considered available as provided in the trust. In the absence of specific provisions in the trust, the income shall be considered as stated above for nontrust property.

e. The amount of income to consider in the computation of member support shall be as follows:

(1) Regular monthly pensions and entitlements. The amount of income to be considered is the gross amount of the monthly entitlement or pension received less any medical insurance premium deductions.

(2) Investments or nonrecurring lump sum payments. Net unearned income from investments or nonrecurring lump sum payments shall be determined by deducting income-producing costs from the gross unearned income. Income-producing costs include, but are not limited to, brokerage fees, property manager's salary, maintenance costs and attorney fees.

(3) Property sold on contract. The amount of income to consider shall be the amount received minus any payments for mortgage, taxes, insurance or assessments still owed on the property and payable by the contract holder.

(4) Earned income from a rental, sole or partnership enterprise. The amount of income to consider shall be the net profit figure as determined for the Internal Revenue Service on the member's income tax return.

EXCEPTION: The deductions of the previous year's state and federal taxes and depreciation on the income tax return are not allowable deductions for the purpose of the computation of member

support. If a tax return is not available, the member or legal representative shall provide all information and verification needed in order to correctly compute member support.

(5) Partnership income. The member's share of the net profit shall be determined in the same manner as the partnership percentage as determined for the Internal Revenue Service's purposes.

10.19(3) Member income diversion to dependent spouse not living at IVH. A portion of the member's income shall be diverted to the spouse according to the following:

a. Spouse living in the community. One-half the income in exclusion of an amount equal to aid and attendance and after reduction of personal needs allowance.

b. Spouse permanently in another nursing home. Member shall be treated as single. If the member is in receipt of a DVA pension, the amount of income provided the spouse would be the DVA pension dependency amount.

c. Spouses living in a residential care facility. Spouses shall be treated under the same rules as a spouse living in the community in accordance with paragraph 10.19(3) "a."

d. All current court order proceedings and guardian/conservatorship appointments regarding financial obligations shall be honored.

10.19(4) Income disbursements.

a. All diversions to spouse or valid court orders shall be mailed or sent electronically as designated or on a monthly basis.

b. All checks or electronic payments shall be sent to the proper recipient no later than the eighth day of any given month or, at IVH's option, five business days after the member's last income deposit for that month.

c. Monthly income disbursements to a community spouse may be delayed or canceled if there is an overdue amount owed for support payments. [ARC 7890B, IAB 7/1/09, effective 7/1/09; ARC 9689B, IAB 8/24/11, effective 9/28/11; ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]

801—10.20(35D) Other income.

10.20(1) When a member receives regular monthly payments of unearned income, it shall be included in the resources available for the payment of member support.

10.20(2) When a member receives periodic recurring income which is received less frequently than monthly, this countable income, after the deduction of any allowable income-producing expenses, shall be considered in the month received.

10.20(3) When a member receives a nonrecurring retroactive payment from a specific entitlement source for a prior period of time, it shall be considered as income in the month received. The aid and attendance amount of the DVA pension shall be computed as a manual adjustment (available to member due to IVH nursing care).

10.20(4) Income from a particular source is considered terminated as of the date the member receives the last income payment from that source or the date that a sole or partnership enterprise ends, whichever is later.

10.20(5) When income from a particular source decreases in a calendar month, the decrease in income shall be considered in the computation of that month's member support. Income from a particular source is considered to be decreased as of the date the member receives the first income payment in the decreased amount.

10.20(6) When income from a particular source increases in a month, the increase in income shall be considered in the computation of that month's member support. Income from a particular source is considered to be increased as of the date the member receives the first income payment in the increased amount.

10.20(7) Recurring lump sum payments shall be treated as income in the month received.

10.20(8) Nonrecurring lump sum payments earned prior to admission, regardless of when received, shall not be counted as income but may be considered as an available liquid asset.

10.20(9) Any income as defined in rule 801—10.20(35D) that exceeds the member support billing for that month shall thereafter be considered a liquid asset available under rule 801—10.16(35D).

10.20(10) Employment is only allowed as identified in the IVH discharge planning policy (IVH policy #265). [ARC 9689B, IAB 8/24/11, effective 9/28/11; ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter]

801—10.21(35D) Fraud. Applicants, members or legal representatives who knowingly conceal the existence of resources may be subject to the billing of full member support, discharge for failure to pay for member's care or denial of admission. Further, members who knowingly conceal liquid assets or income which would have affected member support shall be charged for the amount not previously billed due to the fraudulent act. If upon admission it is determined that medical or other pertinent information provided during the application process was fraudulent, notice of discharge may be issued. In addition, any applicant, member or legal representative suspected of fraud may be referred to the department of inspections and appeals, division of investigations, for possible criminal or civil action. The attorney general's office shall conduct the investigation.

801—10.22(35D) Overcharges. When it is discovered that a member was charged for support in excess of the amount actually due, the member shall receive a refund or credit to the member's account. If the member is discharged or deceased, a refund shall be conveyed to the member or legal representative.

801—10.23(35D) Penalty.

10.23(1) All members who have resources in excess of the full support rate shall be charged the full support rate. If any member does not apply for all benefits due (such as, but not limited to, Title XIX, DVA pension, DVA compensation, social security, or any combination), fails to report resources accurately in order to not pay full support, or refuses to accept the available billing programs offered at IVH, that member shall be charged up to full support rate as if these responsibilities had been followed. Failure to comply with these rules may result in discharge from IVH.

10.23(2) If a member is required to pay full member support under these rules, the monthly charge shall be calculated as the per diem in paragraph 10.15(1) "a" or 10.15(1) "b" times the billable days less any offsets. The only exception to this monthly charge will be the additional amount of aid and attendance in the DVA retroactive payment for the time period of nursing care at IVH. This amount, in total, shall be due regardless of resources available. If a member is required to pay member support based on additional resources, these figures shall be obtained from the appropriate agencies. [ARC 2675C, IAB 8/17/16, effective 9/21/16]

801—10.24 to 10.29 Reserved.

801—10.30(35D) Incentive therapy and nonprofit rehabilitative programs. Members may be offered the opportunity to perform services for IVH through the incentive therapy program as part of their plan of care. Participating members shall be compensated at the state's minimum wage for their involvement in the incentive therapy program. If members enrolled in nonprofit rehabilitative programs receive an income from such programs, that income shall be treated in the same manner as the incentive therapy program or IVH policy. This rule is intended to implement Iowa Code section 35D.7 (3). [ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]

801—10.31 to 10.34 Reserved.

801—10.35(35D) Handling of pension money and other funds. Each member who has not been assigned a guardian, conservator, fiduciary or representative payee or has not designated a power of attorney while having adequate decision-making capacity or as otherwise specified may manage that member's own personal financial affairs. Upon the receipt of written authorization from the member or legal representative by the commandant or designee, the commandant or designee may assist the member in the management of the member's financial affairs.

10.35(1) Pension money or other funds deposited with IVH are not assignable except as specified at subrule 10.19(3) or 10.40(2) "b" (1).

10.35(2) If authorized by a member, the commandant or designee may act on behalf of that member in receiving, disbursing, and accounting for personal funds of the member received from any source subject to the requirements of Iowa Code section 135C.24. The authorization may be given or

withdrawn in writing by the member or legal representative at any time. The authorization shall not be a condition of admission to or retention at IVH.

10.35(3) IVH shall maintain a commercial account with a federally insured bank for the personal deposits of its members. The account shall be known as the IVH membership account/rep payee for social security/VA beneficiaries. The commandant or designee shall record each member's personal deposits individually and shall deposit the funds in the membership account where the members' deposits shall be held in the aggregate. Interest shall accrue on those accounts that are on deposit the last working Friday of each month. IVH may withdraw moneys from the account maintained pursuant to this subrule to establish certificates of deposit for the benefit of all members.

10.35(4) If authorized in writing by the member or legal representative, the commandant or designee may make withdrawals against that member's personal account to pay regular bills and other expenses incurred by the member. The authorization may be given or withdrawn in writing by the member or legal representative at any time. The authorization shall not be a condition of admission to or retention at IVH.

10.35(5) The commandant or designee shall maintain a written record of each member's funds which are received by or deposited with IVH. The member or legal representative shall receive a monthly statement showing deposits, withdrawals, disbursements, interest and current balances. If the commandant or designee is made representative payee or fiduciary for the member's financial transactions, this statement shall be maintained in the member's administrative file.

10.35(6) Except as otherwise specified and unless the commandant or designee has been appointed representative payee or fiduciary, funds deposited with IVH shall be released to the member or legal representative upon request. A statement will be provided showing deposits, disbursements, interest, and the final balance at the time the funds are withdrawn. When the member continues to maintain residency at IVH, the funds shall be released and a statement provided within three working days following the request. When a member is being discharged from IVH, the funds shall be released and a statement provided no later than the tenth day of the month following the month of discharge.

10.35(7) Upon the death of a member with personal funds deposited with IVH, and upon receipt of documentation of the outstanding balance, IVH will convey promptly the member's funds to the funeral home or to the individual paying last funeral expenses. If no bill is presented for funeral expenses, IVH will collect any balance owing for the resident's final support bill, which may include debts owed to IVH arts and crafts and ceramics programs. IVH will notify promptly the estate recovery program of the death of any IVH resident who has been on Title XIX. Upon IVH's receipt of notification from the estate recovery program, any funds remaining in the deceased resident's membership account will be disbursed according to the deceased resident's directions. If probate papers are produced, a final accounting of those funds must also be provided to the individual administering the member's estate along with a disbursement of any remaining funds. If the value of the member's estate is so small as to make the granting of administration inadvisable, IVH must hold, then deliver all money plus interest within one year to the proper heirs equally or adhere to the member's request in the member's last will and testament.

10.35(8) A member discharged while on leave from IVH shall have the member's account closed by the tenth day of the month following discharge. This rule is intended to implement Iowa Code sections 35D.11 (2) and 35D.12 (2). [**ARC 9689B**, IAB 8/24/11, effective 9/28/11; **ARC 1157C**, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; **ARC 2675C**, IAB 8/17/16, effective 9/21/16]; **ARC 5800C**, IAB 7/28/21, effective 9/1/21]

801—10.36(35D) Leave, bed holds and 96-hour passes.

10.36(1) Non-Title XIX members.

a. Members are free to leave IVH grounds unless contraindicated by medical determination. In cases where it is determined to be medically contraindicated and a member chooses to leave, the member or legal representative must sign "Discharge Against Medical Advice," Form 475-0940.

b. Leaves are required if the member expects to be absent past midnight.

c. All leaves other than free time shall require payment of member support charges as though the member were in residency. Failure to pay regular member support charges may result in discharge of

the member. Leave length may be changed by notification from the member or legal representative to the nursing unit social worker or domiciliary office.

d. Hospital leaves. Leaves spent in approved medical facilities away from IVH shall not be counted against the 59-day leave time limit as set out in paragraph 10.14(3) "b." Hospital leaves shall be granted and the charges for such leaves shall be as follows:

During the first ten consecutive days of any hospital stay, the member shall pay the regular and usual assessed charge for the member's level of care. Beginning on the eleventh day through the remainder of the hospitalization, the member shall not be charged. Each monthly member support bill shall reflect any adjustments related to hospitalization. Leaves to other medical facilities for the purpose of treatment shall be treated as hospital leaves.

e. General leaves.

(1) Twelve days of leave time each calendar year shall be free time.

(2) The member shall be charged the usual support charge for leave time over 12 days up to and including 59 days.

(3) The member shall be charged the full support rate for the level of care in which the member resides for leave time over 59 days.

(4) Leave time is not cumulative from one calendar year to another calendar year.

(5) Leave time the member has not utilized or cannot utilize shall not be credited toward the member's support.

(6) Support charges for the member on leave who wishes to retain the member's room or bed shall be due and payable as though the member were in residency as set forth in paragraph 10.36(1) "c."

f. When the nursing care member is on leave, the member shall remain on in-house status for the first 12 leave days per calendar year for DVA per diem purposes and IVH shall be financially responsible for medical expenses, which include deductibles, co-pays and the member's share after all insurance has been filed and paid to the medical facility, unless the medical expenses are assumed by the member or legal representative in relation to choice of medical facility.

g. When a member has used 12 non-hospital leave days, IVH is not financially responsible for any medical charges for the member while on leave.

10.36(2) Members who are receiving Title XIX benefits.

a. Members are free to leave IVH grounds unless contraindicated by medical determination. In cases where it is determined to be medically contraindicated and a member chooses to leave, the member or legal representative must sign "Discharge Against Medical Advice," Form 475-0940.

b. A leave as set out in paragraph 10.36(1) "b" is required if a member expects to be absent past midnight.

c. The member's bed shall be held while the member is visiting away from IVH for a period not to exceed 18 days in any calendar year. There is no restriction as to the amount of days taken in any one month or during any one visit, as long as the days taken in the calendar year do not exceed 18. Additional days shall be allowed if the member's medical provider recommends in the plan of care that additional days would be rehabilitative.

d. A member or a legal representative who wishes to exceed the 18 visitation days and retain the member's bed, but does not have medical provider recommendation for an extension, must make arrangements with the operations division administrator or designee for payment of the rate determined by the department of human services income maintenance worker for all days in excess of the 18 visitation days. If prior arrangements and payment are not made, a member may be discharged in accordance with subrule 10.12(2).

e. A bed shall be held for a hospitalized member. The member's client participation shall be paid according to the department of human services' income maintenance worker for all hospitalized days until member returns or is discharged.

f. IVH is not financially responsible for any medical charges for the member when visiting away from IVH.

10.36(3) Ninety-six-hour passes for domiciliary members.

a. A pass shall not exceed 96 hours. If a member expects to be gone for more than 96 hours, a leave is required.

b. Upon return from a pass, the member must remain in residence for 24 hours before another pass is issued.

c. When a member is on pass, the member shall remain on in-house status for DVA per diem purposes; IVH shall be financially responsible for medical expenses, which include deductibles, co-pays and the member's share after all insurance has been filed and paid to the medical facility, unless the medical expenses are assumed by the member or legal representative in relation to choice of medical facility. [ARC 8014B, IAB 7/29/09, effective 7/10/09; ARC 8417B, IAB 12/30/09, effective 2/3/10; ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]; [Filed ARC 5800C (Notice ARC 5660C, IAB 6/2/21), IAB 7/28/21, effective 9/1/21]

801—10.37(35D) Mail.

10.37(1) Each member or legal representative shall be afforded a choice in the methods of handling the member's business mail and in meeting the member's responsibilities for reporting resources for the purpose of computation of member support. A member found to have inadequate financial decision making shall have that member's business mail handled in a manner as to respect that member's dignity and still meet the needs of IVH for complete information regarding resources.

10.37(2) Each member or legal representative shall be allowed to handle that member's business mail to the degree of responsibility chosen by the member or legal representative. A member may:

a. Elect to receive all business mail personally and provide the resident finance office with financial documentation, or

b. Designate that the member shall receive personal mail items, but business mail received at IVH from entitlement sources or concerning assets shall be routed to the resident finance office, cashier's office or purchasing office, whichever is appropriate. [ARC 2675C, IAB 8/17/16, effective 9/21/16]; [Filed ARC 5800C (Notice ARC 5660C, IAB 6/2/21), IAB 7/28/21, effective 9/1/21]

801—10.38 and 10.39 Reserved.

801—10.40(35D) Requirements for member conduct. The commandant or designee shall administer and enforce all requirements for member conduct. Subject to these rules and Iowa Code section 135C.23, the commandant or designee may transfer or discharge any member from IVH when the commandant or designee determines that the health, safety or welfare of the members or staff is in immediate danger, and other reasonable alternatives have been exhausted.

10.40(1) In addition to the member responsibilities as set out in rule 801—10.12(35D), each member shall also comply with the following requirements:

a. The use of intoxicants or alcoholic beverages on IVH premises is prohibited unless prescribed by a medical provider.

b. The bringing of alcoholic beverages or illicit substances on IVH premises is prohibited. Any illicit substances or drug paraphernalia or both found in the member's possession shall be grounds for immediate discharge.

c. The use of illegal substances while a member of IVH is prohibited. A urinalysis shall confirm the presence of illegal substances. A member's refusal to submit to a urinalysis in response to a request based on probable cause shall be considered a positive result and is grounds for discharge.

d. Firearms or weapons of any nature shall be turned in to the commandant or designee for safekeeping. The commandant or designee shall decide if an instrument is a weapon. Firearms or weapons in the possession of a member which constitute a hazard to self or others shall be removed and stored in a place provided and controlled by the facility or sent with family members for safekeeping.

e. Smoking in members' rooms is prohibited. Members who smoke shall do so within designated smoking areas so as not to endanger self or others.

f. Continuously disruptive behavior on the part of a member is grounds for transfer or discharge.

g. Members shall comply with legal requests and orders of the commandant or designee.

h. Members shall not violate state and federal statutes.

i. Members shall report to the resident finance supervisor or designee any changes in assets/income, and pay support within ten business days after the monthly support bill is received or ten business days after the member's last income deposit for the month.

10.40(2) When a member is found in violation of the requirements of conduct established in subrule 10.40(1), the following steps may be taken:

a. For a first offense, a member is counseled by an appropriate staff person and options for correcting the behavior are considered. Options may include but are not limited to:

- (1) Funds restriction.
- (2) Substance abuse treatment.
- (3) Mental health services.

b. IVH control of the member's personal funds as follows:

(1) The pension money and other incomes and available liquid assets shall be deposited by the commandant or designee in a separate account for and on behalf of the member. The commandant or designee shall, under the procedures established in subrules 10.35(3) and 10.35(4), make withdrawals and disbursements to meet the regular bills and other expenses of the member.

(2) If, after a period of up to six months, the member's behavior is deemed appropriate by the facility, the handling of funds will be reviewed, and funds may be returned to the control of the member.

(3) If the member is discharged from IVH, the balance of the funds in the IVH membership account shall be paid to the member or financial legal representative no later than the tenth day of the month following the month of discharge.

c. For a second offense, a member is offered the services above and is placed on probation that warns a third offense may lead to discharge.

d. For a third offense, discharge from IVH in accordance with subrule 10.40(3).

10.40(3) The steps described in subrule 10.40(2) shall generally be followed in that order. However, if the member's violation is of an extreme nature and the member is not amenable to counseling, the commandant or designee shall choose to discharge the member after the expiration of a 30-day written notification period which begins when the notice is personally delivered. If the RCC, in conjunction with the medical provider and mental health personnel, deems that the member's behavior poses a threat of imminent danger, the commandant or designee may issue notice of an immediate involuntary discharge. In such an emergency situation, a written notice shall be given prior to or within 48 hours following the discharge. The member's county commission of veterans affairs and the legal representative shall be informed in writing of the decision to discharge. Written notification shall also be issued to appropriate governmental agencies including the commission, the department of inspections and appeals, and the department on aging's long-term care ombudsman to ensure that the member's health, safety or welfare shall not be in danger upon the member's release.

10.40(4) A member who has been previously discharged under the provisions of subrule 10.40(2) or 10.40(3) shall be readmitted to IVH only upon the approval of the commandant or designee. If not approved, the applicant shall receive written notice of the denial. A copy of the denial notice shall be forwarded to the commission and the appropriate county commission of veterans affairs. Any decision to deny readmittance is subject to the review of the commission. [ARC 8014B, IAB 7/29/09, effective 7/10/09; ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]; [Filed ARC 5800C (Notice ARC 5660C, IAB 6/2/21), IAB 7/28/21, effective 9/1/21]

801—10.41(35D) County of settlement upon discharge. A member does not acquire residency in Marshall County, the county in which IVH is located, unless the member is voluntarily or involuntarily discharged from IVH and the member meets county of residence requirements. For purposes of this rule, "county of residence" means the same as defined in Iowa Code section 331.394. [ARC 2675C, IAB 8/17/16, effective 9/21/16; ARC 4587C, IAB 7/31/19, effective 9/4/19]

801—10.42(35D) Disposition of personal property and funds.

10.42(1) A discharged member shall remove all personal property at the time of discharge or within 30 days. Personal property not removed within 30 days after discharge shall become the property of IVH to dispose of as the commandant or designee directs. Personal property may be forwarded at the member's expense to the member's last-known address. When the member is discharged from IVH, the member's funds shall be released to the member or legal representative with a statement provided no later than the tenth day of the month following the month of discharge.

10.42(2) Following written notification to the legal representative or first next of kin, a deceased member's personal property remaining at IVH 30 days after written notification shall become the property of IVH to dispose of as the commandant or designee directs. If there is a known legal representative or first next of kin, the property may be shipped to the legal representative or first next of kin at the expense of the estate, legal representative, or first next of kin.

10.42(3) Upon the death of a member with personal funds deposited at IVH, after the final bill and any outstanding funeral expenses have been paid, and after receipt of notification from the estate recovery program (for those on Title XIX) that release of funds is approved, IVH shall convey the member's funds along with a final statement to the legal representative administering the member's estate. When an estate is not opened or in cases where no executor is appointed, IVH shall attempt to locate the deceased member's heirs and deliver the funds to the heirs equally or according to the terms of the last will and testament within one year after the date of death. [ARC 2675C, IAB 8/17/16, effective 9/21/16]

801—10.43(35D) Rule enforcement—power to suspend and discharge members. The commandant or designee shall administer and enforce all rules adopted by the commission, including rules of discipline and, subject to these rules, may immediately suspend the membership of and discharge any member from IVH for infraction of the rules when the commandant or designee determines that the health, safety or welfare of the members of IVH is in immediate danger and other reasonable alternatives have been exhausted. The suspension and discharge are temporary pending action by the commission. Judicial review of the action of the commission may be sought in accordance with Iowa Code chapter 17A.

10.43(1) The commandant or designee shall, with the input and recommendation of the RCC, involuntarily discharge a member for any of the following reasons:

a. The member has been diagnosed with a substance use disorder but continues to abuse alcohol or an illegal drug in violation of the member's conditional or provisional agreement entered into at the time of admission or at any time thereafter, and all of the following conditions are met:

(1) The member has been provided sufficient notice of any changes in the member's collaborative care plan.

(2) The member has been notified of the member's commission of three offenses and has been given the opportunity to correct the behavior through either of the following options:

1. Being given the opportunity to receive the appropriate level of treatment in accordance with best practices for standards of care.

2. By having been placed on probation by IVH for a second offense. Notwithstanding the member meeting the criteria for discharge under paragraph 10.43(1)"a," if the member has demonstrated progress toward the goals established in the member's collaborative care plan, the RCC and the commandant or designee may exercise discretion regarding the discharge. Notwithstanding any provision to the contrary, the member may be immediately discharged under paragraph 10.43(1) "a" if the member's actions or behavior jeopardizes the life or safety of other members or staff.

b. The member refuses to utilize the resources available to address issues identified in the member's collaborative care plan, and all of the following conditions are met:

(1) The member has been provided sufficient notice of any changes in the member's collaborative care plan.

(2) The member has been notified of the member's commission of three offenses and the member has been placed on probation by IVH for a second offense. Notwithstanding the member meeting the criteria for discharge under paragraph 10.43(1)"b," if the member has demonstrated progress toward the goals established in the member's collaborative care plan, the RCC and the commandant or designee may exercise discretion regarding the discharge. Notwithstanding any provision to the contrary, the member may be immediately discharged if the member's actions or behavior jeopardizes the life or safety of other members or staff.

c. The member no longer meets the requirements for residential or nursing level of care, as determined by the RCC or medical provider.

d. The member requires a level of licensed care not provided at IVH.

10.43(2) Provisions for member following discharge from IVH.

a. If a member is discharged under this rule, the discharge plan shall include placement in a suitable living situation which may include but is not limited to a transitional living program approved by the commission or a living program provided by DVA.

b. If a member is involuntarily discharged under this rule, the commission shall, to the greatest extent possible, ensure against the member being homeless and ensure that the domicile to which the member is discharged is fit and habitable and offers a safe and clean environment which is free from health hazards and provides appropriate heating, ventilation and protection from the elements.

10.43(3) Discharge notice, including right to appeal. An involuntary discharge of a member under this rule shall be preceded by a written notice to the member. The notice shall state that, unless the discharge is an immediate discharge due to the member's actions or behavior which jeopardizes the life or safety of other members or staff, the effective date of the discharge is 30 calendar days from the date of receipt of the discharge notice, and that the member has the right to appeal the discharge. In addition, the discharge notice shall contain:

a. The stated reason for the proposed discharge or transfer.

b. The actual effective date of the proposed discharge or transfer.

c. A statement in not less than 12-point type which reads: "You have a right to appeal the facility's decision to transfer or discharge you. If you think you should not have to leave this facility, you may request a hearing in writing or verbally with the Commission of Veterans Affairs (hereinafter referred to as "Commission") within five (5) calendar days after receiving this notice. You have a right to be represented at the hearing by an attorney or any other individual of your choice at your own expense. If you request a hearing, it will be held, and a decision rendered within ten (10) calendar days of the filing of the appeal. Provision may be made for extension of the ten (10) day requirement upon request to the Commission designee. If you lose the hearing, you will not be discharged or transferred before the expiration of 30 days following receipt of the original notice of the discharge or transfer, or no sooner than five (5) days following final decision of such hearing. To request a hearing or receive further information, call the Commission or write to the Commission to the attention of: Chairperson, Commission of Veterans Affairs."

10.43(4) Emergency discharge. In the case of an emergency transfer or discharge relating to a threat of imminent harm, the resident must still be given a written notice prior to or within 48 hours following transfer or discharge. A copy of this notice must be placed in the resident's file, and it must contain all the information required by 10.43(3). In addition, the notice must contain a statement in not less than 12-point type (elite), which reads: "You have a right to appeal the facility's decision to transfer or discharge you on an emergency basis. If you think you should not have to leave this facility, you may request a hearing in writing or verbally with the Commission of Veterans Affairs (hereinafter referred to as 'Commission') within 5 calendar days after receiving this notice. If you request a hearing, it will be held and a decision rendered within 10 calendar days of the filing of the appeal no later than 14 days after receipt of your request by the Commission. You may be transferred or discharged before the hearing is held or before a final decision is rendered. If you win the hearing, you have the right to be transferred back into the facility. To request a hearing or receive further information, you may call the Commission or write to the Commission to the attention of: Chairperson, Commission of Veterans Affairs."

10.43(5) Appeal by member.

a. If a member appeals the discharge under this rule, the member shall be provided with the information relating to the appeals process as specified in rule 801—10.47(35D).

b. If a member appeals the discharge under this rule, the involuntary discharge appeal process in rule 801—10.47(35D) shall apply.

10.43(6) By the fourth Monday of each session of the Iowa general assembly, the commandant shall submit a report annually to the senate veterans affairs committee and the house veterans affairs committee specifying the number, circumstances and placement of each member involuntarily discharged from IVH under this rule during the previous calendar year.

10.43(7) Any involuntary discharge by the commandant or designee under this rule shall comply with the rules adopted by the commission and by the department of inspections and appeals in accordance with Iowa Code section 35D.15. [ARC 8014B, IAB 7/29/09, effective 7/10/09; ARC 8417B, IAB 12/30/09, effective 2/3/10; ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of

chapter; **ARC 2675C**, IAB 8/17/16, effective 9/21/16]; [Filed ARC 5800C (Notice ARC 5660C, IAB 6/2/21), IAB 7/28/21, effective 9/1/21]

801—10.44 Reserved.

APPEAL PROCESS

801—10.45(35A, 35D) Applicant appeal process. An applicant who believes that any of the provisions of this chapter have not been upheld, or have been upheld unfairly, may file an appeal directly with the commandant or designee containing a statement of the grievance and requested action. The commandant or designee shall investigate and may hold an informal hearing with the applicant and other involved individuals. Subrules 10.46(4) to 10.46(8) apply subsequently. The commandant or designee shall notify the applicant of the decision in writing within ten working days of receipt of the grievance. [**ARC 1157C**, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter]

801—10.46(35A, 35D) Member appeal process. A member who believes that any of the provisions of 801—Chapter 10 have not been upheld or have been upheld unfairly may file an appeal.

10.46(1) A member shall discuss the problem and action desired with the assigned social worker within five working days of the incident which caused the problem. The social worker shall investigate the situation and attempt to resolve the problem within five working days of the discussion with the member. If the assigned social worker has allegedly caused the grievance, the member may file the grievance directly with the social work supervisor.

10.46(2) If unable to resolve the problem, or if the member is dissatisfied with the solution, the social worker shall assist the member with filing a formal grievance and shall submit a report of the facts and recommendations to the administrator of nursing within five working days of the discussion with the member. The administrator of nursing shall inform the member of the decision in writing within five working days of receipt of the social worker's report.

10.46(3) If the member is not satisfied with the decision of the administrator of nursing, or if no decision is given within the time specified in subrule 10.46(2), the member may appeal to the commandant or designee within ten working days of the decision of the administrator of nursing or, if no decision is given, within ten working days of the time limit specified in subrule 10.46(2). The grievance shall be submitted in writing and contain a statement of the cause of the grievance and requested action. A copy of the decision of the administrator of nursing shall be attached to the grievance statement, if applicable. The commandant or designee shall investigate the grievance and may hold an informal hearing with the member, administrator of nursing, and other involved individuals. The commandant or designee shall notify the member and the administrator of nursing of the decision in writing within ten working days of receipt of the grievance.

10.46(4) If the member is not satisfied with the decision of the commandant, or if no decision is given within the time limits specified in subrule 10.46(3), the member may appeal to the commission within ten working days of the commandant's decision. The member and commandant shall be notified in writing within five working days of the commission's receipt of the appeal. The commission shall schedule a hearing with the member, commandant, and other involved individuals to determine the facts and make a final decision.

10.46(5) The member may appoint any individual to represent the member in the appeal process, at the member's expense.

10.46(6) No reprisals of any kind shall be taken against a member for filing an appeal.

10.46(7) The member may obtain judicial review of the commission's final decision in accordance with Iowa Code chapter 17A.

10.46(8) The time limits specified in the above subrules may be extended when mutually agreed upon by the persons involved in the appeal process. [**ARC 1157C**, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; **ARC 2675C**, IAB 8/17/16, effective 9/21/16] Rules 801—10.45(35A, 35D) and 801—10.46(35A, 35D) are intended to implement Iowa Code subsection 35A.3 (4) and Iowa Code chapter 35D.

801—10.47(35D) Involuntary discharge appeal. When a member appeals an involuntary discharge, the following provisions shall apply:

10.47(1) The member shall file the appeal with the commission within 5 calendar days of receipt of the discharge notice.

10.47(2) The commission shall conduct a contested case proceeding in accordance with the uniform rules on contested case proceedings found in 801—Chapter 8. The rules in 801—Chapter 8 are adopted by reference with the following amendment: The presiding officer must be a member of the commission and cannot be an administrative law judge with the department of inspections and appeals.

10.47(3) The commission shall render a decision on the appeal and notify the member of the decision in writing within 10 calendar days of the filing of the appeal.

10.47(4) If the member is not satisfied with the decision of the commission, the member may appeal the commission's decision by filing an appeal with the department of inspections and appeals within 5 calendar days of being notified in writing of the commission's decision.

10.47(5) The department of inspections and appeals shall render a decision on the appeal of the commission's decision and notify the member of the decision in writing within 15 calendar days of the filing of the appeal with the department.

10.47(6) The maximum time period that shall elapse between receipt by the member of the discharge notice and actual discharge shall not exceed 55 days which includes the 30-day discharge notice period and any time during which any appeals to the commission or the department of inspections and appeals are pending.

10.47(7) If a member is not satisfied with the decision of the department of inspections and appeals, the member may seek judicial review in accordance with Iowa Code chapter 17A. A member's discharge under rule 801—10.43(35D) shall not be stayed while judicial review is pending. [ARC 8014B, IAB 7/29/09, effective 7/10/09; ARC 8417B, IAB 12/30/09, effective 2/3/10; ARC 8635B, IAB 3/24/10, effective 4/28/10]

801—10.48 Reserved.

801—10.49(35D) Licensed nursing home administrator. The commandant shall employ a licensed nursing home administrator and convey the authority for compliance with all applicable laws and rules. This rule is intended to implement Iowa Code chapter 135C. [ARC 2675C, IAB 8/17/16, effective 9/21/16]

GROUPS AND FACILITY ADMINISTRATION

801—10.50(35D) Visitors. Visitors are welcome to IVH subject to the following conditions:

10.50(1) Member visitation hours are from 8 a.m. to 11 p.m. daily. Visiting hours may be extended on an individual basis with the approval of the commandant or designee.

10.50(2) Visitors are subject to the policies and procedures as established by IVH, including the tobacco-free policy.

10.50(3) Tours of IVH may be arranged by contacting the commandant or designee.

10.50(4) Weapons, illegal substances or alcoholic beverages are not permitted on IVH grounds.

10.50(5) Any disruptive behavior on the part of a visitor shall result in modification, denial or termination of visiting privileges.

10.50(6) Trespass. Visitors shall not enter IVH grounds with the intent to commit a public offense, remain upon the grounds or in IVH buildings without justification after being notified or requested to abstain from entering, or to remove or vacate therefrom by any peace officer, magistrate, or public employee whose duty it is to supervise the use or maintenance of IVH and its grounds.

10.50(7) Any visitor violating any of the rules within this chapter may be restricted from IVH for a period of time to be determined by the commandant or designee.

10.50(8) Visitors who bring pets must comply with IVH rules regarding pet health and safety. Pets shall be kept on a leash while on IVH grounds. [ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]

801—10.51(35D) Mail. Rescinded ARC 2675C, IAB 8/17/16, effective 9/21/16.

801—10.52(35D) Interviews and statements.

10.52(1) Releases to the news media shall be the responsibility of the commandant or designee. Authority for dissemination and release of information shall be designated to other persons at the discretion of the commandant or designee.

10.52(2) Interviews of members within IVH by the news media or other outside groups are permitted only with prior consent of the member to be interviewed or the member's legal representative. At the request of the person or group who wishes to conduct an interview, the commandant or designee shall seek to obtain the required consent from the member or the member's legal representative. [ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter]

801—10.53(35D) Donations. Donations of money, new clothing, books, games, recreational equipment or other gifts shall be made directly to the commandant or designee. The commandant or designee shall evaluate the donation in terms of the nature of the contribution to the facility program. The commandant or designee shall be responsible for accepting the donation and reporting the gift to the commission. All monetary gifts shall be acknowledged in writing to the donor and reported to the Iowa ethics and campaign disclosure board. [ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]

801—10.54(35D) Photographing and recording of members and use of cameras.

10.54(1) Photographs and recordings of members within IVH by news media or other outside groups are permitted only with prior consent of the member to be photographed or recorded, or the member's legal representative. At the request of the person or group who wishes to make photographs or recordings, the commandant or designee shall seek to obtain the required consent from the member or the member's legal representative.

10.54(2) Every effort shall be made to preserve the inherent dignity of the member and to preclude exploitation or embarrassment of the member or the family of the member. [ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter]

801—10.55(35D) Use of grounds and facilities.

10.55(1) Persons wishing to use the facilities and grounds for civic purposes, programs for members, meetings, and similar purposes, must contact the commandant or designee at least two weeks in advance of the requested date. The commandant or designee may disapprove a request when the requested facilities are scheduled for use by or for the members, or when the activity would disrupt the normal operation of IVH. Previous arrangements to use the facilities or grounds may be canceled by the commandant or designee in the event of an emergency or when changes in the schedule require the use of the facilities or grounds for the members. Persons who use the facilities or grounds shall be held responsible for leaving the facilities or grounds in satisfactory condition and for any damages caused by or resulting from use.

10.55(2) Outside organizations permitted to use facilities or grounds shall observe the same rules as visitors to the facility. [ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter]

801—10.56(35D) Nonmember use of cottages. Cottages may be made available to IVH staff or to other members of the public with the commandant's or designee's approval and at the established rate.

10.56(1) Expenses incurred as a result of damage or need for exceptional cleaning/sanitizing procedures, or both, may result in additional charges as determined by IVH.

10.56(2) Posted occupancy capacities shall not be exceeded and may be grounds for denial of use.

10.56(3) Pets are only allowed inside the cottages as outlined in the IVH cottage occupancy policy. [ARC 8014B, IAB 7/29/09, effective 7/10/09; ARC 9689B, IAB 8/24/11, effective 9/28/11; ARC 1157C, IAB 10/30/13, effective 12/4/13; see Delay note at end of chapter; ARC 2675C, IAB 8/17/16, effective 9/21/16]

801—10.57(35D) Operating motor vehicles on grounds.

10.57(1) The operator of a motor vehicle shall have a valid license for the type of vehicle being driven upon IVH grounds.

10.57(2) All persons operating a motor vehicle on IVH grounds shall comply with the applicable state and local laws and IVH policies.

10.57(3) No driver of a motor vehicle or motorcycle shall disobey the instructions of any traffic-control device, warning, or sign placed.

10.57(4) No person shall drive any vehicle in such a manner as to indicate either a willful or wanton disregard for the safety of person or property. The person operating the motor vehicle or motorcycle shall have same under control and shall reduce the speed to 20 miles per hour on IVH grounds and reduce the speed to a lower, reasonable rate when approaching and passing a person walking in the traveled portion of a street.

10.57(5) No person shall stop, park, or leave standing any type vehicle in established fire lanes, emergency vehicle areas, and other essential lanes. No person shall park any type vehicle on roadways.

10.57(6) No person shall leave any type vehicle unattended by not locking doors or removing keys.

10.57(7) Failure to comply with rules may cause limitation or curtailment of driving privileges on IVH grounds for an indefinite period.

10.57(8) Motor vehicles belonging to members may be parked in member-designated parking on IVH grounds. This chapter is intended to implement Iowa Code subsection 35A.3 (4) and chapter 35D.

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¹ December 4, 2013, effective date of ARC 1157C [amendments to ch 10] delayed 70 days by the Administrative Rules Review Committee at its meeting held November 8, 2013. At its meeting held December 10, 2013, the Committee lifted the delay, effective December 11, 2013.

Date: 7/28/2021

Elizabeth Ledvina, Chairperson
Iowa Commission of Veteran Affairs