



Iowa Department of Human Services

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GENERAL LETTER NO. 3-A-7

ISSUED BY: Division of Mental Health and Disability Services

SUBJECT: Employees' Manual, Title 3, Chapter A, **MENTAL HEALTH INSTITUTES**, Title page, revised; Contents (pages 1, 2, and 6), revised; pages 1, 2, 3, 6, 8 through 16, 19, 20, 21, 32 through 36, 38, 39, 40, 42, 44, 45, 47, 48, 48a, 48b, 48c, 49, 50, 51, 85, 111, 112, 113, 115, 117, 118, 118b, 119, 120, 121, 126, 132, 134, 135, and 139, revised; and pages 18a and 48d, new.

Summary

Chapter 3-A is revised to:

- ◆ Delete references to the process for determining legal settlement.
- ◆ Add the process for using county of residence to determine county financial responsibility which included the new dispute resolution process.
- ◆ Incorporate the new regional administrator process used for managing disability services.
- ◆ Clarify the legal process for billing the county of residence for services provided.
- ◆ Replace references to the deputy director with division administrator to reflect administrative changes.
- ◆ Revise the list of individual rights to reflect the list of rights contained in 441 IAC 29.6.
- ◆ Add definitions for:
 - County of residence
 - Declaration of residence
 - Division administrator
 - Facility admission
 - Minor
 - Non-Medicaid payment eligible
 - Regional administrator
- ◆ Modify definitions for:
 - Admission
 - County of admission
 - Division
 - Guardian
 - Individual
 - Official designated agent
 - Outpatient admission
 - State care
- ◆ Delete definitions for:
 - Child
 - Legal settlement
 - Residence
 - Resident

Effective Date

July 1, 2013

Material Superseded

This material replaces the following pages from Employees' Manual, Title 3, Chapter A:

<u>Page</u>	<u>Date</u>
Title page	May 15, 2009
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1	July 2, 2010
2, 3	May 15, 2009
6, 8	July 2, 2010
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Additional Information

Refer questions about this general letter to the administrator of the Division of Mental Health and Disability Services.

Revised January 31, 2014

Employees' Manual
Title 3
Chapter A

MENTAL HEALTH INSTITUTES



Iowa Department
of Human Services

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Overview

The purpose of each mental health institute is to operate as a regional mental health institute providing one or more of the following:

- ◆ Person-centered treatment, training, care, habilitation, and support services for individuals with mental illness or a substance abuse problem that supports the individual's recovery plan.
- ◆ Facilities, services, and other support to the communities located in the region being served by a mental health institute so as to maximize the usefulness of the mental health institutes while minimizing overall costs.

The mental health institute shall assure that:

- ◆ The professional clinical employees are committed to providing treatment services in the most integrated manner possible to maximize good health and well-being of the persons being served.
- ◆ Services provided comply with current professional standards and that an ongoing process shall be in place to evaluate clinical judgment against practice standards along with the implementation of processes that continuously seek to improve the quality of the services provided.
- ◆ Written policies and procedures are established, maintained, and adhered to that comply with applicable federal and state law, policy, regulations, and that policies and procedures reflect a commitment to quality through integrated teamwork.
- ◆ Each facility's policies shall be subject to the review and approval of the division administrator.

Legal Basis

Iowa Code chapter 125 provides for the voluntary or involuntary treatment of individuals who have an addiction or dependency, either physical or psychological, on a chemical substance.

Iowa Code Chapter 218 governs the general administration of the Department's facilities.

Iowa Code section 218.1 provides that the director of the Department of Human Services has full authority to control, manage, direct, and operate the Department's facilities and may assign this authority to the division administrator.

Iowa Code section 218.13 requires the Department to conduct background checks of any person who is:

- ◆ Being considered for employment involving direct responsibility for an individual or with access to an individual when the individual is alone; or
- ◆ Requesting permission to reside on the grounds of the mental health institute.

Iowa Code section 218.64(2) requires the county medical examiner to conduct a preliminary investigation of all deaths at facilities covered by Iowa Code, Chapter 218.

Iowa Code section 218.65 governs the handling of the property of an individual who dies at a state facility.

Iowa Code Chapter 226 outlines the authority and responsibilities of the state mental health institutes.

Iowa Code Chapter 228 prohibits the disclosure of mental health information without proper authorization or authority.

Iowa Code sections 225C.25 through 225C.32 provide that persons with mental retardation, developmental disabilities, brain injury, or chronic mental illness retain the same rights granted to all other persons and cannot be denied these rights without due process.

Iowa Code Chapter 229 governs the hospitalization of persons with mental illness.

Iowa Code Chapter 230 defines responsibility for the necessary and legal costs and expenses attending the taking into custody, care, investigation, admission, commitment, and support of a person with mental illness admitted or committed to a state hospital.

Iowa Code sections 232.67 through 232.77, Iowa Code Chapter 235A, and 441 Iowa Administrative Code Chapter 175 define child abuse and requires reporting, investigation, and actions to be taken to protect children from abuse.

Iowa Code Chapter 235B and 441 Iowa Administrative Code, Chapter 176 and Iowa Code chapter 235E define dependent adult abuse and require reporting, investigation, and actions to be taken to protect dependent adults from abuse.

Iowa Code section 331.393 creates the office regional administrator.

Iowa Code section 331.394 defines county of residence and provides a dispute resolution process.

Iowa Code sections 331.802 and .805 details the responsibilities of the county medical examiner in deaths of public interest and defines all deaths at a facility governed by Iowa Code Chapter 218 as deaths of public interest.

Iowa Code section 709.1 defines sexual abuse.

Iowa Code sections 812.3 through 812.9 define mental incompetence and placement of persons found to be mentally incompetent to stand trial.

Iowa Code sections 901.4A and 901.5(8) provide for the substance abuse evaluation and treatment of individuals as part of the individual's sentencing in a criminal case.

Rules of Criminal Procedure, 2.22(8) provides for the evaluation and treatment of individuals found not guilty by reason of insanity.

Department rules at 441 Iowa Administrative Code 28.4(6) provide that individuals served by the mental health institutes have the right to the least restrictive conditions necessary to achieve the purposes of treatment. Individuals shall be free from restraint or seclusion, except when necessary to prevent harm to themselves, harm to others, or damage to property.

Civil Rights of Institutionalized Person Act (CRIPA) at 42 USC §§1997j requires the United States Attorney General to investigate conditions of egregious or flagrant deprivation of rights of persons residing in public institutions.

Public Law 106-402, the Developmental Disabilities Assistance & Bill of Rights Act of 2000: (DD Act), codified at 42 USC 15001, provides that programs, projects, and activities for persons with developmental disabilities shall be carried out in a manner consistent with supporting the rights of the persons served.

- ◆ **Sexual abuse:** Any sexual contact between an individual and a caretaker is sexual abuse. Sexual abuse occurs when there is any sexual contact with a minor. Sexual abuse includes but is not limited to:
 - Inappropriate touching,
 - Attempted or actual sexual relations,
 - Penetration,
 - Solicitation,
 - Indecent exposure,
 - Sexual assault,
 - Invasion of privacy for sexual gratification,
 - Use of sexually explicit language to harass or suggest sexual activity, or
 - Sexual exploitation (having individuals perform sexual acts with other individuals for the employee's benefit or sexual gratification).

- ◆ **Verbal abuse:** Any oral (including tone of voice), written or gestured language to belittle, ridicule, scorn, assault, dehumanize, otherwise denigrate, socially stigmatize, or show contempt for an individual. Such behaviors include but are not limited to:
 - Yelling,
 - Swearing,
 - Name-calling,
 - Teasing,
 - Insulting, or
 - Use of disrespectful or derogatory terms to describe an individual.

“Administrator” means the administrator of the Department’s Division of Mental Health and Disabilities Services.

“Admission” means the acceptance of an individual for receipt of services at a mental health institute on either a voluntary or involuntary basis.

“Adult” means an individual 18 years of age or older.

“Adverse drug reaction” means an unexpected and untoward reaction to medication.

“Allegation” means an assertion of misconduct or wrongdoing that has yet to be proven or confirmed by supporting evidence.

“Ambulatory restraint” means the use of restraints such that an individual is still able to walk and move from one place to another while in restraints.

“Chemotherapy” means a treatment of an individual by use of a drug or a substance that cannot be legally delivered or administered to the ultimate user without a physician’s prescription or medical order.

“Clinical services” means a group of specialized practices addressing the biopsychosocial needs of an individual. For the purposes of this policy, these practices include the specialized care provided by licensed practitioners in the fields of dentistry, medicine, neurology, neuropsychiatry, nursing, nutrition, occupational therapy, pharmacology, physical therapy, psychiatry, psychology, social work, and speech and language pathology.

“Community integration” means the process of including persons with mental illness in the environments, activities, and social networks of typical persons.

“Competency-based training” means a type of training in which the student must demonstrate, through testing or observed practicum, a clear understanding of the learning material presented.

“Contractor” means a person employed under a personal services contract by the institute that has direct personal contact with an individual.

“County of residence” means as defined in Code of Iowa section 331.439F.

“Declaration of county of residence” means the declaration made by an applicant at the time of application or admission stating which Iowa county the applicant declares to be the applicant’s county of residence when a prior determination has not been made.

“Department” means the Iowa Department of Human Services.

“DIA” means the Department of Inspections and Appeals.

“Discharge” means another provider has accepted responsibility for providing services and supports to an individual, the individual no longer needs services, or the individual has rejected services and the mental health institute no longer has legal responsibility for providing direct services to the individual.

“Discharge plan” means the plan developed for an individual that identifies the major barriers to discharge and the strategies that will be developed and implemented to overcome the barriers to enable the individual to move to the most integrated setting appropriate to the individual’s needs.

“Division” means the office of the Department’s Division of Mental Health and Disability Services.

“Division administrator” means the administrator of the Division of Mental Health and Disability Services as defined in Iowa Code sections 225C.3 and .4.

“Due process” means assuring that an individual’s rights are not limited unless done so by court order through a process defined by law or through an individual’s approved program plan process that includes informed consent.

“Elopement” occurs when:

- ◆ An individual’s location is unknown by employees who are assigned responsibility for oversight; or
- ◆ An individual who is allowed to travel independently on campus does not arrive or return when expected; or
- ◆ An individual who is either on or off campus leaves without permission and is no longer in continuous oversight.

“Employee” means a full-time, part-time, or temporary person on the payroll of the institute.

“Evidence-based practice” means the integration of best research evidence with clinical expertise and patient values.

“Expected death” means a death where the individual is diagnosed with a terminal illness or condition whose health status, based on current medical knowledge, is not expected to improve but likely to deteriorate. The illness or condition is expected to be fatal within a reasonable period, and the determination is supported by the individual’s treatment record and course of treatment.

“Facility” means a mental health institution listed in [Iowa Code section 218.1](#).

“Facility admission” means the determination that the individual meets all the admission requirements and has been admitted for an overnight stay at a mental health institute.

“Family contact” means for an adult individual, the family member the individual has designated, in writing, to receive information concerning the individual’s services at the mental health institute or, a person often referred to as a surrogate decision-maker, who has been legally authorized to make care decisions for the individual if the individual loses decision-making capacity.

“Five-point restraint” means a four-point restraint with the addition of a strap that is placed around an individual’s waist or chest and secured to the bed frame.

“Five-point restraint with bicep cuffs” means the use of five-point restraint with the addition of soft cuffs placed on the biceps of an individual and secured to the bed frame.

“Four point restraint” means the use of soft bracelets encasing the wrists and ankles of an individual lying on a bed that are secured to the bed frame.

“Gradual release” means the selective removal of certain restraints in order to evaluate an individual’s mental and behavioral status.

“Grievance” means a written or oral complaint by an individual involving a rights violation, or unfairness to the individual, or any aspect of the individual’s life that the individual does not agree with.

“Guardian” means the person other than a parent of a child who has been appointed by the court to have custody of the person of the individual as provided under [Iowa Code section 232.2\(21\)](#) or [633.3\(20\)](#).

“High risk or dangerous behavior” means a behavior or action on the part of an individual that a reasonable and prudent person would deem as of immediate danger to the individual’s health or safety or the health or safety of another person. This includes threatened behavior when the individual has the immediate opportunity and capacity to carry out the behavior.

“Incident” means any action, situation, behavior, or occurrence that is not consistent with the care, treatment, or habilitation plan of an individual or that may affect the health or safety of the individual.

“Independent physician” means a licensed physician who is not an employee of the facility and who has no personal or professional connections to the individual who died.

| **“Individual”** means any minor or adult voluntarily admitted or committed to and receiving services from a mental health institute. For the policies on human rights and abuse, it also includes any minor or adult not residing in but receiving services from a mental health institute.

“Individual education plan” means the primary document outlining an individual’s educational needs and the services and supports required for the individual to receive a free appropriate public education in the least restrictive environment.

“Individual treatment plan” means the plan of treatment, education, and support services developed for each individual to address the individual’s identified needs, values, and includes the individual’s treatment and recovery goals.

“Informed consent” means an agreement by an individual or by the individual’s parent, guardian, or legal representative to participate in an activity based upon an understanding of:

- ◆ A full explanation of the procedures to be followed, including an identification of those that are experimental.
- ◆ A description of the attendant discomforts and risks.
- ◆ A description of the benefits to be expected.
- ◆ A disclosure of appropriate alternative procedures that would be advantageous for the person.
- ◆ Assurance that the consent is given freely and voluntarily without fear of retribution or withdrawal of services.

“Institute” means a mental health institution listed in [Iowa Code section 218.1](#).

“Joint Commission” means the Joint Commission on Accreditation of Healthcare Organizations, a national accrediting body.

“Leave” means any status where the individual is not physically present in the facility but has not been discharged and the facility retains some responsibility for the care, oversight, or treatment of the individual.

“Legal representative” means a person, including an attorney or an attorney in fact under [Iowa Code Chapters 144A](#) and [144B](#), who is authorized by law to act on behalf of an individual.

“Licensed physician” means a person licensed under the provisions of Iowa Code Chapters 148, 150, or 150A to practice medicine and surgery, osteopathy, or osteopathic medicine and surgery.

“Mandatory reporter” means:

- ◆ For adult abuse, a person as defined in the [Iowa Code section 235B.3\(2\)](#).
- ◆ For child abuse, a person as defined in the [Iowa Code section 232.69\(1\)](#).

“Medical director” means the licensed physician employee or contractor of a state mental health institute responsible for the supervision of medical services and other duties as defined in the job description, or that employee’s licensed physician designee. This person may also be called the clinical director.

“Medical order” means an order written by medical staff.

“Medical staff” means a physician, an advanced registered nurse practitioner, or a physician assistant.

“Medication error” means not administering a medication as ordered or administering a medication without authorization.

“Mental illness” means every type of mental disease or mental disorder, except that the term does not refer to:

- ◆ Mental retardation as defined in [Iowa Code section 222.2, subsection 5](#); or
- ◆ Insanity, diminished responsibility, or mental incompetence as the terms are defined and used in the Iowa criminal code or in the Rules of Criminal Procedure, or Iowa Court Rules; or
- ◆ Mental abnormality as defined in [Iowa Code section 229A.2\(5\)](#).

“Minor” means an individual under the age of 18.

“Next of kin” means, as defined in [Iowa Code section 144C.5](#), the following persons in descending order:

- ◆ A designee, or alternative designee, appointed under [Iowa Code section 144C.3](#), acting pursuant to the decedent’s declaration.
- ◆ The surviving spouse, if not legally separated from the decedent, whose whereabouts is reasonably ascertainable.
- ◆ A surviving child, or, if there is more than one, a majority of the surviving children whose whereabouts are reasonably ascertainable.
- ◆ The surviving parents whose whereabouts are reasonably ascertainable.

- ◆ A surviving grandchild, or, if more than one, a majority of the surviving grandchildren whose whereabouts are reasonably ascertainable.
- ◆ A surviving sibling, or, if there is more than one, a majority of the surviving siblings whose whereabouts are reasonably ascertainable.
- ◆ A surviving grandparent, or if there is more than one, a majority of the surviving grandparents whose whereabouts are reasonably ascertainable.
- ◆ A person in the next degree of kinship in the order named by law to inherit the estate of the decedent under the rules of inheritance of intestate succession or, if there is more than one, a majority of such surviving persons whose whereabouts are reasonably ascertainable.
- ◆ A person who represents that the person knows the identity of the decedent and who signs an affidavit warranting the identity of the decedent and assuming the right to control final disposition of the decedent's remains and the responsibility to pay any expense attendant to such final disposition.
- ◆ The county medical examiner, if responsible for the decedent's remains.

"Non-Medicaid payment eligible" means an individual who is not eligible for Medicaid funding for the services provided by a mental health institute.

"Official designated agent" means a person or agency designated by a recorded vote of the board of supervisors to act on behalf of a board of supervisors.

"Outpatient admission" means an individual who is provided a service but who is not admitted as a resident.

"Parent" means a natural or adoptive mother or father of a child but does not include a mother or father whose parental rights have been terminated.

"Perpetrator" means a person who has been found, under the law, to be responsible for the abuse of a child or a dependent adult.

"Physical injury" means:

- ◆ Damage to any bodily tissue to the extent that the tissue must undergo a healing process in order to be restored to a sound and healthy condition, or
- ◆ Damage to any bodily tissue that results in the death of the person who has sustained the damage.

“Physical restraint” means any approved manual method or physical hold or mechanical device, material, or equipment attached or adjacent to the individual’s body that the individual cannot easily remove that restricts the individual’s freedom of movement or normal access to the individual’s body.

Physically holding an individual in order to administer a medication or carry out a required medical procedure (such as laboratory work) against the individual’s wishes is considered restraint. However, an individual may consent to an injection or procedure, but may not be able to hold still. In such circumstances, and at the individual’s request, staff may “hold” the individual in order to safely complete the procedure. This is not considered restraint.

“PRN” means pro re nata or, as the situation demands.

“Programmatic restrictive intervention” means a planned act, program, process, method, or response infringing upon an individual’s rights that has been approved by the individual’s treatment team and for which informed consent has been obtained.

“Prone restraint” means restraining an individual in a face down position where the front part of the individual’s body lies upon the ground or other object or faces the ground for more than a few seconds.

“Protective measures” mean devices such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of an individual for the purposes of conducting routine physical examinations or tests, or to protect the individual from falling out of bed, or to permit the individual to participate in activities without the risk of physical harm. When used as a protective measure, the following are not considered restraints:

- ◆ Geri chairs,
- ◆ Chairs with trays,
- ◆ Bed rails,
- ◆ Straps,
- ◆ Mitts, or
- ◆ Other devices that restrict freedom of movement or access to one’s body in order to prevent falls, maintain posture, or for other medical purposes.

“Regional administrator” means the administrative office, organization, or entity formed by agreement of the counties participating in the region as defined in Iowa Code section 331.438A.

“Restraint and seclusion release criteria” means the behavior criteria specific to the individual and to the situation and used to identify when an individual will be released from restraint and seclusion. Such criteria will be directly related to ensuring that the individual is released as soon as the immediate risk of serious injury to self or others is no longer exhibited. It is not related to the passage of time.

“Restriction of rights” means any limitation placed on an individual that limits the individual’s ability to freely exercise any right defined in this policy.

“Rights” means the human, civil, and constitutional liberties an individual possesses through federal and state constitutions and laws.

“Rights violation” means any act, program, process, method or response, either through commission or omission, infringing upon or limiting an individual’s rights, as defined in this chapter, without due process or without adherence to the emergency restriction policy in this chapter.

“Risk” or “risk factor” means an actual or likely condition, injury, or predisposition posing the possibility of danger or loss to an individual.

“Risk/benefit analysis” means weighing the negative impact on the individual’s rights against the expected benefit of a rights limitation to determine if the individual’s expected outcome, with the rights limitation, is of more value to the individual than the outcome of not limiting the individual’s rights.

“Risk management plan” means an individualized interdisciplinary plan that addresses an individual’s identified risks and is incorporated into the individual support plan.

“Risk status” means the level of risk severity to the individual.

“Seclusion” means the involuntary confinement of an individual alone in a room or area where the individual is physically prevented from leaving or reasonably believes will be prevented from leaving.

“Serious injury” means injury, self-inflicted or inflicted by another, resulting in significant impairment of a person’s physical condition, as determined by qualified medical personnel. Serious injuries include but are not limited to, injuries that:

- ◆ Are to the genitals, perineum, or anus;
- ◆ Result in bone fractures;
- ◆ Result in an altered state of consciousness;
- ◆ Require a resuscitation procedure including CPR and Heimlich maneuver;
- ◆ Result in full thickness lacerations with damage to deep structures;
- ◆ Result in injuries to internal organs;
- ◆ Result in a substantial hematoma that causes functional impairment;
- ◆ Result in a second-degree burn involving more than 20% of the total body surface area;
- ◆ Result in a second-degree burn with secondary cellulitis;
- ◆ Result in a third-degree burn involving more than 10% of the total body surface area;
- ◆ Require emergency hospitalization; or
- ◆ Result in death.

“State case” means the determination made under [Iowa Code section 331.934](#) that identifies an individual as not having a county of residence in an Iowa county and places funding responsibility with the state.

“Suicide attempt” means self-injurious behavior with a nonfatal outcome accompanied by evidence (either explicit or implicit) that the person intended to die.

“Suicide threat” means verbally expressing the intent to harm but not having attempted to harm oneself.

“Time out” means a method used with an individual’s voluntary consent to assist the individual to regain emotional control by providing access to a quiet location or an unlocked quiet room away from the individual’s immediate environment. Time out is not considered seclusion only if the individual is free to decide when to leave the room or location and return to the individual’s normal treatment milieu.

Human Rights Recognized

Mental health institute written policies and procedures shall assure that individuals are protected and asserted. These rights include but are not limited to:

- ◆ **Information.** An individual receiving care from a state mental health institute shall have the right to:
 - Receive an explanation and written copy of the rules of the facility.
 - Be provided information on the provisions of law pertaining to admission to and discharge from the facility.
 - Receive an explanation of the individual's medical condition and be informed as to treatment plans and the attendant risks of treatment.
 - Be provided with complete and current information concerning the individual's diagnosis, treatment, and progress in terms and language understandable to the individual.
 - Have the information required in this subrule made available to the individual's parent, guardian, or legal representative when it is not feasible to give the information directly to the individual.

- ◆ **Care and treatment.** An individual receiving care from a state mental health institute shall have the right to:
 - Be evaluated promptly following admission and receive emergency services appropriate to the individual's needs.
 - Have a current individualized written plan of treatment.
 - Receive appropriate treatment, services, and rehabilitation for the individual's mental illness, including appropriate and sufficient medical and dental care.
 - Have the opportunity for educational, vocational, rehabilitative, and recreational programs appropriate to the individual's treatment needs.
 - Have the confidentiality of the individual's personal mental health institute records maintained and have access to those records within a reasonable period.
 - Work, when available and desired and as appropriate to the individual's plan of treatment, and be compensated for that work in accordance with federal and state laws.
 - Have an individualized post-hospitalization plan.

- ◆ **Living conditions.** An individual receiving care from a state mental health institute shall have the right to:
 - Live in the least restrictive conditions necessary to achieve the purposes of treatment.
 - Receive care in a manner that respects and maintains the individual's dignity and individuality.
 - Have opportunities for personal privacy, including during the care of personal needs.
 - Keep and use appropriate personal possessions, including wearing the individual's own clothing.
 - Share a room with a spouse when both live on a long-term basis in the same facility.
 - Be free from unnecessary drugs, restraints, and seclusion except when necessary to protect the immediate health or safety of the individual or others.
 - Be free from physical, psychological, sexual, or verbal abuse, neglect and exploitation.

- ◆ **Communication.** An individual receiving care from a state mental health institute shall have the right to:
 - Have a family contact or representative of the individual's choice or the individual's community physician notified promptly of the individual's admission.
 - Communicate with people and access services at the facility and in the community, including organizing and participating in resident groups while at the facility.
 - Receive visits of the individual's choice from parents, guardians, legal representatives, or family without prior notice given to the facility unless the visits have been determined inappropriate by the individual's treatment team.
 - Communicate and meet privately with persons of the individual's choice without prior notice given to the facility unless the communication is determined inappropriate by the individual's treatment team.
 - Send and receive unopened mail.
 - Make and receive private telephone calls, unless the calls have been determined inappropriate by the individual's treatment team.
 - Access current informational and recreational media such as newspapers, television, or periodicals.

- ◆ **Self-determination.** An individual receiving care from a state mental health institute shall have the right to:
 - Have a dignified existence with self-determination, making choices about aspects of the individual's life that are significant to the individual.
 - Participate in the development and implementation of the individual's treatment plan.
 - Give informed consent, including the right to withdraw consent at any given time.

- Refuse treatment (such as medication, surgery or electroconvulsive therapy) offered without the individual's expressed informed consent, and be provided with an explanation of the consequences of those refusals unless treatment is necessary to protect the health or safety of the individual or is ordered by a court.
 - Immediate discharge (if admitted voluntarily) by submitting a written notice to the superintendent or chief medical officer, unless a written request for involuntary hospitalization is submitted to a court.
 - Refuse to perform services for the facility and not be coerced to perform services.
 - Manage the individual's own financial affairs unless doing so is limited under law or determined not appropriate by the individual's treatment team.
 - Choose activities, schedules, and care consistent with the individual's interests, needs, and treatment plans.
 - Engage in social, religious, and community activities of the individual's choice.
 - Formulate advanced directives and be provided care in compliance with these directives.
- ◆ **Advocacy.** An individual receiving care from a state mental health institute shall have the right to:
- Exercise the individual's rights as a citizen or resident of the United States.
 - File a grievance pursuant to rule [441 IAC 28.4\(225C, 229\)](#) without any intimidation or reprisal resulting from the grievance.
 - Request a judicial review of the hospitalization, file for a writ of habeas corpus, have an attorney of the individual's choice, and communicate and meet privately with the individual's attorney without prior notice given to the facility.

An individual's rights shall not be limited in any manner without due process under the laws of the state of Iowa or a restrictive treatment program approved under this policy with written consent of the individual or the individual's parent, guardian, or legal representative.

- ◆ Training curriculum shall be updated regularly to reflect changes in laws, policies, and procedures.
- ◆ Employee training shall be implemented in a timely manner.
- ◆ Parents, guardians, legal representatives, and family contact of individuals, shall be provided with information on identifying and reporting rights violations and encouraged to report incidents they believe to be violation of an individual's rights.

Policy on Admissions

It is the policy of the Department of Human Services that admissions are authorized for only individuals in need of inpatient mental health or substance abuse treatment when appropriate community-based treatment is not available.

General Principles

Mental health institute written policies and procedures shall assure that:

- ◆ Voluntary or involuntary admission is authorized only when it has been determined that:
 - Community-based resources are not available to meet the individual's current treatment needs, and
 - The mental health institute, based on generally accepted professional standards of care, has been determined to be the most integrated setting to meet the individual's current needs.
 - It has been determined the mental health institute services are available to meet the individual's treatment needs and the admission will not result in overcrowding.
 - A diagnostic evaluation has been made that determines the individual's need for and eligibility for admission based on generally accepted professional standards of care.
- ◆ The individual's rights are protected throughout the admission process.
- ◆ The individual's rights to confidentiality are protected and all information concerning the individual is shared only with persons who are legally authorized to have the information or who have been designated, in writing by the individual to receive the information.
- ◆ The individual and the individual's parent, guardian, or legal representative is involved in the admission process.

- ◆ The individual or the individual's parent, guardian, or legal representative understands that the mental health institute's goal will be to return the individual to community services and that the discharge process begins with admission.
- ◆ The local, state, or county employees and county designated mental health providers involved in the admission have been informed that the mental health institute's goal will be to return the individual to community services and that the discharge process begins with admission.

Application or Commitment Process

It is the policy of the Department of Human Services that applications for voluntary admission or court orders for involuntary admission shall be processed in accordance with state laws governing voluntary and involuntary admissions.

Voluntary Mental Health or Dual Diagnosis Admission

Mental health institute written policies and procedures shall assure that all applications for voluntary mental health admission:

- ◆ Shall be made using *Application for Voluntary Admission - MHI*, form [470-0420](#) (see 3-A-Appendix). The application shall be signed by the applicant or the applicant's parent, guardian, or legal representative.
- ◆ Shall include a determination of the applicant's county of residence or, if disputed, a statement that the dispute resolution process has been implemented.
- ◆ Shall be accompanied by *Authorization to Obtain or Release Health Care Information*, form [470-3951](#) or [470-3951\(S\)](#) (see 1-C-Appendix), consenting to the release of all information the mental health institute needs to determine the appropriateness of the admission. The consent shall be signed by the applicant or the applicant's parent, guardian, or legal representative.
- ◆ For individuals without a county or residence:
 - Shall be made by the county where the person is present using the same process as an application for an individual with a county of residence, and
 - The division administrator or the division administrator's designee shall approve the application.

Mental Health Adult Admission: State or County Expense

Mental health institute written policies and procedures shall assure that where hospitalization expenses are payable in whole or in part by state or county expense:

- ◆ An application shall be accepted only when the application has been made and authorized through the central point of coordination process of the board of supervisors of the individual's county or the designated regional administrator for residence.
- ◆ The board of supervisors or the board's officially designated agent shall sign the application before the application is accepted.
- ◆ The applicant's county of residence has been declared or determined.
- ◆ When a county disputes the applicant's county of residence the disputing county has initiated the dispute resolution process in Iowa Code section 331.394, subsection 5.
- ◆ When the division disputes the applicant's county of residence the division shall initiate the dispute resolution process in Iowa Code section 331.394, subsection 5.
- ◆ The central point of coordination of the county of residence shall determine the legal settlement of the individual for whom application is made in accordance with [Iowa Code section 252.16](#) and [441 IAC 29.4\(230\)](#).
- ◆ The administrator or the administrator's designee shall also sign the application when the individual has been determined or alleged to be a state case.

Mental Health Admission for Minors

Mental health institute written policies and procedures shall assure that:

- ◆ Application for admission of a minor shall be made directly to the mental health institute.
- ◆ The minor individual shall be informed of the right to object to the hospitalization and, if the minor objects, the admission request shall be referred to the juvenile court as provided under [Iowa Code section 229.2\(1\)](#).

Dual Diagnosis

Mental health institute written policies and procedures shall assure that in addition to application requirements for a mental health admission, the individual claiming a dual diagnosis shall also have a diagnostic evaluation substantiating the substance abuse diagnosis.

Voluntary Application Process: Third Party or Private Pay

Mental health institute written policies and procedures shall assure that:

- ◆ Individuals may make application for admission as a private-pay patient directly to the mental health institute provided that:
 - The individual, or another responsible person, shall agree to pay for the cost of care and treatment in advance and at a rate determined by the administrator, and
 - No part of the cost of the admission is charged to the state or a county.
- ◆ Application for admission for inpatient services when services are payable by a third party shall be accepted when:
 - The contract with the third party payer has been approved by the administrator, and
 - No part of the cost of the admission shall be charged to a county.

Voluntary Substance Abuse Admission

Mental health institute written policies and procedures shall assure that all applications for voluntary substance abuse admission:

- ◆ Shall be made using *Application for Voluntary Admission – Substance Abuse Treatment*, form [470-0423](#) (see 3-A-Appendix). The application shall be signed by the applicant, the applicant's guardian, or the applicant's legal representative.
- ◆ The applicant's county of residence has been declared or determination, if disputed, the dispute resolution process has been implemented.
- ◆ Shall be accompanied by *Authorization to Obtain or Release Health Care Information*, form [470-3951](#) or [470-3951\(S\)](#) (see 1-C-Appendix), consenting to release of all information the mental health institute needs to determine the appropriateness of the admission. The consent shall be signed by the applicant or the applicant's parent, guardian, or the applicant's legal representative.

Substance Abuse Adult Admission: State or County Expense

Mental health institute written policies and procedures shall assure that for an adult substance abuse admission:

- ◆ The individual shall have had a preliminary intake and assessment completed by an approved treatment facility as provided in [Iowa Code section 125.43A](#).
- ◆ When the individual has been declared, determined, or alleged to be a state case, the administrator or the administrator's designee shall also sign the application.

Involuntary Commitment Process

Mental health institute written policies and procedures shall assure, for individuals committed to the institute, that:

- ◆ An appropriate court order has been issued indicating the legal Iowa Code authority under which the order is issued. Appropriate authority includes:
 - Iowa Code Section 229.11 or section 125.81, immediate custody.
 - Iowa Code Section 229.13 or 125.83, psychiatric or substance abuse evaluation inpatient treatment order.
 - Iowa Code Section 229.14 or 125.84(2), treatment order.
 - Iowa Code Section 229.14A, placement or transfer of placement order.
 - Iowa Code Section 229.22, magistrate's approval for emergency admission.
 - Iowa Code Section 812.3, determination of competency.
 - Iowa Code Section 812.6, commitment for treatment.
 - Rule of Criminal Procedure 2.22(8), psychiatric evaluation.
 - Rule of Criminal Procedure 2.22(8), commitment for treatment.
 - Iowa Code Section 901.4A, district court-ordered evaluation.
 - Iowa Code Section 901.5, district court-ordered treatment.
- ◆ An individual being committed to the dual-diagnosis program shall be committed under Iowa Code Chapter 229.

Bed Availability

Mental health institute written policies and procedures shall assure that when an application for voluntary or a court-ordered admission is received and the mental health institute does not have a bed available for the admission, the mental health institute shall:

- ◆ Notify the central point of coordination or the designated regional administrator or committing court of the lack of an appropriate bed,
- ◆ Contact the other mental health institutes to determine if an appropriate bed is available,
- ◆ If an appropriate bed is available, coordinate the referral of the admission with the central point of coordination or the designated regional administrator or the committing court, or
- ◆ If an appropriate bed is not available, consult with the central point of coordination or the designated regional administrator or the committing court to assist in finding another appropriate placement.

Approval of Application or Commitment

It is the policy of the Department of Human Services that voluntary applications or involuntary commitments are approved only after it has been determined that the individual meets the definition of mental illness or substance abuse and a preliminary diagnostic evaluation has established the need for the admission.

All Voluntary Applications or Commitments

Mental health institute written policies and procedures shall assure that, before an application or commitment is approved:

- ◆ The individual clearly meets the definition of mental illness or substance abuse.
- ◆ A preadmission diagnostic evaluation or assessment clearly shows that:
 - Community resources have been considered, and
 - It has been determined that the mental health institute is the most integrated setting according to the individual's current needs, based on generally accepted professional standards of care.

- ◆ The individual's parent, guardian, or legal representative has been involved in the admission process.
- ◆ The individual's parent, guardian, or legal representative and any local state, county employees or the designated regional administrator and county designated mental health providers involved in the admission are notified that:
 - The mental health institute's goal is to return the individual to community services in the most integrated setting appropriate to the individual's needs,
 - The discharge process begins at admission, and
 - The individual has the right to participate in the planning process including the right to approve or disapprove any discharge plan.
- ◆ The mental health institute has determined that it has the available services to meet the individual's current treatment needs.
- ◆ The admission will not result in overcrowding.
- ◆ The application or commitment complies with catchment area guidelines in [441 IAC 28.11\(218\)](#), or the administrator has approved a request for out-of-catchment-area placement.
- ◆ Funding responsibility has been clearly established or, when in dispute, the process for resolving disputes established in [Iowa Code section 331.394, subsection 5](#) has been initiated by the county, regional administrator, or Department disputing the declaration.
- ◆ The individual has completed *Authorization to Release Information for Assignment of Insurance Benefits*, form [470-0430](#) (see 3-A-Appendix). If the individual is not clinically able to sign the release upon admission, the signature shall be obtained as soon as clinically possible.
- ◆ The individual has been notified of the mental health institute's unauthorized departure procedures using *Hospital Procedure in the Event of Unauthorized Departure*, form [470-4495](#) (see 3-A-Appendix).
- ◆ The chief medical officer or the chief medical officer's medical employee designee has approved the admission.

Mental Health or Dual Diagnosis Admission

Mental health institute written policies and procedures shall assure that for a mental health or dual diagnosis admission:

- ◆ The application has been completed and approved through the central point of coordination process or designated regional administrator for the individual's county of residence using form [470-0420](#), *Application for Voluntary Admission – MHI* (see 3-A-Appendix), for all adult voluntary mental health and dual diagnosis applications where hospitalization expenses are payable in whole or in part at state or county expense.
- ◆ The applicant's county of residence has been declared or determined.
- ◆ When a county disputes the applicant's county of residence the disputing county has initiated the dispute resolution process in [Iowa Code section 331.394, subsection 5](#).
- ◆ When the division disputes the applicant's county of residence the division shall initiate the dispute resolution process in [Iowa Code section 331.394, subsection 5](#).
- ◆ The application includes a completed and signed *Authorization to Obtain or Release Health Care Information*, form [470-3951](#) or [470-3951\(S\)](#) (see 1-C-Appendix).
- ◆ The applicant or the applicant's parent, guardian, or legal representative has provided informed consent to treatment using *Consent to Treatment*, form [470-0428](#) (see 3-A-Appendix).
- ◆ A minor has given consent to a voluntary admission during the preadmission diagnostic evaluation, or, if consent was not given, the admission has been approved by a juvenile court in accordance with [Iowa Code subsection 222.13A\(2\)](#).
- ◆ For all dual diagnosis applications and commitments, the individual has had a diagnostic evaluation substantiating the substance abuse diagnosis.

Mental Health Involuntary Admission

Mental health institute written policies and procedures shall assure that for an involuntary mental health admission:

- ◆ The court order has been received and is an appropriate order.
- ◆ All individuals shall have been asked to complete and signed *Authorization to Obtain or Release Health Care Information*, form [470-3951](#) or [470-3951\(S\)](#). (See 1-C-Appendix.)

Substance Abuse Voluntary Admission

Mental health institute written policies and procedures shall assure that for a substance abuse voluntary admission:

- ◆ The preliminary intake and assessment made as provided in [Iowa Code section 125.43A](#), confirmed that the admission is appropriate to the individual's substance abuse service needs.
- ◆ The county of application has made a county of residence determination in accordance with [Iowa Code subsection 331.394\(5\)](#).
- ◆ The applicant or the applicant's parent, guardian, or legal representative shall provide informed consent to treatment using *Consent to Treatment*, form [470-0428](#) (see 3-A-Appendix).
- ◆ The individual making application is an adult.
- ◆ The individual making application does not need detoxification.
- ◆ The individual making application or being committed is medically stable.

Substance Abuse Involuntary Admission

Mental health institute written policies and procedures shall assure that for a substance abuse involuntary admission:

- ◆ The court order has been received and is an appropriate order.
- ◆ The individual or the individual's parent, guardian, or legal representative has been asked to provide informed consent to treatment using *Consent to Treatment*, form [470-0428](#) (see 3-A-Appendix).
- ◆ The individual being committed is an adult.
- ◆ The individual being committed being committed does not need detoxification.
- ◆ The individual being committed being committed is medically stable.

Individual Notification on Restraint and Seclusion

Mental health institute written policies and procedures shall assure that:

- ◆ Individuals are advised at the time of admission, or at the next practical moment, about:
 - The hospital's philosophy of treatment,
 - The goal of preventing the need for the use of restraint and seclusion,
 - The role the individual may have in calming self when the individual begins to become agitated, as documented on *Risks, Triggers, Signs and Coping Aids*, form [470-4321](#) (see 3-A-Appendix), and
 - Policies related to the use of restraint and seclusion.
- ◆ Individuals are asked to sign and acknowledge explanation of this discussion and this documentation is included in the individual's record. This will be documented on *Consent to Treatment*, form [470-0428](#) (see 3-A-Appendix).
- ◆ Family contact or guardian notification, responsibilities, and roles in the involvement in restraint and seclusion are discussed at the time of admission.
- ◆ Individuals are asked the individual's choice in involving nonguardian family contact members in such situations as well as any limitations as well as opportunities to make changes in preferences. Appropriate consent and releases of information shall be obtained as needed.

Core Data Sheet

Mental health institute written policies and procedures shall assure that:

- ◆ Form [470-4161](#), *DHS MHI Admission Core Data* (see 3-A-Appendix), shall be:
 - Completed by the end of the next working day, for all non-Medicaid payment eligible adult admissions whose care is payable in whole or in part by the state or a county, and
 - Submitted, by facsimile, to the county of residence's central point of coordination or designated regional administrator.

- When, at the time of admission, no county of residence is indicated on the admission or commitment papers, the facility shall ask the individual to declare which county they believe to be the individual's county of residence. That county shall be shown as the county of residence on the core data form.
- The individual's declared county of residence shall remain as declared unless the individual's county of residence is found to be a different county by the resolution process in [Iowa Code section 331.394, subsection 5](#).

Readmission

Mental health institute written policies and procedures shall assure that an application for readmission shall be made in the same manner as for a first admission. The mental health institute may waive the re-submittal of any information already in the mental health institute files and shall require only that information be updated.

Admission Performance Improvement

Mental health institute written policies and procedures shall assure that quality assurance practices are in place to:

- ◆ Monitor the voluntary application and involuntary commitment process to identify actual or potential systemic issues, needing corrective action; and
- ◆ Monitor the implementation and completion of corrective action plans.

Admission Data Collection and Review

Mental health institute policies and procedures shall assure that:

- ◆ Data collected on admissions shall include, at a minimum, the following categories:
 - Name of each individual for whom application or court order was received.
 - Date the application or court order was received.
 - County of residence accepted or disputed.
 - County of residence or state case.

Admission Reporting Requirements

Mental health institute written policies and procedures shall assure that:

- ◆ The monthly process for reporting admissions to the facility's management team is defined.
- ◆ The data collected shall be available for analysis by each data element collected.
- ◆ The facility shall provide the administrator's office with:
 - A monthly summary of applications received, approved, and denied,
 - A quarterly summary of the quality council's analysis of identified systemic issues, and
 - A quarterly summary of how the data analysis was used to improve the application process.

Admission Employee Training

Mental health institute policies and procedures shall assure that:

- ◆ New employees who will be responsible for processing admission applications and court orders shall receive competency-based training on the following topics:
 - State laws governing the admission and commitment of individuals to the mental health institute.
 - Mental health institute policy and philosophy on admitting individuals only when a professional determination is made that the mental health institute is the most integrated setting available for the individual.
 - Determination of residence.
 - The central point of coordination or regional administrator process.
 - Catchment areas.
- ◆ All employees responsible for processing admission applications shall receive annual competency-based training.

- ◆ Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- ◆ Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- ◆ Training shall be implemented in a timely manner.

Billings for Inpatient Mental Health and Substance Abuse

Mental health institutes written policies and procedures shall assure that for all adult inpatient admissions, for either mental health or substance abuse treatment, the cost of care shall be billed to the individual's county of residence in accordance with Iowa Code Chapter 230 and Iowa Code section 125.43.

Policy on Outpatient Services and Community Consultation

Mental health institutes may offer voluntary outpatient services to individuals. The goal shall be to prevent hospitalization and maintain the individual in an appropriate community setting. Outpatient services may include individual counseling or day treatment as part of the inpatient program.

Outpatient Treatment

Mental health institute written policies and procedures shall assure that:

- ◆ Application for outpatient treatment shall be made using the same process as an application for voluntary admission.
- ◆ Treatment shall be based on an assessment of the individual's need as defined in [Comprehensive Assessment](#).
- ◆ Treatment shall be based on a treatment plan as defined in [Treatment Plans](#).

Outpatient Admission Approval

Mental health institute written policies and procedures shall assure that voluntary outpatient admission approval is given only when:

- ◆ An application has been submitted using, as appropriate, form 470-0420, *Application for Voluntary Admission – MHI*, or 470-0423, *Application for Voluntary Admission – Substance Abuse Treatment*.
- ◆ An application has been approved through a central point of coordination process or a designated regional administrator, when required, and by a county board of supervisors.
- ◆ When the individual is or is alleged to be a state case, the administrator, or the administrator's designee shall also sign the application.

Outpatient Billings

Mental health institute written policies and procedures shall assure that the cost of outpatient treatment is appropriately billed:

- ◆ To the individual if the individual elects to privately pay.
- ◆ To a third party payor or Medicaid for a Medicaid eligible, and for all others.
- ◆ To the individual's county of residence, using the county billing system, at the same percentage rate as determined for inpatient services.
- ◆ As a state expense for an individual with no county of residence.

Outpatient Treatment Billing Rate for Individual Counseling

Mental health institute written policies and procedures shall establish, at the beginning of each fiscal year, the billing rate for individual counseling based on a quarter hour unit rate determined by:

- ◆ Using the top of the salary range for the salary classification of the employee providing the service,
- ◆ Multiplying the hourly rate by 1.5,
- ◆ Dividing by four, and
- ◆ Rounding to the nearest whole dollar.

Outpatient Treatment Billing Rate for Day Treatment

Mental health institute written policy and procedure shall assure that the billing rate for day treatment is calculated by using the capped per diem rate for the program providing the day treatment:

- ◆ For four hours or less, multiply the capped per diem by 37.5%.
- ◆ For over four hours, multiplying the capped per diem by 75%.

Determine the final billing charge by multiplying the result by 80% for mental health treatment or by 25% for substance abuse treatment.

Private-Pay Outpatient

Mental health institute written policies and procedures shall assure that if an individual elect to pay privately for outpatient services, payment shall be made in accordance with [Voluntary Application Process: Third Party or Private Pay](#).

Community Consultation

Community consultation is the provision of a service that is outside the normal legal responsibilities of the institute. A mental health institute may, upon request, provide community consultation to any public or private non-Department agency or organization with the goal of assisting the community to improve the community's mental health services delivery system.

Community Consultation Billing Rate

Mental health institute written policies and procedures shall establish the cost for community consultation by

- ◆ Using the hourly pay rate for the employee providing the consultation,
 - Multiplied by 1.5,
 - Multiplied by the number of hours of the consultation, including one-way travel time; plus
- ◆ The cost for round-trip travel expenses (mileage, lodging, and meals) at the state-established rates.

Community Consultation Billings

Mental health institute written policies and procedures shall assure that the cost of community consultation is appropriately billed to the agency or organization requesting the consultation at 100% of the determined rate.

Direct Medical Services

Mental health institutes shall bill, unless the expense is paid by a third party payor, a county of residence for direct medical services provided individuals, as defined in [441 IAC 29.4\(2\)](#). Direct medical services shall be billed for both inpatient and outpatient services. Direct medical services provided to individuals without a county of residence shall be charged as a state expense.

Billing Direct Medical Services

Mental health institute written policies and procedures shall assure that:

- ◆ Individual receiving direct medical services billable to a county of residence shall have the direct medical services billed to the individual's county of residence as part of the quarterly billing system operated under [Iowa Code section 230.20](#).
- ◆ Each mental health institute shall determine the cost of each defined direct medical service at the beginning of each calendar year in accordance with generally accepted accounting procedures, based on the actual cost of the service in the preceding calendar year.
- ◆ Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- ◆ Training shall be implemented in a timely manner.

Policy on Court-Ordered Evaluations

It is the policy of the Department of Human Services that court-ordered evaluations shall be completed by qualified mental health professionals and the reports to the court shall be completed in a timely manner.

Evaluations Principles

- ◆ Qualified mental health professionals shall be available providing a broad range of professional expertise to evaluate an individual's mental health status so a report to the court can be prepared on the person's current mental health condition and based on that condition, recommendations for appropriate treatment.
- ◆ Court-ordered evaluation shall be made by and in accordance with accepted professional standards for the discipline performing the evaluation.
- ◆ All members of the individual's treatment team shall provide input into the evaluation.
- ◆ Evaluations shall result in a written report that clearly states the findings of the evaluation regarding the individual's current mental health status, the most appropriate treatment services needed, and the least restrictive setting in which the services can be provided.
- ◆ The findings of the evaluation shall support the recommendations.
- ◆ The only treatment provided during the evaluation period shall be that treatment necessary to preserve the individual's life, or to appropriately control behavior by the individual that is likely to result in immediate physical injury to the individual, an employee, or others unless the individual provides consent for treatment or the committing court orders treatment.

Reports to the Court

Mental health institute written policies and procedures shall assure that:

- ◆ Required court reports shall be made by the chief medical officer or the chief medical officer's designee and shall be provided within 15 days of admission for court-ordered evaluation unless, an extension is granted by the court.
- ◆ A court report tracking system is in operation that:
 - Logs in all required reports by date received;
 - Identifies the employee who will be responsible for preparing the report;
 - Identifies the report due date;
 - Tracks any extensions granted by the court and resets the due date;
 - Tracks the day the report was submitted; and
 - Tracks the reports not filed within the required period.
- ◆ The log shall be maintained in the office of the chief medical officer.

Mental Health Evaluation

Mental health institute policies and procedures shall assure that that a court report provided under [Iowa Code section 229.14](#) states one of the following:

- ◆ That individual does not, as of the date of the report, require further treatment;
- ◆ That the individual is seriously mentally impaired and in need of full-time custody and inpatient treatment in a hospital or treatment facility, and is likely to benefit from treatment. The report shall contain a recommendation for appropriate treatment.
- ◆ That the individual is seriously mentally impaired and in need of treatment, but does not require full-time hospitalization. The report shall contain a recommendation for appropriate treatment.
- ◆ That the individual is seriously mentally impaired and in need of full-time custody and care, but is unlikely to benefit from further inpatient treatment in a hospital. The report shall contain a recommendation for appropriate treatment.

Two copies of the report shall be filed with the clerk of court in the manner approved by the court.

Competency to Stand Trial Evaluation

Mental health institute policies and procedures shall assure that the individual is evaluated by a psychiatrist or a licensed, doctorate-level psychologist and that the report required under [Iowa Code section 812.3](#) shall be prepared and sent to the court.

The report shall state whether or not, in the mental health evaluator's opinion, the individual:

- ◆ Is suffering from a mental disorder which prevents the individual from:
 - Appreciating the charges against the individual;
 - Understanding the proceedings; or
 - Effectively assisting in the individual's defense.
- ◆ Will endanger the public safety if released from custody.

- ◆ Can, if ordered, be treated at a mental health institute or a resource center, or requires treatment with the Department of Corrections.

NOTE: If at any time the medical director determines that the individual may have mental retardation, the medical director shall consult with the superintendent of a resource center to determine if assistance is needed in completion of the evaluation.

Insanity or Diminished Responsibility Evaluation

Mental health institute policies and procedures shall assure that:

- ◆ The individual shall be promptly evaluated.
- ◆ The report provided under [Rules of Criminal Procedure section 2.22\(8\)](#) shall be prepared and sent to the court and shall include:
 - A diagnosis for the individual,
 - An opinion as to whether or not the individual is mentally ill and dangerous to self or others, and
 - A determination as to whether the individual can be returned to the custody of the sheriff or whether continued custody is necessary to ensure the individual's safety or the safety of others.
- ◆ Notice that the report has been filed shall also be provided to the sheriff and the county attorney of the county of commitment.

NOTE: If at any time the medical director determines that the individual may have mental retardation, the medical director shall consult with the superintendent of a resource center to determine if assistance is needed in completing the evaluation.

Substance Abuse Evaluation

Mental health institute policies and procedures shall assure that a report provided under [Iowa Code section 125.84](#), states one of the following:

- ◆ That individual does not, as of the date of the report, require further treatment.
- ◆ That the individual is a chronic substance abuser, is in need of full-time custody and inpatient treatment in a facility, and is likely to benefit from treatment.

- ◆ That the individual is a chronic substance abuser and in need of treatment, but does not require full-time hospitalization. The report shall contain a recommendation for appropriate treatment.
- ◆ That the individual is a chronic substance abuser who is in need of treatment, but in the opinion of the chief medical officer is not responding to the treatment provided. The report shall contain a recommendation for alternative placement.

Substance Abuse Sentencing Evaluation

Mental health institute policies and procedures shall assure that a report provided under [Iowa Code section 901.4A](#) shall provide an evaluation of the individual's abuse of alcohol or other controlled substances and the need for treatment.

Evaluation Billings

Mental health institute written policies and procedures shall assure that the cost of evaluation services shall be billed in the same manner as involuntary mental health or substance abuse admission billings.

Court Report Performance Improvement

Mental health institute written policies and procedures shall assure that quality assurance practices are in place to:

- ◆ Monitor the quality of the evaluations and subsequent reports to the court in terms of professional guidelines and the effectiveness of the reports in assisting the courts meet the treatment needs of the individuals evaluated.
- ◆ Monitor the timeliness of the court reports.
- ◆ Identify actual or potential systemic issues needing corrective action.
- ◆ Monitor the implementation and completion of corrective action plans.

Individual Risk Screening

Mental health institute written policies and procedures shall assure that each individual shall, as part of the treatment plan development process, be screened for the risk factors identified below. Individuals admitted for long term care shall be reassessed no less frequently than annually.

The risk screening shall be:

- ◆ Specific to the individual, with presence and participation by the individual and the individual's parent, guardian, or legal representative when possible.
- ◆ Interdisciplinary, to ensure that:
 - Causal issues are appropriately identified,
 - The bio-psycho-social effects of the risks are identified, and
 - Co-morbidities are identified and considered during the screening.

Risk Factors

Risk factors for all individuals include:

- ◆ Three or more antipsychotic medications
- ◆ Aggressor
- ◆ Alternative communication
- ◆ Diabetes
- ◆ Fractures
- ◆ Hearing impairment
- ◆ Non-ambulatory
- ◆ Obesity
- ◆ Osteoporosis diagnosis
- ◆ Seizure diagnosis
- ◆ Self-injurious behavior
- ◆ Sexual aggressor
- ◆ Underweight
- ◆ Victimization
- ◆ Visual impairment
- ◆ Lack of community support system
- ◆ Lack of funding for community services
- ◆ Lack of needed services in the community

Incident Employee Training

Mental health institute written policies and procedures shall assure that:

- ◆ Employees, volunteers who work on a regular basis, and contractors shall receive competency-based training on the identification, confidentiality, and reporting of incidents.
- ◆ Employees, volunteers who work on regular basis, and contractors shall receive annual training on incident identification, confidentiality, and reporting. Annual training sessions may be an abbreviated version of the comprehensive curricula. However, all employees, volunteers who work on regular basis, and contractors, shall demonstrate competency on the incident policy.
- ◆ Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- ◆ Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- ◆ Training shall be implemented in a timely manner.
- ◆ Parents, guardians, and legal representatives of individuals shall be provided information on the definition and reporting of incidents.

Policy on Discharge

It is the policy of the Department of Human Services that discharge planning begins at the time of admission. The goal of all treatment is to return the individual back to the community as quickly as possible to a setting appropriate to the individual's needs and with the necessary supports and treatment in place to make community living successful.

Discharge Principles

Mental health institute written policies and procedures shall assure that:

- ◆ The goal of treatment at a mental health institute shall be to return the individual to the most integrated setting consistent with the individual's desires and the individual's professionally identified needs.
- ◆ Discharge planning shall begin with admission and shall be a part of each individual's ongoing individual treatment plan that identifies barriers to successful discharge and the strategies to be implemented to address the barriers.
- ◆ Discharge planning shall include all appropriate licensed employees, the individual and the individual's parent, family contact, guardian, or legal representative. In addition, the appropriate county case manager, department social worker, central point of coordination administrator, or designated regional administrator shall be encouraged to participate in treatment and discharge planning decisions.
- ◆ Any concerns of the individual, the individual's parent, family contact, guardian, or legal representative shall be, if possible, resolved.
- ◆ Discharge plans are effective by assuring that the individual's plan provides for a safe environment and that necessary treatment supports are in place and available when the individual returns to the community.
- ◆ An individual voluntarily admitted to a mental health institute shall be able to exercise the right to leave by giving written notice to the superintendent or chief medical officer.

Discharge Planning Process

Mental health institute written policies and procedures shall assure that:

- ◆ Discharge planning shall be a part of the initial individual treatment plan for each individual and shall be updated as identified needs or barriers change, appropriate strategies shall change.
- ◆ Discharge planning shall include:
 - Identifying the barriers that exist that would make it difficult for the individual to move to the least restrictive community placement,
 - Identifying the individual's desires and objectives for recovery,
 - The development of strategies to be implemented to overcome the barriers, and
 - Identifying the local resources required to implement the plan.
- ◆ Involving the individual's local case manager, Department social worker, central point of coordination administrator, or designated regional administrator, when assigned, in the individual's discharge planning.
- ◆ Concerns the individual or the individual's parent, family contact, guardian, or legal representative has regarding the discharge plan are addressed and, if possible, resolved on a timely basis.
- ◆ The individual is given a copy of the discharge plan in a form the individual can understand and any person responsible for the individual's continued care.
- ◆ When an individual who was involuntarily admitted refuses the discharge plan, the refusal shall be:
 - Noted in the report to the court with the treatment team's assessment of the impact of the refusal on the individual's return to the community, and
 - Documented in the individual's case record.
- ◆ When an individual who was voluntarily admitted refuses the discharge plan:
 - The individual shall be offered a copy of the plan, and
 - The individual's refusal shall be documented in the individual's case record.
- ◆ When another service provider is involved in the discharge plan, appropriate information concerning the individual's care, treatment, and services shall be provided to the provider.
- ◆ When necessary, the individual shall be educated on how to obtain the services specified in the discharge plan.

Voluntary Mental Health Admissions

Mental health institute written policies and procedures shall assure that:

- ◆ An individual who has been admitted to the mental health institute on a voluntary basis pursuant to Iowa Code section 229.2 shall be immediately discharged:
 - When the individual has recovered,
 - When the chief of medical officer determines that hospitalization is no longer advisable, or
 - If, in the judgment of the chief medical officer, the discharge would contribute to the most effective use of the institute in the care and treatment of that individual and of other persons with mental illness.
- ◆ An individual who has been admitted to the mental health institute on a voluntary basis shall be discharged within 24 hours upon the written request of the individual or the individual's parent, guardian, or legal representative when the request is made in accordance with [Iowa Code section 229.4](#), except when:
 - The chief medical officer files with the clerk of court a certification requesting commencement of a judicial proceeding for involuntary commitment, in which case the discharge may be delayed for a period of time determined by the court.
 - The request is made by a minor, in which case approval of the minor's parent, guardian, or legal representative who authorized the admission shall be required.
- ◆ For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator that authorized the admission.

- ◆ Notice of discharge is provided to the committing court.
- ◆ For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator for the county of residence.

Psychiatric Evaluation Under Iowa Code Section 229.13

Mental health institute written policies and procedures shall assure for an individual who was admitted for a psychiatric evaluation pursuant to Iowa Code section 229.13 that:

- ◆ The individual shall be released at any time the court so orders.
- ◆ The chief medical officer's report shall be provided to the court within 15 days after placement of the individual unless an extension is granted by the court.
- ◆ Unless committing court requires notice before the release, the individual shall be released the day the chief medical officer's report is sent to the court if the chief medical officer's report recommends that the individual:
 - Does not require further treatment for serious mental impairment or
 - Is in need of treatment but not in need of full-time hospitalization,
- ◆ For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator for the county of residence.

Treatment Ordered Under Iowa Code Sections 229.14 and 14A

Mental health institute written policies and procedures shall assure for an individual whose treatment was ordered pursuant to Iowa Code sections 229.14 and 229.14A that:

- ◆ he individual shall be discharged at any time the court so orders.
- ◆ When the required chief medical officer's periodic report states the individual no longer needs treatment or care, the individual shall be tentatively discharged and released, and a report shall be sent to the court.

- ◆ The individual shall be finally discharged upon receipt by the mental health institute of the court order confirming the individual's discharge by the court.
- ◆ For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator for the county of residence.

Elopement Under Iowa Code Section 229.14B

Mental health institute written policies and procedures shall assure that for an involuntarily committed individual who elopes:

- ◆ The Division's policy on elopement shall be implemented.
- ◆ Immediate notice shall be given to the sheriff.
- ◆ The committing court shall be notified before the discharge is made.

Emergency Admission Under Iowa Code Section 229.22

Mental health institute written policies and procedures shall assure for individual whose emergency admission was ordered pursuant to Iowa Code section 229.22 that:

- ◆ The individual shall be discharged at any time the court terminates the emergency order.
- ◆ The individual is discharged at the end of 48 hours from the time the order is dated, unless an application for the individual's involuntary hospitalization is filed sooner. The 48-hour period shall exclude Saturdays, Sundays, days on which the court is closed, and holidays.
- ◆ For individuals for whom law enforcement notification is required, when notice has been given and the law enforcement agency has not taken custody of the individual by the end of the 48-hour period, the individual shall be discharged.
- ◆ For any individual whose admission was approved through the central point of coordination process or designated regional administrator, notice of the discharge shall be given to the central point of coordination or designated regional administrator for the county of residence.

Competency to Stand Trial Under Iowa Code Section 812.3

Mental health institute written policies and procedures shall assure for an individual committed to determine competency to stand trial that:

- ◆ The individual shall be discharged only upon order of the court and in accordance with the order.
- ◆ The individual shall be discharged only to a law enforcement officer who has a court order to transport the individual.
- ◆ If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination or designated regional administrator of the county of admission.

Incompetent to Stand Trial Under Iowa Code Section 812.5

Mental health institute written policies and procedures shall assure for an individual committed for treatment pursuant to Iowa Code section 812.5 that:

- ◆ The individual shall be discharged only upon order of the court and in accordance with the order.
- ◆ The individual shall be discharged only as ordered by the court.
- ◆ If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination or designated regional administrator of the county of residence.

Evaluation Under Rules of Criminal Procedure Section 2.22(8)(b)

Mental health institute written policies and procedures shall assure for an individual committed for psychiatric evaluation that:

- ◆ The individual shall be discharged only upon order of the court and in accordance with the order.
- ◆ The individual shall be discharged only to a law enforcement officer who has a court order to transport the individual.
- ◆ If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination or designated regional administrator of the county of residence.

Commitment Under Rules of Criminal Procedure 2.22(8)(e)

Mental health institute written policies and procedures shall assure for an individual committed for treatment pursuant to the Rules of Criminal Procedure, section 2.22(8)(e), that:

- ◆ The individual shall be discharged only upon order of the court and in accordance with the order.
- ◆ The individual shall be discharged only as ordered by the court.
- ◆ If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the central point of coordination or designated regional administrator of the county of residence.

Transfer of Dangerous Individuals

NOTE: The following policy is based on a letter of agreement between the Department and the Department of Corrections that was finally approved on December 28, 2000, and is on file in the office of the administrator.

Mental health institute written policies and procedures shall assure that:

- ◆ When an individual becomes incorrigible and is unmanageable to the extent that the individual is dangerous to the safety of others,
- ◆ The superintendent determines that a request should be made to the district court for an order for the transfer of the individual to the Iowa Medical and Classification Center, and
- ◆ The superintendent shall, before requesting the court order, submit to the director of the Department of Corrections or designee a request for review and approval of the request for transfer order.

Department of Corrections Approval

Mental health institute written policies and procedures shall assure that the transfer order shall not be submitted before the approval is received from the Department of Corrections.

NOTE: The Department of Corrections shall notify the superintendent of approval within 24 hours of the request.

Employees Designated to Make and Approve Requests

The Department shall designate the employees at each facility who are authorized to make transfer requests to the Department of Corrections.

NOTE: The Department of Corrections shall have available, at all times, a designated employee who shall be authorized to receive and approve the request.

Discharge to Alternative Placement

Mental health institute written policies and procedures shall assure that when it is determined by the chief medical officer that the individual is seriously mentally impaired and in need of full-time custody and care but is unlikely to benefit from further hospital treatment:

- ◆ A report shall be made to the committing court to that effect.
- ◆ An alternative placement shall be identified in cooperation with the central point of coordination or designated regional administrator for the individual's county of residence and recommended to the court.
- ◆ The individual may be transferred to the alternative placement before the court order if a request for a placement hearing has not been filed.
- ◆ If a request for placement hearing has been filed, the placement shall be made only when the court order is received that orders the placement.
- ◆ When physical custody of the individual is transferred to the other facility, the individual shall be discharged from the mental health institute.

Dual Diagnosis Admissions

Mental health institute written policies and procedures shall assure that discharges from a dual-diagnosis program are made in accordance with the policies governing voluntary and involuntary mental health admissions.

Voluntary Substance Abuse Admissions

Mental health institute written policies and procedures shall assure that when an individual has been admitted to the mental health institute for substance abuse treatment on a voluntary basis pursuant to Iowa Code section 125.33:

- ◆ The individual shall be immediately discharged upon the written request of the individual.
- ◆ If the individual is incompetent, the individual shall be released upon the request of the individual's guardian or legal representative unless the individual was the original applicant, in which case the individual shall be released upon the individual's own request.
- ◆ If a county is responsible for part of or the total cost of the individual's care, notice of discharge shall be given to the individual's county of residence board of supervisors or the board's designated representative.

Discharge Against Medical Advice With Notice

Mental health institute written policies and procedures shall assure that when an individual voluntarily admitted for substance abuse treatment seeks to leave against medical advice:

- ◆ The individual shall be encouraged to consent to appropriate outpatient or half way house treatment.
- ◆ The mental health institute shall offer to assist in arranging other treatment.
- ◆ The mental health institute shall offer to assist in making reasonable provisions for the individual's transportation to another facility or to the individual's home.
- ◆ If the individual is homeless, reasonable assistance shall be given in obtaining shelter.

Discharge Without Notice

Mental health institute written policies and procedures shall assure that an individual who was voluntarily admitted and who leaves without notice shall be discharged as soon as it is verified that the individual has left the campus.

Discharge Reporting Requirements

Mental health institute written policies and procedures shall assure that the facility provides the administrator's office:

- ◆ A monthly summary report on individuals placed during the month; and
- ◆ An annual comprehensive report and assessment of the barriers that exist to discharging individuals to least restrictive community settings.

Employee Discharge Training

Mental health institute written policies and procedures shall assure that:

- ◆ New employees who participate in the development of an individual treatment plan shall successfully complete competency-based training on the development of individual treatment plans, including policies and procedures on the development and implementation of individual treatment plans.
- ◆ Employees who participate in the discharge planning process shall be trained in the Department and mental health institute policies regarding discharge planning.
- ◆ Employees who participate in development of an individual support treatment plan shall be trained in the identification of barriers to integrated living and the development of strategies to overcome the barriers.
- ◆ Employees shall understand, encourage, and assist in implementing the Department and mental health institute policy of moving individuals to the least restrictive setting consistent with the individual's needs.
- ◆ Employees who participate in the development of an individual treatment plan shall receive refresher training at least every 12 months.
- ◆ Employee training shall be regularly documented in the training record for each employee in a manner that permits the information to be available individually and in aggregate form.
- ◆ Training curriculum shall be updated regularly to reflect changes in professional practices, laws, policies, and procedures.
- ◆ Training shall be implemented in a timely manner.

Reporting Deaths

Mental health institute written policies and procedures shall assure that all deaths are reported to the individual's next of kin, the Division, and otherwise as required by accreditation standards, policy, or by law.

The superintendent or the superintendent's designee, as specified in the facility's policy, shall be responsible for making the following reports:

- ◆ County medical examiner report
- ◆ Individual's next of kin report
- ◆ Department of Inspection and Appeals report
- ◆ Court, sheriff, and others report
- ◆ Central point of coordination or designated regional administrator report
- ◆ Centers for Medicaid and Medicare Services report
- ◆ Joint Commission report
- ◆ Protection and Advocacy report
- ◆ Administrator report

The following sections give more details on each of these reports.

County Medical Examiner Report

Mental health institute written policies and procedures shall assure that:

- ◆ A report of death shall be made immediately upon knowledge of the death to the medical examiner of the county in which the death occurred. The employee may:
 - Call the county medical examiner directly, or
 - Call the local sheriff and have the dispatcher page the responding medical examiner.
- ◆ For a death occurring outside the facility, the facility shall report the death to the medical examiner even if there is information that someone else has reported the death to ensure independent compliance with the law.
 - Covered deaths occurring outside the state shall be reported to the medical examiner for the county in which the facility is located to assure compliance with the law.
 - The notice shall be documented and include the name of the employee who gave the notice and date and time notice was given.

- ◆ By written notice sent by certified mail to the decedent's nearest relative within three days of the date of death.

Department of Inspection and Appeals Report

Mental health institute written policies and procedures shall assure that, except for the Civil Commitment Unit for Sexual Offenders, notice of any death is provided to the Department of Inspection and Appeals (DIA) within 24 hours of the death using the DIA reporting system.

Court, Sheriff, and Others Report

Mental health institute written policies and procedures shall assure that for the death of an involuntarily committed individual:

- ◆ Notice shall be sent by certified mail within three working days of the death to:
 - The clerk of the district court of the county from which the individual was committed, and
 - The sheriff of the county from which the individual was committed.
- ◆ Notices shall be provided within three working days of the death to:
 - The central point of coordination or designated regional administrator for the county from which an adult individual was committed, using the *DHS MHI Admission Core Data*, form [470-4161](#) (see 3-A-Appendix).
 - The individual's targeted case manager (if one is assigned) by regular mail.

Central Point of Coordination Report

Mental health institute written policies and procedures shall assure that for the death of a voluntarily admitted adult individual, notice shall be sent within three working days to:

- ◆ The central point of coordination or designated regional administrator for the county of residence of the individual, using the *DHS MHI Admission Core Data*, form [470-4161](#) (see 3-A-Appendix).
- ◆ The individual's targeted case manager (if one is assigned).

Centers for Medicaid and Medicare Services (CMS) Report

Mental health institute written policies and procedures shall assure that federal notice and documentation is completed no later than the close of the next business day following knowledge of the death. See [Restraint and Seclusion Reporting Requirements](#).

Joint Commission Report

Mental health institute written policies and procedures shall assure that notice to the Joint Commission is completed no later than the close of the next business day following knowledge of the death on the following deaths:

- ◆ Deaths related to restraint. See [Restraint and Seclusion Reporting Requirements](#),
- ◆ An unanticipated death of an individual in the facility, and
- ◆ A suicide of an individual in the facility or within 72 hours of discharge.

Protection and Advocacy Services Report

Mental health institute written policies and procedures for any mental health institute accredited to provide psychiatric medical institution for children (PMIC) services shall assure, for any death occurring in the PMIC unit, that:

- ◆ Notification shall be provided by phone to the state protection and advocacy agency no later than the close of the next business day following knowledge of the individual's death.
- ◆ Documentation of the notice shall be placed in the individual's facility record and shall include at a minimum the date and time the death was reported to the state protection and advocacy agency.

No Administrator or Heirs

Mental health institute written policies and procedures shall assure that, if an estate administrator is not appointed, a surviving spouse or heir is unknown, and there is no claim for Medicaid estate recovery:

- ◆ The superintendent shall convert the decedent's property to cash. In doing so, the superintendent has the powers possessed by a general administrator of an estate.
- ◆ As soon as practicable after one year, the funds shall, be transmitted to the treasurer of the state.
- ◆ The superintendent shall keep a permanent record of all funds transmitted to the treasurer that includes:
 - By whom and with whom the funds were left,
 - The amount of the funds,
 - The date of death of the owner,
 - The reputed place where the owner had lived before coming to the facility,
 - The date the funds were transmitted to the state treasurer, and
 - Any other facts that would identify the intestate and explain the case.
- ◆ A copy of the record shall be transmitted to the state treasurer.

Mortality Administrative Reviews

Mental health institute written policies and procedures shall assure that each death receives, at a minimum, the following reviews as part of the facility's performance improvement actions:

Type 1 Incident Investigation

Mental health institute written policies and procedures shall assure that:

- ◆ A type 1 investigation shall be conducted of each death.
- ◆ The investigation shall review the events leading up to and surrounding the death.
- ◆ A report of the investigation shall be made using the appropriate type 1 incident report form as required in the employee's manual.
- ◆ If the investigation determines that abuse or neglect may have been involved, the policies and procedures for investigating and reporting abuse and neglect shall be followed.