



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
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May 14, 2010

GENERAL LETTER NO. 3-B-10

ISSUED BY: Division of Mental Health and Disability Services

SUBJECT: Employees' Manual, Title 3, Chapter B, **STATE RESOURCE CENTERS**; Contents (page 4), revised; and pages 1, 8, 12, 20 through 23, 26, 27, 30, 38, 42, 44, 48, 62, 63, 70, 73, 75, 81, 82, 83, 88, 90, 98, and 121, revised.

Summary

The revisions delete the references to the deputy director for field operations and replaces them with the division administrator for mental health and disabilities services to reflect the Department's new administrative structure.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 4)	November 27, 2009
1, 8, 12, 20-23, 26, 27, 30, 38, 42, 44, 48, 62, 63, 70, 73, 75, 81-83, 88, 90, 98, 121	November 27, 2009

Additional Information

Refer questions about this general letter to the division administrator for mental health and disabilities.

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Overview

The purpose of each state resource center is to provide individuals with developmental disabilities opportunities to live and develop independent living skills in a safe and humane environment where the individual's rights are protected with the end goal of assisting the individual to return to and live in the community.

This is best achieved when the resource center works to develop competency-based trained staff who work cooperatively with the individual to develop an individual support plan based on an assessment of the individual's preferences, strengths to build on, and needed supports. The plan also assesses the diverse risk issues affecting the individual's quality of life and develops supports to minimize the impact risks have on the individual.

The individual's served by the resource center usually have many medical needs that requires the services of professional clinical staff who are committed to providing treatment services in the most integrated manner possible to maximize good health and well being.

To assure that services comply with current professional standards and are maintained, it is essential that an ongoing process 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.

In November 2004, the state of Iowa entered into a settlement agreement with the United States Department of Justice relating to the state resource centers. Effective October 1, 2004, the Iowa Department of Human Services and the state resource centers agreed to the Iowa State Resource Centers Plan. The policies in this chapter are part of the state's good-faith effort to implement the provisions of the agreement and the plan.

Each resource center shall establish, maintain, and adhere to written policies and procedures that comply with applicable federal and state law, policy, regulations, and ensure that policies and procedures reflect a commitment to quality through integrated teamwork. Each facility's policy shall be subject to the review and approval of the division administrator.

“Corrective action” means action to correct a situation and prevent reoccurrence of the situation. Corrective action may include but is not limited to, program change, system change such as an environmental improvement, or disciplinary action.

“County board of supervisors” means the elected board of supervisors of an Iowa county.

“Date of application” means the date that the Division administrator receives the application by the county board of supervisors or the court’s request for a diagnostic evaluation.

“Department” means the Iowa Department of Human Services.

“Division administrator” means the administrator of the division of mental health and disability services in the Iowa Department of Human Services.

“Dignity of risk” means the concept that individuals, having the right to self-determination, also have the right to expose themselves to experiences which, while posing some risk, open doors to learning and growth that would have remained closed had the risk not been taken.

“Discharge” means another provider has accepted responsibility for providing services and supports to an individual and the resource center 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.

“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.

“Informed consent” means an agreement to participate in an activity by an individual or the individual’s parent, guardian, or legal representative 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 individual.
- ◆ Assurance that the consent is given freely and voluntarily without fear of retribution or withdrawal of services.

“Injury of unknown origin” means an injury whose source was not observed by any person or cannot be explained by the individual and which is suspicious because of:

- ◆ The extent of the injury,
- ◆ The location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma),
- ◆ The number of injuries observed at one particular point in time, or
- ◆ The incidence of injuries over time.

“Interdisciplinary team” or **“IDT”** means a collection of people with varied professional backgrounds who develop one plan of care to meet an individual’s need for services.

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

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

“Legal settlement” means the determination made under [Iowa Code sections 252.16](#) and [252.17](#) to identify whether one of the 99 Iowa counties has a legal obligation to provide financial support for an individual.

- ◆ The voluntary admission of a minor individual is made only with:
 - An application from and the consent of a county board of supervisors; and
 - A diagnostic evaluation that determines the individual's need for and eligibility for admission based on generally accepted professional standards of care.
- ◆ Minor individuals are admitted voluntarily only after the individual has been informed of the individual's right to object to a voluntary admission and, if the minor objects, a court has authorized the individual's admission.
- ◆ Involuntary admissions are made only after a diagnostic evaluation indicates that an admission is appropriate and a court has issued an order for commitment.
- ◆ Legal settlement of the individual has been determined or the dispute resolution process has been initiated if necessary.
- ◆ The individual's rights are protected throughout the admission process.
- ◆ The individual or the individual's parent, guardian, or legal representative is involved in the admission process.
- ◆ The individual or the individual's guardian understands that the resource center's goal will be to return the individual to community services and that the discharge process begins with admission.
- ◆ The local state and county employees involved in the admission:
 - Understand that the resource center's goal will be to return the individual to community services and that the discharge process begins with admission and
 - Agree to this understanding in writing.
- ◆ The local state and county employees who are responsible for assisting in developing the appropriate community resources for the individual are strongly encouraged to be a part of the individual's individual support plan process.

Application Submittal Process

Resource center written policies and procedures shall assure that:

- ◆ Applications for admission, temporary admission, or outpatient admission shall be accepted only from counties in the resource center's catchment area as defined in [441 IAC 28.11\(218\)](#) unless the division administrator grants an exception.

- ◆ The applicant submits adequate information to determine that:
 - The individual for whom application is made is a person with mental retardation,
 - All reasonable community resources have been considered and it has been professionally determined that the resource center is the most integrated setting to meet the individual's current needs, and
 - Appropriate information regarding the individual's history, previous services and supports, and current service and support needs has been provided.

Legal Settlement

Resource center written policies and procedures shall assure that:

- ◆ The county of application makes a legal settlement determination under [Iowa Code section 252.16](#) and [441 IAC 30.3\(222\)](#), using form 470-3439, *Legal Settlement Worksheet*, before an admission is approved.
- ◆ When legal settlement or state case status is in dispute, admission shall be approved only after the county of application has given the notices required in [Iowa Code sections 252.22](#) and [252.23](#) to all potential counties of legal settlement and when appropriate, to the division administrator.
- ◆ Following admission of a minor, and at least annually until the individual reaches majority, the legal settlement of the minor's parents shall be reviewed to determine whether:
 - The parents have acquired legal settlement,
 - The parents' county of legal settlement has changed, or
 - The parents have lost legal settlement.

If any of these changes appears to have occurred, notice of the possible change shall be sent to the currently identified county of legal settlement and:

- In the case of potential loss of legal settlement, to the division administrator.
- In the case of a current state case, to any potential new county of legal settlement.
- ◆ All legal settlement determinations submitted shall be reviewed to determine if the resource center agrees with the determination.
- ◆ When the resource center disagrees with the determination, notice shall be given to the division administrator.

Individuals Without Legal Settlement

Resource center written policies and procedures for individuals without legal settlement shall assure that:

- ◆ The application shall be made in the same manner as an application for an individual with legal settlement.
- ◆ The division administrator or the division administrator's designee shall approve the application.

Voluntary Residential Admission for Adult

Resource center written policies and procedures shall assure that:

- ◆ All applications for admission shall be approved as appropriate for admission by the residential technical assistance team before the resource center processes the application.
- ◆ An application for admission shall be accepted only when the application has been made through the central point of coordination by the board of supervisors of either the individual's county of residence or the individual's county of legal settlement.
- ◆ The application shall be made using form 470-4402, *Application for Admission to a State Resource Center*.
- ◆ The applicant or the applicant's guardian consents to release of all information the resource center needs to determine the appropriateness of the admission, using form 470-4402, *Application for Admission to a State Resource Center*.
- ◆ The board of supervisors or the board's officially designated agent shall sign the application.
- ◆ When the individual has been determined or alleged to be a state case, the division administrator or the division administrator's designee shall also sign the application.
- ◆ The application shall provide information supporting a diagnosis or possible diagnosis of mental retardation.
- ◆ When the individual for whom application is made is not competent to give consent to admission or treatment, the individual's guardian or legal representative shall give consent.

Voluntary Residential Admission for Minor

Resource center written policies and procedures shall assure that:

- ◆ Before the resource center processes an application for admission, the residential technical assistance team shall approve the application as appropriate for admission.
- ◆ An application shall be accepted only when the application has been made by the board of supervisors of either the individual's county of residence or the individual's county of legal settlement.
- ◆ An application shall be made using form 470-4402, *Application for Admission to a State Resource Center*.
- ◆ The board of supervisors or the board's officially designated agent shall sign the application.
- ◆ When the individual has been determined or alleged to be a state case, the division administrator or the division administrator's designee shall also sign the application.
- ◆ The application provides information supporting a diagnosis or possible diagnosis of mental retardation.

Involuntary Residential Admission

Resource center written policies and procedures shall assure that:

- ◆ The residential technical assistance team shall approve all court orders for admission as appropriate for admission before the resource center recommends the admission.
- ◆ Before accepting a court ordered admission:
 - A diagnostic evaluation of the individual has been made either by the superintendent or the superintendent's designee; and
 - The superintendent has recommended that the order be issued and that the resource center has adequate facilities for the care of the individual.

Temporary Admission Approval

Resource center written policies and procedures shall assure that temporary admission approval is given only when:

- ◆ An application has been submitted using form 470-4402, *Application for Admission to a State Resource Center*.
- ◆ An application has been approved through a central point of coordination process, when required, and by a county board of supervisors.
- ◆ The applicant or the applicant's guardian consents to release of all information the resource center needs to determine the appropriateness of the admission, using form 470-4402, *Application for Admission to a State Resource Center*.
- ◆ When the individual has been determined or alleged to be a state case, the division administrator or the division administrator's designee shall also sign the application.
- ◆ The application provides information supporting a diagnosis or possible diagnosis of mental retardation.
- ◆ The individual or the individual's guardian has given informed consent for care, treatment, and training.

Outpatient Admission Approval

Resource center written policies and procedures shall assure that:

- ◆ Voluntary outpatient admission approval is given only when:
 - An application has been submitted using form 470-4402, *Application for Admission to a State Resource Center*.
 - The application has been approved through a central point of coordination process, when required, and by a county board of supervisors.
 - The applicant or the applicant's guardian consents to release of all information the resource center needs to determine the appropriateness of the admission using form 470-4402, *Application for Admission to a State Resource Center*.

- The division administrator or the division administrator's designee has signed the application when the individual is or is alleged to be a state case.
- The application provides information supporting a diagnosis or possible diagnosis of mental retardation.
- The individual or the individual's guardian has given informed consent for care, treatment, and training.
- ◆ Involuntary outpatient admission approval is given only when a district court has requested that a diagnostic evaluation of an individual be made.

Informed Consent

Resource center written policies and procedures shall assure that:

- ◆ Informed consent for care, treatment, and training shall be given by:
 - The individual if the individual is competent to give informed consent, or
 - If the individual is not competent to give informed consent, by the individual's parent, guardian, or legal representative.
- ◆ A general informed consent for services shall be obtained using form 470-4403, *Resource Center Agreement and Consent for Services*.
- ◆ The general informed consent shall be renewed no less frequently than every 12 months.
- ◆ Specific informed consent shall be obtained for participation in treatment that includes:
 - Invasive or potentially harmful procedures,
 - Programmatic use of restraints,
 - Use of a behavior modifying medication,
 - Non-emergency transfer to another facility,
 - Programmatic use of aversive stimuli or response cost,
 - Programmatic use of time out,
 - Medical consents that are restrictive based on a medical condition, or
 - Participation in experimental research.

- ◆ Data gathered from data analysis shall be used consistently for identifying and addressing individual or systemic issues to improve the application process.
- ◆ The resource center quality council shall review data from all admissions to assure that:
 - Problems are timely and adequately detected and appropriate corrective actions are implemented, and
 - When possible, root causes are identified that lead to corrective action.

Reporting Requirements

The resource center written policies and procedures shall assure that:

- ◆ The monthly reporting process of admissions to the quality council shall be defined.
- ◆ The data collected shall be available for analysis by each data element collected.
- ◆ The division administrator's office shall be provided 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.

Response to Report

Resource center written policies and procedures shall assure that:

- ◆ Notification of grievances filed shall be provided to the treatment program administrator, the Director of Quality Management, and the human rights committee.
- ◆ All allegations and rights violation allegations shall be immediately reported to the superintendent or the superintendent's designee.
- ◆ The superintendent or the superintendent's designee shall provide a monthly report of rights violations to the division administrator as outlined in the [Reporting Requirements on Rights Data](#) section of this policy.

Allegations of Abuse

Resource center written policies and procedures shall assure that:

- ◆ All allegations of rights violation that meet the definition of abuse shall be investigated under the policies governing abuse investigations.
- ◆ If an allegation of rights violation does not meet the definition of abuse, but does meet the definition of mistreatment or neglect, it shall be investigated under the policies governing abuse.

Grievance Filing Process

Resource center written rights violation process policies and procedures shall assure that:

- ◆ A grievance filing process is developed and implemented for use by an individual who believes one or more of the individual's rights have been violated or has any other complaint. The process shall:
 - Specify the right for an individual or the individual's parent, guardian, legal representative, or family to file a written or oral grievance;
 - Provide assistance in filling out the grievance if needed by the individual;
 - Specify whom the grievance may be filed with; and
 - Provide written notification to the individual's parent, guardian, legal representative, or family of the grievance and the investigation outcome.
- ◆ Retaliation shall not occur for good faith reporting.

Personnel Practices

Resource center written policies and procedures shall assure that:

- ◆ Any employee, volunteer, or contractor who has been found to have violated the rights of an individual shall be subject to sanctions up to, and including, dismissal or termination of contract.
- ◆ All decisions on type and severity of disciplinary actions taken against employees shall:
 - Be made timely, and
 - Be based on an evaluation of the type and severity of the incident based on the evidence in the incident report, prior personnel actions taken with the employee, and other components of just cause.

Rights Performance Improvement

Resource center written policies and procedures shall assure that quality management practices are in place to monitor the reporting of and review of grievances and alleged rights violations; identify systemic issues, actual or potential, needing corrective action; and monitor the completion and implementation of corrective action plans.

Data Collection and Review

Resource center policies and procedures shall assure the collection of data on grievances or alleged rights violations as described in this section.

Data collection shall include, at minimum, the following categories and shall be provided in the format defined by the division administrator:

- ◆ Name of individual for whom grievance or alleged rights violation is filed
- ◆ Case number
- ◆ Date of grievance or alleged rights violation
- ◆ Date the grievance or alleged rights violation was reported
- ◆ Time of the grievance or alleged rights violation
- ◆ Living unit
- ◆ Location where grievance or alleged rights violation occurred
- ◆ Type of grievance or alleged rights violation
- ◆ Immediate action taken with staff
- ◆ Immediate action taken with individual

- ◆ The division administrator's office shall be provided with:
 - A monthly summary report of individual grievances or rights violations filed,
 - A quarterly summary of the analysis of the investigations of grievances or rights violations identifying systemic issues,
 - A quarterly summary of how the data analysis from investigations was used to identify systemic issues, and
 - A quarterly summary of how the data analysis was used to address systemic issues and improve the quality of life of individuals.

Employee Training and Education on Rights

Resource center policies and procedures shall assure that competency-based employee training shall be provided on the implementation of human rights policies and procedures, which shall include but not be limited to:

- ◆ The principles of human rights,
- ◆ An individual's rights based on federal and state law,
- ◆ The use and approval process for any restriction or constraint on an individual's rights.
- ◆ The process for use of emergency restrictions of rights,
- ◆ The role, processes and responsibilities of the human rights committee,
- ◆ The responsibilities and processes for reporting grievances or allegations of rights violations,
- ◆ The grievance filing process,
- ◆ The grievance investigation and appeal process, and
- ◆ The consequences arising from violations of an individual's rights.

Employees Trained on Human Rights

Resource center written policies and procedures shall assure that training on human rights is provided to:

- ◆ All new employees,
- ◆ Volunteers, who will work regularly with individuals, and
- ◆ Contractors.

At minimum, the resource center policies and procedures shall assure that:

- ◆ Each specialty area shall maintain easily retrievable information on currently accepted standards of practice and clinical indicators related to their discipline,
- ◆ Each specialty area shall develop and maintain internal quality improvement initiatives based on the principles of quality management and clinical care, including:
 - Regularly scheduled peer reviews or case studies in accordance with the division administrator's policy,
 - Regularly scheduled departmental team meetings to foster open communication, cohesiveness and cross-educational opportunities,
 - Ongoing review of clinical processes to determine efficiency, relevancy, and opportunities for streamlining or improvement, and
 - Ongoing research in the field, via journals, Internet, etc., to ensure programming is consistent with currently accepted standards of practice.
 - The resources necessary to implement the Department's policies shall be allocated, secured, and maintained to provide optimal clinical care.

Data Collection on Clinical Care

Resource center written policies and procedures shall assure that:

- ◆ Each profession required to do peer review shall develop appropriate quality indicators for quality improvement purposes in their area and these indicators shall be identified in the Quality Indicator Report.
- ◆ All quality indicators shall be reviewed no less than annually to ensure their applicability and relevancy to clinical care.
- ◆ Recommendations for change or expansion shall be made to the director of quality management.
- ◆ Data collected shall be reviewed and analyzed no less than monthly with the findings reported at the quality council meeting.
- ◆ The office of the division administrator shall work with resource center employees to assess required changes, updates, or removal of data sets.

Reporting Unexpected Events

Resource center written policies and procedures shall assure that:

- ◆ Unexpected events that occur that create a risk that could influence or be disruptive to the provisions of services to or safety of individuals shall be reported. Such events includes but are not limited to the following:
 - Fire,
 - Employee theft, assault, illegal drug activity, criminal activity;
 - Damage to physical plant or operations resulting from natural disasters, or
 - Major disruption in facility operational systems such as phone, electrical communications, heating or air conditioning, utilities;
 - Work-related death or serious injury to an employee; or
 - Any other event that is or may become disruptive to the normal operation of the resource center and may affect the public outside the resource center.
- ◆ Any event significant enough to immediately and significantly disrupt the operation of the resource center or, which is of interest to the public shall be reported within two hours of the event by direct phone contact with the division administrator during business days, evenings, weekends, and holidays.
- ◆ A written report of the event shall be submitted by e-mail to the division administrator no later than 12 p.m. the next business day.
- ◆ All other situations shall be reported to the division administrator by e-mail no later than 12 p.m. the next business day.

Risk Performance Improvement

Resource center written policies and procedures shall assure that quality management and performance improvement efforts shall include specific focus on the goal to limit the impact the risk has on the individual's health and safety.

In concert with this policy's annual review, established criteria shall be reviewed to ensure their adherence to current professional standards. Resource centers shall work collaboratively with the Division administrator to determine if any changes, modifications, or additions need to be made.

Risk Data Collection and Review

Resource center written policies and procedures shall assure that:

- ◆ Supervisors shall routinely review and monitor documentation by employees implementing risk support plans to ensure:
 - Timely completion of documentation requirements, and
 - Notification requirements for changes of status are followed when indicated.
- ◆ Individual and aggregate risk management data shall be maintained and furnished to designated persons, departments, etc.
- ◆ Data shall be reviewed, both individually and aggregately, to identify trends, patterns, or other issues related to risk issues.
- ◆ The facility's risk data profile shall be maintained with current monthly data and reviewed by the interdisciplinary teams and the quality council.

Risk Criterion Review

Resource center written policies and procedures shall assure that the risk factors identified under [Risk Screening](#) are reviewed annually along with the established criteria, to:

- ◆ Ensure their adherence to current professional standards, and to
- ◆ Determine what, if any, modifications or additions need to be made.

The review shall be done in collaboration with the division administrator.

- ◆ Law enforcement shall be contacted for assistance in accordance with locally established agreements when the individual:
 - Is involuntarily committed and is known to be or may be off campus, or
 - Is on campus or off campus and presents a danger to self or others, or
 - Has not been located within 45 minutes of the initiation of the extended search.
- ◆ The superintendent or the superintendent's designee shall determine when to end the organized, extended search.

Elopement Reporting

Resource center policy and procedures shall assure that:

- ◆ When an extended search has been initiated upon an elopement, the superintendent or the superintendent's designee shall report to the division administrator by direct phone contact within two hours of the initial report of the elopement.
- ◆ The superintendent or the superintendent's designee shall report to the division administrator by direct phone contact within two hours of receipt of a report that during the elopement, the individual:
 - Has sustained a serious injury,
 - Has seriously threatened to harm or harmed anyone,
 - Is alleged to have committed a crime, or
 - Has engaged in high-risk behavior.
- ◆ Reports shall be made during business days, evenings, weekends, and holidays.
- ◆ The superintendent or the superintendent's designee shall submit to the division administrator a written report of the event no later than 12 p.m. of the next business day.

Supervisor Reporting Requirements

Resource center written policies and procedures shall assure that all supervisors receiving an incident report from an employee shall immediately report to the superintendent or the superintendent's designee:

- ◆ All allegations of abuse,
- ◆ All deaths,
- ◆ All serious injuries,
- ◆ All medical emergencies,
- ◆ All sexual assaults by individuals on peers or caretakers,
- ◆ All elopements,
- ◆ All attempted suicides,
- ◆ All injuries of unknown origin, and
- ◆ All calls made to law enforcement by individuals or caretakers.

Superintendent or Designee Reporting Requirements

Resource center written policies and procedures shall assure that the superintendent or the superintendent's designee shall report incidents to the division administrator or the division administrator's designee as follows:

- ◆ The following incidents shall be reported by direct phone contact with the division administrator within two hours of receipt of initial incident report during the business days, evenings, holidays, or weekends:
 - All allegations of abuse resulting in serious injury.
 - All allegations of sexual abuse.
 - All allegations of neglect involving elopement that results in a call to DIA or law enforcement or lack of supervision that results in sexual contact between individuals or peer-to-peer assault with serious injury.
 - All deaths caused by abuse or which are suspicious or unexplained.
 - All serious injuries of unknown origin.
 - All medical emergencies resulting in hospitalization.
 - All attempted suicides.
 - All calls made to law enforcement.
- ◆ All other serious injuries or allegations of abuse shall be reported to the division administrator by e-mail no later than 12 p.m. on the next business day.

- All verbal and written statements shall be presented with truthfulness and made without discussion or collaboration with other persons.
- Employees shall maintain confidentiality at all times during the investigation, including not discussing or disclosing any information pertaining to the investigation except as requested by the investigator.

Type 1 Incident Investigations

Resource center written policies and procedures shall assure that:

- ◆ Type 1 investigations shall be done for:
 - All allegations of abuse.
 - All serious injuries.
 - All suspicious or unexpected deaths, and all deaths allegedly caused by abuse.
 - All allegations of sexual abuse.
 - All suspicious injuries.
 - All injuries resulting from restraint.
 - All suicide attempts.
 - All individual sexual assaults of another individual.
 - All physical assaults resulting in serious injury.
 - Any physical assault when in the professional judgment of the treatment program manager, treatment program administrator or other authority, a type 1 review is deemed appropriate based on:
 - The nature of the incident,
 - The potential of harm from the incident, or
 - The prior incident frequency or history of the individuals involved.
 - Other incidents as assigned by the superintendent or division administrator.
 - All other incidents in which an initial type 2 incident review or clinical or interdisciplinary team review indicates a potential allegation of abuse

- Date, day of week, and time of incident
- Individual's living unit
- Abuse or incident type
- Incident cause
- Injury type
- Body part where injury occurred
- Injury class (serious or other)
- Name of alleged perpetrator, if appropriate
- Location where incident occurred
- Activity where incident occurred
- Treatment required
- Time incident was discovered
- Time and date report was completed
- Person completing the report
- Incident details
- Resident treatment supervisor response
- Resident treatment supervisor action
- Immediate actions with employee
- Immediate actions with the individual
- Additional corrective actions (yes/no)
- Corrective actions
- Person responsible for corrective action
- Date plan is to be completed
- Date documentation received indicating corrective action completed
- Corrective action type
- Date facility investigation began
- Date facility investigation completed
- Outcomes of the investigation
 - Abuse substantiated or unsubstantiated
 - Cause of injury of unknown origin remains unknown
- Notifications
 - Guardian, legal representative, parents and family
 - Superintendent
 - Division administrator
 - Department of Inspections and Appeals (DIA)
 - Law enforcement, if appropriate
- Final personnel action taken

- Date DIA declined to investigate, if applicable
 - Date DIA started investigation, if applicable
 - DIA finding, if any
 - Review by treatment program manager
 - Review by treatment program administrator
- ◆ The information shall be tracked and provided in the format defined by the division administrator.

Data Review

Resource center policies and procedures shall assure that:

- ◆ Data gathered from the data analysis shall be:
 - Reviewed by the incident review committee, and
 - Consistently used for identifying and addressing individual and systemic issues to improve the quality of life for individuals.
- ◆ The resource center's incident review committee shall review data from all investigations to assure that:
 - Problems are timely and adequately detected,
 - Timely and adequate protections are implemented,
 - Timely and appropriate corrective actions are implemented, and
 - Root causes are identified, when possible, that lead to corrective action.
- ◆ Resource center records of the results of every investigation and review of incidents or serious injuries shall be maintained in a manner that permits investigators and other appropriate staff to easily access each investigation involving a particular employee or individual.

Reporting Requirements for Incident Data

Resource center written policies and procedures shall assure that:

- ◆ The monthly reporting process of incidents and investigative findings to the resource center's quality council shall be defined.
- ◆ The data collected shall be available for analysis by each data element collected.

- ◆ The resource center shall provide to the division administrator:
 - A monthly summary report on the incident reports;
 - A quarterly summary of the analysis identifying systemic issues; and
 - A quarterly summary of how the data analysis was used to address systemic issues and improve the quality of life of individuals.

Employee Incident Training and Education

Resource center written policies and procedures shall assure that competency-based employee training shall be provided on incident policies and procedures, including but not limited to the:

- ◆ Principles of incident management,
- ◆ Definition of child and dependent adult abuse,
- ◆ Department's zero tolerance of abuse or neglect,
- ◆ Mandatory abuse reporting requirements and processes,
- ◆ Identification and reporting of alleged abuse and other incidents,
- ◆ Policies and processes for responding to elopements
- ◆ Consequences for failure to report abuse or incidents,
- ◆ Policies and processes for protecting individuals when abused is alleged,
- ◆ Processes for investigating allegations of abuse and other incidents, and
- ◆ Responsibility of employees to cooperate in investigations.

Employees Trained on Incidents

Resource center written policies and procedures shall assure that training is provided to:

- ◆ All new employees;
- ◆ Volunteers who will work regularly with individuals; and
- ◆ Contractors.

Continuing Education on Incidents

Resource center written policies and procedures shall assure that annual competency-based refresher training, which may be an abbreviated version of the initial required training, shall be provided to:

- ◆ All employees;
- ◆ Volunteers, who work regularly with individuals; and
- ◆ Contractors.

- Identifies the follow-up services the resource center shall provide during the post-placement oversight period, and
- Identifies the resource center employee who shall be the contact person in case of an emergency with the placement.
- ◆ The transition plan shall identify:
 - The actions needed to notify the appropriate funding agencies, and other appropriate local staff, of the discharge, and to request approval and assistance in implementing the discharge.
 - The employees who shall be responsible to complete the specific actions necessary to implement the discharge and specify the time limits for completion.

Discharge

Resource center written policies and procedures shall assure that an individual who has been placed at the resource center on voluntary basis shall be discharged upon the request of the individual or the individual's parent, guardian, or legal representative when the request is made pursuant to [Iowa Code section 222.15](#).

The individual shall be discharged from the rolls of the resource center 60 days after an individual is placed with another provider. EXCEPTIONS: Resource center written policies and procedures shall assure that:

- ◆ The supports in the transition plan shall be modified when requested in writing by the individual or the individual's parent, guardian, or legal representative.
- ◆ Discharges may be extended past 60 days only with the prior approval of the division administrator.
- ◆ Transition plans may be extended beyond 90 days only with the prior approval of the division administrator.

Post-Transition Oversight

Resource center written policies and procedures shall assure that:

- ◆ The individual's placement shall be safe and appropriate.
- ◆ The employees responsible for monitoring the placement, the actions they shall take to monitor, and the period for monitoring are identified.

- ◆ Documentation of transition plans shall be maintained, including:
 - Individual actions required to implement plan, and
 - Length of time required to accomplish individual actions.
- ◆ Data gathered from data analysis shall be consistently used for identifying and addressing individual and systemic issues to improve the discharge process.
- ◆ The data on discharges and transitions shall be provided to the Quality Assurance Council for their review to assure that:
 - Problems are timely and adequately detected,
 - Timely and appropriate corrective actions are implemented, and
 - Root causes are identified that lead to corrective action.
- ◆ Information shall be collected, aggregated, and analyzed on the existing barriers to movement of individual's to the community.

Reporting Requirements for Discharge Data

Resource center written policies and procedures shall assure that the division administrator's office is provided:

- ◆ A monthly summary report on individuals placed during the month,
- ◆ A monthly summary report on the individuals in transition oversight, and
- ◆ An annual comprehensive report and assessment of the barriers that exist to discharging individuals into more integrated settings.

Employee Training and Education on Discharge

Resource center written policies and procedures shall assure that competency-based employee training shall be provided on discharge policies and procedures, including but not limited to:

- ◆ Transition principles,
- ◆ Discharge notification,
- ◆ Discharge planning as part of the individual's support plan,
- ◆ The content of the discharge plan,
- ◆ The development and content of a transition plan,
- ◆ Discharge policy, and
- ◆ Post-transition oversight.

Individual's Next of Kin

Resource center written policies and procedures shall specify which employees are responsible to assure that the individual's next of kin shall be notified of a death as follows:

- ◆ By telephone within one hour of knowledge of the death, to:
 - Ask which funeral home is to be used,
 - Respond to questions,
 - Determine the next of kin's wishes as to any property the resource center has that belonged to the deceased,
 - Notify the next of kin of the right to request an autopsy, at the next of kin's expense, if the medical examiner does not order an autopsy, and
 - Determine whether further follow-up with next of kin will be needed.
- ◆ By written notice sent by mail to the decedent's next of kin within three days of the date of death.

Department of Inspection and Appeals

Resource center written policies and procedures shall assure that notice of any death is provided to the Department of Inspection and Appeals:

- ◆ By phone within 24 hours of the death, and
- ◆ In writing within 48 hours of the death.

Division Administrator

Resource center written policies and procedures shall assure that reports of all deaths are made to the division administrator or the division administrator's designee as follows:

- ◆ All deaths caused by abuse or suicide or which are suspicious or unexplained shall be reported by direct phone contact with the division administrator within two hours of receipt of notice of the death during the business days, evenings, holidays, or weekends.
- ◆ All other deaths shall be reported by e-mail to the division administrator no later than 12 p.m. on the next business day.

- ◆ There shall be ongoing processes to assure that employees are up to date regarding current disability-rights issues and to ensure that the facility's practices are congruent with contemporary thought and practices in the community. Identified issues shall be addressed.

Quality Performance Improvement

Resource center written policies and procedures shall address quality assurance and quality improvement efforts directed towards improvement of services and shall assure that:

- ◆ Key performance data shall be routinely collected and analyzed.
- ◆ Quality performance indicators and reporting formats shall be identified by July 1 of each year.
- ◆ Corrective or improvement activities shall be based upon relevant data.
- ◆ Data collection activities shall assure data integrity and reliability.

Quality Reporting Requirements

Resource center written policies and procedures shall assure that:

- ◆ Systems and methods shall be in place to assure the collection of key performance and performance data on a monthly basis. Other data items will be collected as defined by the quality council or the deputy director.
- ◆ At a minimum, the outcome and quality indicators shall include the data items determined by the division administrator.
- ◆ Quality council minutes shall be provided to the deputy director on a monthly basis in a format determined by the division administrator.
- ◆ Written policies and procedures shall assure that performance and quality management data is provided on a monthly basis to the quality council.
- ◆ Policies and procedures shall assure that monthly data is reported to the division administrator in the required format.