



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

April 4, 2014

## GENERAL LETTER NO. 3-B-11

ISSUED BY: Division of Mental Health and Disability Services

SUBJECT: Employees' Manual, Title 3, Chapter B, **STATE RESOURCE CENTERS**, Title page, revised; Contents (pages 1 and 4), revised; pages 1, 2, 3, 5, 7 through 32, 33, 34, 40, 54, 79, 85, 87, 94 through 99, 103, and 119, revised; and page 32a, new.

### Summary

Chapter 3-B is revised to:

- ◆ Delete references to and processes for determining legal settlement. The new dispute resolution process is incorporated into the process for using county of residence to determine county financial responsibility.
- ◆ Incorporate the new regional administrator process to be used for managing disability services.
- ◆ Replace references to the deputy director with division administrator to reflect administrative changes.
- ◆ Revise the list of individual rights to reflect the listing of rights contained in 441 Iowa Admin. Code 30.5.
- ◆ Add definitions for:
  - County of residence
  - Declaration of residence
  - Division administrator
  - Facility admission
  - Intellectual disability
  - Minor
  - Non-Medicaid payment eligible
  - Regional administrator
- ◆ Modify definitions for:
  - Admission
  - County of admission
  - Division
  - Entities responsible for funding
  - Guardian
  - Individual
  - Official designated agent
  - Outpatient admission
  - Qualified intellectual disability professional
  - State case
  - Temporary admission
- ◆ Delete definitions for:
  - Child
  - Legal settlement
  - Mental retardation
  - Residence

- ◆ Replace the term mental retardation with intellectual disability.
- ◆ Replace the term child with minor.
- ◆ Add instructions to notify the next of kin of the death of an individual.

**Effective Date**

April 1, 2014

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
Title page	November 27, 2009
Contents (page 1)	November 27, 2009
Contents (page 4)	May 14, 2010
1	May 14, 2010
2, 3, 5, 7	November 27, 2009
8	May 14, 2010
9-11	November 27, 2009
12	May 14, 2010
13-19	November 27, 2009
20-23	May 14, 2010
24, 25	November 27, 2009
26, 27	May 14, 2010
28, 29	November 27, 2009
30	May 14, 2010
31-34, 40, 54, 79, 85, 87, 94-97	November 27, 2009
98	May 14, 2010
99, 103, 119	November 27, 2009

**Additional Information**

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

Revised April 4, 2014

Employees' Manual  
Title 3  
Chapter B

# STATE RESOURCE CENTERS



Iowa Department  
of Human Services

---

	<u>Page</u>
<b>Overview .....</b>	<b>1</b>
Legal Basis .....	2
Definitions .....	3
<b>Policy on Admissions .....</b>	<b>19</b>
General Principles .....	19
Application Submittal Process .....	21
Individuals Without a County of Residence .....	21
Individuals Non-Medicaid Payment Eligible.....	22
Voluntary Facility Admission for Adult .....	22
Voluntary Facility Admission for Minor.....	23
Involuntary Facility Admission .....	24
Temporary Admission.....	24
Outpatient Admission .....	25
Admission Approval.....	25
Facility Admission Approval .....	25
Temporary Admission Approval.....	26
Outpatient Admission Approval .....	27
Informed Consent.....	28
Application Denial.....	29
Readmission .....	29
Performance Improvement.....	30
Data Collection and Review .....	30
Reporting Requirements .....	31
Employee Training and Education on Admissions .....	31
Employees Trained on Admissions.....	32
Continuing Education on Admissions.....	32
General Training Policies on Admissions .....	32a
<b>Policy on Human Rights .....</b>	<b>32a</b>
Human Rights Principles .....	34
Rights Posting .....	35
Restrictions or Constraints on Rights .....	35
Emergency Rights Restrictions.....	36
Human Rights Committee .....	37
Reporting of Violations .....	37
Response to Report.....	38
Allegations of Abuse.....	38
Grievance Filing Process .....	38
Investigation Process .....	39
Appeal Process .....	41
Corrective Action .....	41
Personnel Practices .....	42

---

	<u>Page</u>
Discharge Performance Improvement .....	89
Discharge Data Collection and Review.....	89
Reporting Requirements for Discharge Data.....	90
Employee Training and Education on Discharge .....	90
Employees Trained on Transition and Discharge Plans.....	91
Continuing Education on Transition and Discharge Plans.....	91
General Training Policies on Transition and Discharge Plans .....	91
<b>Policy on End of Life.....</b>	<b>91</b>
End-of-Life Policy Principles.....	92
Near Death .....	92
Hospice Care.....	93
Deaths Covered.....	94
Confidentiality .....	94
Internal Reporting Procedures .....	94
Physician Responsibilities .....	95
Nursing Responsibilities .....	96
Reporting Deaths.....	96
County Medical Examiner .....	96
Medical Examiner Preliminary Investigation .....	97
Individual's Next of Kin.....	97
Department of Inspection and Appeals.....	98
Division Administrator .....	98
Involuntary Commitments.....	99
Voluntary Admissions .....	99
Disability Rights Iowa.....	99
Iowa Foundation for Medical Care.....	99
Autopsy.....	100
Request by Resource Center.....	100
Seeking Next of Kin Authorization .....	101
Autopsy Reports .....	102
Property of Deceased Individual.....	102
Property of Small Value .....	102
No Administrator or Heirs.....	103
Mortality Administrative Reviews.....	103
Type 1 Incident Investigation .....	103
Physician's Death Review .....	104
Nursing Peer Death Review .....	105
Mortality Review Committee.....	106
Professional Peer Review of Unexpected Death.....	110
Independent Physician Peer Review.....	111
Employee Training and Education on End of Life.....	112
Employees Trained on End of Life.....	112
Continuing Education on End of Life.....	112
General Training Policies on End of Life .....	113

## **Overview**

| The purpose of each state resource center is to provide individuals with intellectual 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.

### **Legal Basis**

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 institutions and may assign this authority to the superintendents at the resource centers.

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 resource center.

The purpose of the background check is to determine whether the person has been convicted of a crime or has a founded child abuse or dependent adult abuse record. If so, the Department is required to determine if the conviction or founded abuse warrants prohibition of the person from employment or residing on grounds.

Iowa Code section 218.64(2) requires the county medical examiner to conduct a preliminary investigation of all deaths at institutions 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 institution.

Iowa Code Chapter 222 outlines the authority and responsibilities of the resource centers.

Iowa Code section 222.12 requires the county medical examiner to conduct a preliminary investigation of all deaths at the state resource centers.

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

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

Iowa Code sections 225C.25 through 225C.32 provide that persons with an intellectual disability, 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 sections 331.802 and 331.805 details the responsibilities of the county medical examiner in deaths of public interest and define all deaths at an institution governed by Iowa Code Chapter 218 as deaths of public interest.

Iowa Code section 709.1 defines sexual abuse.

Title XIX of the Social Security Act and 42 Code of Federal Regulations §483.420(a) require facilities to ensure the rights of clients as a condition of participation in the Medicaid ICF/ID program.

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 and 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.

### **Definitions**

**“Abuse”** occurs when a caretaker intends to inflict harm on an individual or, where the caretaker fails to act or acts in a reckless manner, which has the consequence of causing that individual harm, or has the potential to cause such harm. Abuse may also occur when a caretaker threatens harm in a manner that a reasonable person believes that the harm might occur. Types of abuse include:

- ◆ **Physical abuse:** An act that causes, or may have caused an injury to an individual. Physical abuse includes but is not limited to:
  - Hitting, slapping, pushing, pinching, throwing objects directed at the individual or otherwise striking an individual,
  - Physical assault,
  - Corporal punishment (physical punishment for an individual’s actions),
  - Use of excessive force (failure to use least restrictive interventions),
  - Unauthorized use of restrictive interventions including restraint, seclusion, aversive conditioning, time out or punishment, and
  - Incitement to act, which includes circumstances where caretakers instigate individuals to inflict harm on another individual.



- ◆ **Neglect or denial of critical care:** Actions or inactions that result in the failure to provide food, shelter, clothing, physical or mental health, supervision, or any other care necessary to prevent imminent risk of or potential risk for harm or death. Neglect or denial of critical care includes but is not limited to:
  - Lack of appropriate supervision of individuals which result in an elopement,
  - Withholding of food or clothing or other activities to punish an individual or any other such action which is not included in the individual's Individual Support Plan,
  - A medication error when it results in an immediate or imminent health risk,
  - Lack of appropriate supervision of individuals which results in sexual contact between minors,
  - Lack of appropriate supervision of individuals which results in non-consensual sexual contact between adult individuals or when one of the adults is incapable of giving consent, or
  - Lack of appropriate supervision which results in assault.
- ◆ **Exploitation:** An act or process of taking advantage of an individual or an individual's physical or financial resources for personal gain. Exploitation includes but is not limited to:
  - Misleading or deceiving an individual to gain access to personal resources,
  - Stealing an individual's personal property, or
  - Requests for or using individuals to perform work duties for the caretaker or to perform services for the state resource center that are not in accordance with the individual's support plan.

**"Active treatment"** means continuous training to assist individuals acquire their maximal independence through formal and informal activities enhancing their optimal physical, emotional, social, intellectual, and vocational levels of development and functioning.

**"Admission"** means the acceptance of an individual for services and supports at a resource center on either a voluntary or involuntary basis.

**"Adult"** means an individual 18 years of age or older.

**“Catchment area”** means the group of counties, designated by the deputy director, that each resource center is assigned to serve.

**“Central point of coordination process”** means the process defined in [Iowa Code section 331.440\(1\)\(a\)](#).

**“Choking”** means a blockage of the upper airway by food or other objects, preventing an individual from breathing effectively. Choking occurs when physical intervention, such as the abdominal thrust, is needed.

**“Clinical indicator”** means a measure assessing a particular health care outcome determined to have a clinical significance or correlation to the quality of care.

**“Clinical services”** means a group of specialized practices addressing the bio-psycho-social 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, and speech and language pathology.

**“Community integration”** means the process of including persons with disabilities in the environments, activities, and social networks of typical persons. This term is also used interchangeably with “inclusion.”

**“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.

**“Comprehensive functional assessment”** or **“CFA”** means a set of evaluations identifying an individual’s strengths and preferences; functional and adaptive skill levels; disabilities and possible causes; and needs.

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

**“Corporal punishment”** means the use of any physical force to inflict punishment for an individual’s actions.

**“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 of residence”** means as defined in [Iowa Code section 331.439F](#).

**“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.

**“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.

**“Department”** means the Iowa Department of Human Services.

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

**“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.

**“Elopement”** occurs when:

- ◆ An individual’s location is unknown by staff 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 facility.

**“Entities responsible for funding”** means the individual’s county of residence or the Iowa Department of Human Services.

**“Essential supports”** means the medical, mobility, nutritional, and behavioral supports that are essential to an individual’s health and safety. Absence of an essential support would immediately negatively compromise the individual’s health, safety, or behavior. Essential supports are to be in place before an individual is placed.

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

**“Expected death”** means the death of an individual who is diagnosed with a terminal illness or condition and 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.

**“External review”** means a review conducted by persons from outside the resource center who represent the specialties that are required to be reviewed.

**“Facility admission”** means the determination that the individual meets all the admission requirements and has been accepted for admission for an overnight stay to receive support and treatment services.

**“Facility risk data profile”** means the aggregate data collected on the type of risks experienced by individuals who reside at a resource center which is used for identifying trends, patterns, quality management and performance improvement.

**“Fall”** means unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of syncope or overwhelming external force. The following are **not** to be classified as falls:

- ◆ An individual being pushed, shoved, or aggressed against causing him to go to the ground, floor, etc. This is an incident of **aggression**.
- ◆ An individual intentionally sitting on the ground, floor, pavement, etc. This is most likely either the individual choosing to rest or behaviorally communicating that he does not want to participate in what is being asked or suggested of him.

**“Family contact”** means:

- ◆ The parent of a minor individual, or
- ◆ The family member an adult individual has designated in writing to receive information concerning the individual’s services at the resource center, or
- ◆ A person who has been legally authorized to make care decisions for the individual if the individual loses decision-making capacity, often referred to as a surrogate decision-maker.

**“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 minor who has been appointed by the court to have custody of person of the individual as provided under [Iowa Code section 232.2\(21\)](#) or [633.3\(20\)](#).

**“Health care professional”** means a physician, nurse practitioner, physician’s assistant, or a registered nurse.

**“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.

**“Immediate clinical review”** means a review initiated by a treatment program manager or QMRP by the end of the next business day from when a problem is identified to address:

- ◆ Whether appropriate treatment and supports were in place, and
- ◆ What changes are needed to appropriately address the problem.

The clinician or a group of clinicians appropriate to evaluate the cause of the problem shall conduct the review. The treatment program manager or QMRP shall determine the participation of other members of the individual’s interdisciplinary team based on the individual and the problem involved.

**“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.

**“Incident review committee”** means the committee responsible for the overall monitoring, reviewing, and determining the effectiveness of a resource center’s implementation of incident management policies and corrective actions. At a minimum, the committee shall include the superintendent, the persons directly responsible for the program and treatment services, representatives from psychology and nursing, and the director of quality management.

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

**“Individual”** means any minor or dependent adult residing at and receiving services from a resource center. For the policies on human rights and abuse, it also includes any minor or dependent adult not residing at but receiving services from a resource center.

**“Individual education plan”** or **“IEP”** 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 support plan”** or **“ISP”** means the plan of treatment, education, and support services developed for each individual to address the individual’s identified needs.

**“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.

**“Intellectual disability”** means a disability of children and adults who, as a result of inadequately developed intelligence, have a significant impairment in ability to learn or to adapt to the demands of society, and, if a diagnosis is required, “intellectual disability” means a diagnosis of mental retardation as defined in the diagnostic and statistical manual of mental disorders, fourth edition, text revised, published by the American Psychiatric Association.

**“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.

**“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 emergency”** means a change in an individual’s health status that requires emergency medical intervention, including but not limited to use of the abdominal thrust maneuver, use of CPR, defibrillation, calling 911 for emergency medical services, or hospitalization.

**“Medication variance”** means any preventable event that may cause or lead to inappropriate medication use or individual harm while the medication is in the control of the health care professional, the medication aide, or the individual.

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

**“Next of kin,”** as defined in [Iowa Code section 144C.5](#), means 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 there is 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 persons 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.

**"Nonessential supports"** means those supports that are a necessary part of a complete individual support plan for an individual but their short-term absence is not an immediate threat to the individual's health or safety. Nonessential supports are to be in place no later than 60 days after the individual is placed.

**"Non-Medicaid payment eligible"** means an individual who is not eligible for Medicaid funding for the services provided by a mental state resource center.

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

**"Outpatient admission"** means a person is provided a service but is not accepted for an overnight admission, except the term includes individuals accepted for overnight admission for a diagnostic evaluation for determining the appropriateness of a court ordered admission.

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

**"Performance measure"** means a type of indicator assessing a particular process determined to affect quality of care or compliance.

**"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.

**“Pica”** means the intentional swallowing of all or part of an inedible substance or foreign body.

**“Profession”** for a professional peer review means medicine and surgery, podiatry, osteopathy, osteopathic medicine and surgery, practice as a physician assistant, psychology, chiropractic, nursing, dentistry, dental hygiene, speech pathology, audiology, pharmacy, physical therapy, occupational therapy, respiratory care, mental health counseling, social work, and dietetics.

**“Professional standards”** means those as contemporary, accepted professional judgment, and practice standards that are recognized by a profession.

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

**“Qualified intellectual disabilities professional”** or **“QIDP”** means the leader of the interdisciplinary team (IDT), also referred to as the treatment program manager (TPM). The qualified intellectual disabilities professional is ultimately responsible for ensuring individuals receive all needed bio-psycho-social services and supports in an integrated and coordinated fashion.

**“Quality assurance”** means all activities that contribute to defining, designing, assessing, monitoring, and improving the quality of healthcare. (Source: The Quality Assurance Project funded through USAID)

**“Quality council”** means the group of key employee leaders in administration, clinical services, and direct service management that is responsible for oversight of the quality management and performance improvement practices facility-wide.

**“Quality improvement”** means using collaborative efforts and teams to study and improve specific existing processes at all levels in an organization. (Source: JB Quality Solutions, Inc., *The Healthcare Quality Handbook* 2005)

**“Quality management”** means a planned, systematic, organization-wide approach to the monitoring, analysis, and improvement of organization performance, thereby continuously improving the quality of patient care and services provided and the likelihood of desired patient outcomes. (Source: JB Quality Solutions, Inc., *The Healthcare Quality Handbook* 2005)

**“Quality of care”** means the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

**“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](#).

**“Residential technical assistance team”** or **“RTAT”** means the identified field and central office employees designated to review all voluntary applications or court orders for admission to a state resource center to assure that all reasonable community based options have been considered before an application for admission to a resource center is approved.

**“Restrictive intervention”** means an act, program, process, method, or response limiting or infringing upon an individual’s rights.

**“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”** 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.

**“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 or abdominal thrust 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 over 20% of total body surface area,
- ◆ Result in a second degree burn with secondary cellulitis,
- ◆ Result in a third degree burn involving more than 10% total body surface area,
- ◆ Require emergency hospitalization, or
- ◆ Result in death.

**“Significant weight change”** means an unplanned change in body weight (more than a 10% increase or decrease) during report month.

**“Skin breakdown”** means a Stage 2, 3, or 4 pressure sore or decubitus ulcer, as identified by a health care professional.

**“Specialty peer review”** means professional or clinical assessments of care conducted by like professionals for the purposes of improving client outcomes.

**“State case”** means the determination made under [Iowa Code section 331.438F](#) that identifies an individual as not having a county of residence in an Iowa county and places funding responsibility with the state.

**“Status epilepticus”** means ten or more minutes of continuous seizure activity or two or more sequential seizures without full recovery of consciousness between seizures.

**“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.

**“Suspension or termination”** means the involuntary removal, dismissal, or termination from an educational, vocational, or occupational program in which the individual regularly participates.

**“Suspicious injury”** means:

- ◆ An injury where the initial explanation of the injury appears inconsistent with the injury sustained, or
- ◆ Other injuries that may be questionable as to how they happened, which might include, but are not limited to, unexplained black eyes, bruises around the neck or on inner thighs, or any patterned injuries regardless of the area of the body.

**“Temporary admission”** means the voluntary admission of an individual to overnight facility admission on a time-limited basis for evaluation or treatment.

**“Transition plan”** means the plan developed when an appropriate discharge setting has been identified for an individual that specifies the actions needed to be taken by the resource center to accomplish the discharge and assure success. The plan:

- ◆ Identifies the appropriate county central point of coordination or designated regional administrator, Department, and provider staff who will be involved in implementation of the plan; and
- ◆ Specifies the required resource center actions and the staff and timelines for completion of the required actions.

**“Unexpected death”** means a death that was not the result of a known and documented terminal illness or condition and was not anticipated until the onset of the acute terminal episode.

**“Volunteer”** means an unpaid person registered with the resource center who has direct contact with an individual.

## **Policy on Admissions**

It is the policy of the Department that admission to a resource center shall be made only for individuals for whom community-based resources are not adequate to meet the individual's current needs. Admission is available only to persons with an intellectual disability.

All applications for voluntary admissions are screened to assure that community resources have been considered and it has been determined that, based on generally accepted professional standards of care, the resource center is determined to be the most integrated setting based on the individual's current needs.

Applications for voluntary admission of adults shall be made through the central point of coordination process or the county's designated regional administrator. Applications for minors shall be made through the county board of supervisors or the county's designated regional administrator.

Involuntary commitments are evaluated before a commitment order is issued to determine if the commitment would be appropriate and if the resource center has adequate facilities to care for the individual.

## **General Principles**

Resource center written policies and procedures shall assure that:

- ◆ Voluntary or involuntary admission is authorized only after it has been determined that community-based resources are not adequate to meet the individual's current needs.
- ◆ Voluntary or involuntary admission is authorized only after is has been determined that the resource center has adequate facilities to serve the individual and the admission will not result in over-crowding.
- ◆ The voluntary admission of an adult individual is made only with:
  - An application from a county board of supervisors through the central point of coordination process or the county's designated regional administrator;
  - The application signed by the board of supervisors or the board's officially designated agent; and
  - A diagnostic evaluation that determines the individual's need for and eligibility for admission based on generally accepted professional standards of care.

- ◆ The voluntary admission of a minor individual is made only with:
  - An application from a county board of supervisors or the county's designated regional administrator signed by the board of supervisors or the board's officially designated agent, 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 accepted for a voluntarily admission 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.
- ◆ The applicant, or the applicant's parent, guardian, or legal representative, has declared the applicant's county of residence.
- ◆ 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 an individual, or the individual's parent, guardian, or legal representative, through the individual's county of residence or the county's designated regional administrator. Application shall be made to the resource center whose catchment area includes the individual's county of residence 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 an intellectual disability,
  - 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.

### **Individuals Without a County of Residence**

Resource center written policies and procedures for individuals without a county or residence shall assure that:

- ◆ The application 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.
- ◆ The division administrator or the division administrator's designee shall approve the application.



### **Individuals Non-Medicaid Payment Eligible**

Resource center written policies and procedures shall assure that when an application for admission is made for an individual who is non-Medicaid payment eligible:

- ◆ That the central point of coordination of the county of application or the county's designated regional administrator shall certify the individual's county of residence;
- ◆ Disputes of county of residence shall be resolved using the dispute resolution process in [Iowa Code subsection 331.394\(5\)](#);
- ◆ The cost of care shall be billed to the county of residence in accordance with [Iowa Code section 222.60](#).

### **Voluntary Facility 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 received from the central point of coordination or the county's designated regional administrator for the board of supervisors of the individual's county of residence.
- ◆ The application shall be made using form 470-4402, *Application for Admission to a State Resource Center*.
- ◆ The applicant, the applicant's parent, guardian, or legal representative 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 a county disputes the individual's declaration of county of residence the disputing county has initiated the dispute resolution process in [Iowa Code subsection 331.394\(5\)](#).

- ◆ When the division disputes the county's determination of an applicant's county of residence the division shall initiate the dispute resolution process in [Iowa Code subsection 331.394\(5\)](#).

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 intellectual disability.
- ◆ 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 Facility 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 received from the board of supervisors or the county's designated regional administrator of the individual's county of residence.
- ◆ The applicant's county of residence has been determined.
- ◆ When a county disputes the individual's declaration of county of residence the disputing county has initiated the dispute resolution process in [Iowa Code subsection 331.438F\(5\)](#).
- ◆ When the division disputes the county's determination of an applicant's county of residence the division shall initiate the dispute resolution process in [Iowa Code subsection 331.438F\(5\)](#).
- ◆ 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 intellectual disability.

### **Involuntary Facility 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.
- ◆ A diagnostic evaluation is conducted only if the applicant or the applicant's guardian consents to the submittal of all background materials on the individual necessary to determine the appropriate service and support needs of the individual.
- ◆ Form 470-4402, *Application for Admission to a State Resource Center*, is not required for an involuntary admission but may be used informally to assure that a county board of supervisors or the county's designated regional administrator is aware of the admission. When used, the resource center shall note on the form that it is for an involuntary admission.

### **Temporary Admission**

Resource center written policies and procedures shall assure that:

- ◆ Voluntary application for a temporary admission shall be made in the same way as an application for a voluntary facility admission except:
  - The application is exempt from the residential technical assistance team process; and
  - A diagnostic evaluation is not required.
- ◆ The person or agency seeking temporary admission for an individual shall provide a written and signed understanding that:
  - The request is for a temporary admission for a specified limited period;
  - The person or agency agrees to take the individual back; and
  - Application for facility admission requires a separate process.

### **Outpatient Admission**

Resource center written policies and procedures shall assure that:

- ◆ Voluntary application for an outpatient admission shall be made in the same way as an application for a voluntary facility admission but is exempt from the residential technical assistance team process.
- ◆ Referrals from a district court for a diagnostic evaluation before issuing an order of commitment shall be referred through the residential technical assistance team process.

### **Admission Approval**

#### **Facility Admission Approval**

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

- ◆ The individual clearly meets the definition of intellectual disability;
- ◆ The preadmission diagnostic evaluation clearly shows that community resources have been considered and it has been determined that the resource center is determined to be the most integrated setting according to the individual's current needs, based on generally accepted professional standards of care;
- ◆ The resource center has adequate facilities to serve the individual;
- ◆ The resource center has determined that it has the available services and supports the individual currently needs;
- ◆ The admission will not result in overcrowding;
- ◆ The applicant's county of residence has been determined.
- ◆ When a county disputes the individual's declaration of county of residence the disputing county has initiated the dispute resolution process in [Iowa Code subsection 331.438F\(5\)](#).
- ◆ When the division disputes the county's determination of an applicant's county of residence the division shall initiate the dispute resolution process in [Iowa Code subsection 331.438F\(5\)](#).
- ◆ Funding responsibility for non-Medicaid payment eligible individuals has been clearly established or, when in dispute, the process for resolving disputes is being followed;

- ◆ The individual, the individual's guardian, or legal representative has given informed consent to treatment;
- ◆ A minor has given consent to the admission during the preadmission diagnostic evaluation, or, if consent was not given, the admission was approved by a juvenile court in accordance with [Iowa Code subsection 222.13A](#); and
- ◆ For commitments:
  - An individual shall be accepted for facility admission once the superintendent has recommended the admission and the court has issued an order.
  - The superintendent shall acknowledge to the court receipt of the individual, upon receipt of an individual's order of commitment from the court.

#### **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 or a county's designated regional administrator, when required, and by a county board of supervisors.
- ◆ An application has been signed by the board of supervisors or the board's officially designated agent.
- ◆ The applicant's county of residence has been determined.
- ◆ When a county disputes the individual's declaration of county of residence the disputing county has initiated the dispute resolution process in [Iowa Code subsection 331.438F\(5\)](#).
- ◆ When the division disputes the county's determination of an applicant's county of residence the division shall initiate the dispute resolution process in [Iowa Code subsection 331.438F\(5\)](#).
- ◆ The applicant, the applicant's guardian, or legal representative 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 intellectual disability.
- ◆ The individual, the individual's guardian, or legal representative 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 or the county's designated regional administrator, when required, and by a county board of supervisors.
  - The application has been signed by the board of supervisors or the board's officially designated agent.
  - The applicant's county of residence has been determined.
  - When a county disputes the individual's declaration of county of residence the disputing county has initiated the dispute resolution process in [Iowa Code subsection 331.438F\(5\)](#).
  - When the division disputes the county's determination of an applicant's county of residence the division shall initiate the dispute resolution process in [Iowa Code subsection 331.438F\(5\)](#).
  - The applicant, the applicant's guardian, or legal representative 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 intellectual disability.
- 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.

### **Application Denial**

Resource center written policies and procedures shall assure that voluntary applications shall be denied if:

- ◆ The application has not gone through the central point of coordination process or the county's designated regional administrator, or has not been signed by a board of supervisors or the board's officially designated agent;
- ◆ The individual for whom the application is made does not meet the definition of intellectual disability;
- ◆ The application has not been approved by the residential technical assistance team;
- ◆ The resource center does not have adequate facilities or services to serve the individual or admission would result in overcrowding;
- ◆ Any other application requirement has not been complied with;
- ◆ There is clear evidence that the individual has an appropriate and more integrated setting available; or
- ◆ The individual for whom application is made is not competent to give informed consent for admission or treatment and does not have a parent, guardian, or legal representative with the legal authority to give consent.

### **Readmission**

Resource center written policies and procedures shall assure that:

- ◆ An application for readmission shall be made in the same manner as for a first admission except the resource center may waive the re-submittal of any information already in the resource center files and shall require only that information be updated.
- ◆ Readmission from alternative placement with a return agreement shall not require approval through the residential technical assistance team.



### **Performance Improvement**

Resource center 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.

### **Data Collection and Review**

Resource center policies and procedures shall assure the collection of data on admissions:

- ◆ Data collected 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
  - Residential Technical Assistance Team (RTAT) approval decision (yes, no, or not applicable)
  - Type of application:
    - Voluntary adult
    - Voluntary minor
    - Involuntary court order
    - Time limited
    - Outpatient
    - First admission
    - Readmission
  - Resource center's admission decision
  - Reason application was denied, if applicable
  - County of residence or approval as a state case
  - Barriers to community living that have led to the need for admission

- ◆ 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.

### **Employee Training and Education on Admissions**

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

- ◆ The philosophy and policies that:
  - Individuals will be accepted for admission only when a professional determination has been made that the community does not have adequate services to meet the needs of the individual and the resource center has been determined to be the least restrictive setting, and
  - The goal of all admissions is to return the individual to a less restrictive community setting, and
  - Discharge planning starts with admission.

- ◆ State laws and rules that govern voluntary and involuntary admissions including but not limited to:
  - Voluntary application process,
  - Involuntary court process,
  - Differences between adult and minor admissions,
  - Application of catchment areas,
  - Availability of adequate space and services,
  - Role of RTAT in admissions,
  - County of residence, and
  - Required diagnosis and evaluation (D&E).
- ◆ The policies and procedures for processing and approving admissions including but not limited to:
  - The rights of the individual seeking or for whom admission is sought
  - The types of possible admission
  - Admission approval requirements
  - Informed consent
  - Data collection on admissions
  - Reporting requirements

#### **Employees Trained on Admissions**

Resource center written policies and procedures shall assure that training is provided to all new employees who will be involved in the application, approval, and admission process, including:

- ◆ New employees and
- ◆ Transferred employees who have not been trained previously.

#### **Continuing Education on Admissions**

Resource center written policies and procedures shall assure that at any time when there is a change in the laws, rules, policies, or procedures relating to admissions, employees who are involved in the application, approval, and admission process shall receive competency-based training specific to the change.

### **General Training Policies on Admissions**

Resource center written policies and procedures shall assure that:

- ◆ 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 laws, policies, and procedures.
- ◆ Training shall be implemented in a timely manner.

### **Policy on Human Rights**

It is the policy of the Department of Human Services that the constitutional and legal rights of every individual who resides at or receives services from a resource center shall be protected and asserted. Individuals receiving services or supports from a state resource center possess the rights to:

- ◆ **Information.** An individual receiving care from a state resource center shall have the right to:
  - Receive an explanation and written copy of the rules of the facility.
  - Receive an explanation of the individual's medical condition, developmental status, and behavior status, and be informed as to treatment plans and the attendant risks of treatment.
- ◆ **Care and treatment.** An individual receiving care from a state resource center shall have the right to:
  - Receive appropriate treatment, services, and habilitation for the individual's disabilities, including appropriate and sufficient medical and dental care.
  - Have the confidentiality of the individual's personal resource center 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.

- 
- ◆ **Living conditions.** An individual receiving care from a state resource center shall have the right to:
    - 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 in the same facility.
    - Be free from unnecessary drugs and restraints.
    - Be free from physical, psychological, sexual, or verbal abuse, neglect and exploitation.
  
  - ◆ **Communication.** An individual receiving care from a state resource center shall have the right to:
    - 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.
  
  - ◆ **Self-determination.** An individual receiving care from a state resource center shall have the right to:
    - Have a dignified existence with self-determination, making choices about aspects of the individual's lives that are significant to them.
    - Give informed consent including the right to withdraw consent at any given time.

- 
- Refuse treatment (such as medication or behavioral interventions) offered without the individual's expressed informed consent, and be provided 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.
  - 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 care plans.
  - Engage in social, religious, and community activities of the individual's choice.
- ◆ **Advocacy.** An individual receiving care from a state resource center 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.

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

### **Human Rights Principles**

Resource center written policies and procedures shall assure that:

- ◆ Individuals receiving services shall have the same legal and civil rights of all United States citizens, including the right to a dignified, self-directed existence in a safe and humane environment.
- ◆ Individuals shall be acknowledged as having full possession of these rights. Any restriction or encumbrance on an individual's rights shall be based on:
  - A court order (involuntary commitment, guardianship, etc.);
  - The written consent of the individual; or
  - A programmatic restrictive intervention process approved under this policy before such encumbrance occurs, except in the case of an emergency.

- ◆ Investigative reports shall be made using form 470-4367, *Resource Center Individual Grievance*, and shall contain, at a minimum:
  - The name of the individual who filed the grievance or rights violation report.
  - The date, place, and time of the incident.
  - The date the incident was reported.
  - Each grievance or allegation of rights violation.
  - The names of all individuals involved.
  - The names of all employees and individuals who witnessed the grievance or alleged rights violation.
  - The names of all persons interviewed during the investigation.
  - For each interviewee, the questions asked and responses given, or if a tape of the interviews is available and maintained, a summary of the questions asked and responses given.
  - All documents reviewed during the investigation.
  - All sources of evidence considered, including previous investigations involving the individual or the employee.
  - The finding of the investigation and a clear statement as to the reasons for human rights committee conclusions.
  - Recommendations for any corrective action (other than personnel actions).
  - The outcome of the grievance or rights violation investigation.
- ◆ The findings and conclusions of all investigations resolved before reaching the human rights committee level shall be sent to the committee within two business days for review at the next meeting. The minutes of the human rights committee shall document the review.
- ◆ The individual's guardian, family, legal representative and the individual's parent, if the individual is a minor, shall be notified of the resolution and findings and shall be provided with a statement specifying the right to appeal the decision to the superintendent.

### **Program Review and Modification**

Resource center written policies and procedures shall assure that:

- ◆ Each program shall be reviewed at least monthly and more often as indicated by an individual's needs, by:
  - The treatment program manager or qualified intellectual disability professional, and
  - The interdisciplinary team member assigned to review the individual's progress on the specific training program.
- ◆ Program reviews shall be documented in the individual's record and minimally include:
  - A review and analysis of the program data;
  - A summary of the individual's progress;
  - A statement reflecting the program's efficacy and what, if any, modifications are needed to better address the individual's goals and needs.
- ◆ When a lack of expected progress or a significant change in the individual's status has occurred, the interdisciplinary team shall meet to determine if the individual support plan needs to be modified, and shall modify the individual support plan as appropriate.

### **Plan Performance Improvement**

Resource center written policies and procedures shall assure that quality management practices are in place to monitor the quality of individual support plans, individually and collectively.



---

---

### **Treatment Program Manager Review of Incidents**

Resource center written policies and procedures shall assure that:

- ◆ No less frequently than weekly, each qualified intellectual disability professional shall review all incidents from the previous week against the previous six months incident data for each person and collectively to identify any trends related to:
  - Incident type,
  - Incident cause,
  - Incident location,
  - Employees assigned,
  - Program area,
  - Resident treatment supervisor response,
  - Corrective actions taken, or
  - Notifications.
- ◆ All qualified intellectual disability professionals shall conduct the review by on the same day of the week, as selected by the superintendent.
- ◆ A summary of the weekly review shall be submitted to the treatment program administrator. The summary shall highlight areas of concern and corrective actions to be taken.
- ◆ No less than monthly, each treatment program administrator shall review the summaries submitted by the treatment program managers and provide a summary of the findings and recommendations to the quality council.

### **Corrective Actions**

Resource center written policies and procedures shall assure that:

- ◆ There shall be a process to assign the development and implementation of specific corrective actions plans to prevent future incidents and protect individuals' safety. The corrective action plans shall address issues identified in all:
  - Type 1 incident investigations,
  - Type 2 incident reviews, and
  - Clinical or interdisciplinary team reviews.

- ◆ The individual support plan shall identify the supports and protections that need to be provided to assure safety and adequate habilitation in the most appropriate integrated setting.
- ◆ The individual and the individual's parent, guardian, or legal representative shall be meaningfully involved in the planning leading to discharge and any concerns are addressed.
- ◆ The individual's living preferences shall be given preference with attention to supports necessary for health and safety.
- ◆ The individual's barriers to successful discharge shall be clearly identified.
- ◆ The individual support plan shall identify the strategies to be implemented to address the barriers.
- ◆ The individual's plan shall be updated as appropriate but no less than annually.
- ◆ As identified barriers change, appropriate strategies shall change.
- ◆ When a specific placement is identified:
  - A transition plan shall be developed and implemented.
  - The provider of any new service shall be included in the planning.
  - The entities responsible for funding the individual's placement services and supports shall be given notice and asked to assist in implementing the transition.
  - Other essential local staff, i.e. case managers, shall be involved in planning.
  - Appropriate consents shall be in place.
- ◆ A transition plan shall be developed and implemented to assure that the essential supports called for in the individual's latest comprehensive assessment are put into place.
- ◆ A crisis plan shall be developed in case an emergency arises with the discharge.
- ◆ An individual voluntarily placed at a resource center shall be able to exercise the right to move without a plan, with written consent of the individual or the individual's guardian.

### **Transition Plan**

Resource center written policies and procedures shall assure that, when an individual is accepted for and agrees to service in a new setting:

- ◆ The individual's comprehensive assessment and proposed supports shall be reviewed with the individual and the individual's parent, guardian, or legal representative to facilitate their decision.
- ◆ A transition plan shall be developed for the individual that includes:
  - Identification of the individual's essential supports that the new provider shall have in place before the discharge can occur; and
  - Identification of the individual's non-essential supports the new provider shall have in place within 60 days of the discharge.
- ◆ Informed consent for the transition from the individual and the individual's parent, guardian, or legal representative shall be in place.
- ◆ In the case of a committed individual, notice of the proposed transition shall be sent to the appropriate court.
- ◆ Notice of the proposed transition shall be given to the entities responsible for funding the individual's placement services.
- ◆ Notice shall be given to all local county or Department employees who have some responsibility for services to the individual.
- ◆ The individual's comprehensive assessment and individual support plan shall be updated within 30 days before the individual leaves the facility.
- ◆ An agreement shall be signed between the resource center and the agency to whom transition is being made, that:
  - Identifies the essential supports the agency shall have in place before the discharge is made,
  - Identifies the non-essential supports the agency shall have in place within 60 days of discharge and the time frame for their implementation,
  - Requires the agency, when not all non-essential supports are in place within 60 days of placement, to develop a plan to have all non-essential supports in place within 90 days of placement,

### **Deaths Covered**

Resource center written policies and procedures shall assure that the following deaths are covered under this policy:

- ◆ All deaths of individuals that occur on the campus of the resource center.
- ◆ All deaths of individuals who are off campus but who are:
  - On home visit from the resource center,
  - Placed on leave from the resource center,
  - Under the care or supervision of a facility employee, including waiver homes,
  - On temporary placement or transfer for medical treatment, or
  - Discharged from one of the statuses listed above within five days before the date of death.

### **Confidentiality**

Resource center written policies and procedures shall assure that confidentiality concerning the individual is maintained after an individual's death. Information concerning the individual shall be released only to:

- ◆ The next of kin, or
- ◆ An individual, agency, law enforcement, or licensing or accrediting body that:
  - Is governed by the same confidentiality requirements as the Department, and
  - Is legally required to be notified as defined in this policy.

### **Internal Reporting Procedures**

Resource center written policies and procedures shall assure that:

- ◆ Procedures for providing timely notice of all reported deaths to all the employees responsible for implementation of this policy, including but not limited to the medical director, director of nursing, directors of treatment programs, and social work services shall be developed and implemented.
- ◆ The responsibilities of each employee shall be clearly specified, including duties or responsibilities and expected time frames.

### **Physician Responsibilities**

Resource center written policies and procedures, when a death occurs, shall assure that:

- ◆ For all deaths occurring in the resource center, a physician shall:
  - Pronounce death.
  - Provide immediate notice to the superintendent or administrator or the superintendent or administrator's designee.
  - Identify the body.
  - Care for the body and secure the death scene including any possible evidence related to the death pending instructions from the medical examiner.
  - Assure that the details and circumstances surrounding the death and the actions employees took in response to the death are documented, including but not limited to the facts used to establish death, the time of death, and apparent cause of death (in the physician's best professional judgment).
  - Certify cause of death and complete the death certificate as required in Iowa Code section 144.28 within 72 hours of receipt of the death certificate from the undertaker or other person responsible for filing the death certificate.
- ◆ For all deaths occurring outside the resource center, a physician shall contact the hospital where the death occurred or the physician attending the decedent at the time of death to:
  - Confirm date, time, and place of death.
  - Determine the apparent cause and circumstances of the death,
  - Determine if the death meets any of the reporting requirements in this policy,
  - Determine if the county medical examiner was notified of the death, and
  - Document the findings in the individual's facility record.

### **Nursing Responsibilities**

Resource center written policies and procedures shall assure that:

- ◆ The director of nursing is immediately notified.
- ◆ The nurse present at or called to the death scene shall:
  - Assist the physician in documenting the facts surrounding the death and securing the death scene or,
  - In the absence of a physician, document the facts surrounding the death and secure the death scene pending further instructions from the medical examiner.

### **Reporting Deaths**

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

#### **County Medical Examiner**

Resource center written policies and procedures shall assure that:

- ◆ The report 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 may 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 resource center 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.

- ◆ For a death occurring in the facility, the body, clothing, and any articles upon or near the body shall not be disturbed or removed from the position in which they are found. Physical or biological evidence shall not be obtained or collected from the body without authorization of the county or state medical examiner. Exceptions may be made:
  - For the purpose of preserving the body from loss or destruction, or
  - To permit the passage of traffic on a highway, railroad, or airport, or
  - If failure to immediately remove the body might endanger life, safety, or health.

### **Medical Examiner Preliminary Investigation**

Resource center policies and procedures shall assure that:

- ◆ The information requested by the medical examiner is provided promptly,
- ◆ All employees work cooperatively with the medical examiner,
- ◆ The information provided the medical examiner is documented, and
- ◆ Payment shall be promptly made to the medical examiner upon receipt of a signed itemized bill.

### **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. The written notice shall include any forms or additional material the next of kin may need such as how to obtain medical records, a death certificate, or other needed documents.
- ◆ When additional, disclosable information becomes available regarding the circumstances of the individual's death, the superintendent or designee shall telephone or meet with the next of kin in person and share with them the additional information.

### **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.



### **Involuntary Commitments**

Resource center written policies and procedures shall assure that notice of the death, including time, place, and alleged cause, is sent within three business days of the death to:

- ◆ The county board of supervisors of the county of commitment,
- ◆ The judge of the court that had jurisdiction over the commitment, and
- ◆ The central point of coordination or designated regional administrator of the individual's county of residence.

### **Voluntary Admissions**

Resource center written policies and procedures shall assure that for a death of an adult individual voluntarily admitted, notice shall be sent within three business days to the central point of coordination or designated regional administrator for the individual's county of residence.

### **Disability Rights Iowa**

Resource center written policies and procedures shall assure that:

- ◆ Written notification shall be provided to Disability Rights Iowa for all Conner class members within five business days of the death. The notice shall include the treatment team's summary of the death.
- ◆ A copy of the notice to the Disability Rights Iowa shall be provided to the Division's compliance officer.
- ◆ 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 Disability Rights Iowa.

### **Iowa Foundation for Medical Care**

Resource center written policies and procedures shall assure that a request for a death review is submitted to the Iowa Foundation for Medical Care as soon as the individual's file contains the information needed for the review.

### **No Administrator or Heirs**

Resource center 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. Upon 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 admission,
  - 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**

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

#### **Type 1 Incident Investigation**

Resource center 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 form 470-4366, *Type 1 Incident Investigation Report*. (See [3-B-Appendix](#) for a sample and instructions.)

- ◆ The council shall be composed of leaders in the areas of administration, clinical review and direct service management including but not limited to:
  - The superintendent or designee, who shall chair the council;
  - The director of quality management;
  - Assistant superintendents;
  - The directors of psychology, nursing, and habilitation;
  - Directors or lead persons in dietary, occupational therapy, physical therapy, speech/language therapy, and psychiatry;
  - A qualified intellectual disability professional;
  - Treatment program administrators; and
  - Other key persons.
- ◆ The quality council shall:
  - Review clinical and performance outcome reports that focus on individual safety and wellness, client growth, and independence and facility practices. The reports shall include quality indicators as determined by the deputy director.
  - Review and refine systems and processes to better integrate and streamline services.
  - Assist interdisciplinary teams as appropriate.
- ◆ The quality council shall keep minutes of its actions in the format specified by the deputy director. At a minimum, the minutes shall, include the following information:
  - The meeting date, chairperson, members present, members absent, and the recorder.
  - The topics discussed at the meeting, a list of the handouts used, and a summary of the discussion.
  - The corrective actions identified, the person responsible for implementation, and the due date.