

October 23, 2020

GENERAL LETTER NO. 3-B-14

ISSUED BY: Division of Mental Health and Disability Services (MHDS) - Facilities

SUBJECT: Employees' Manual, Title 3, Chapter B, **State Resource Centers**, Contents pages 1, 2, and 3, page 19-33, 34, 35 and 36, 37, 38, 39, 40, 41, 42, 43, and 44, revised.

Summary

This chapter is revised to:

- ◆ Revise manual to bring policy and procedures up-to-date with a focus on Policy On Admissions.

Effective Date

October 23, 2020.

Material Superseded

Remove the following pages from Employees' Manual, Title 3, Chapter B, and destroy them:

<u>Page</u>	<u>Date</u>
Contents 1	October 25, 2019
Contents 2	November 27, 2009
Contents 3	October 2, 2020
19-33	October 25, 2019
34	April 4, 2014
35 and 36	November 27, 2009
37	October 25, 2019
38	October 2, 2020
39	October 25, 2019
40	April 4, 2014
41	November 27, 2009
42	May 14, 2010
43	November 27, 2009
44	October 25, 2019

Additional Information

Refer questions about this general letter to Wendy DePhillips of MHDS.

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Policy on Admissions

The State Resource Centers (SRCs) serve a vital role of supporting individuals with intellectual disability in states of emergency, crisis, or who require substantial diagnostic work or skill building to live successfully in a less restrictive and more integrated setting. The SRCs are suitable placements only when community-based resources are not adequate to meet the needs of the individual. Admission is available only to persons with an intellectual disability as defined at Iowa Code Chapter 222.

SRCs shall rely on the Central Office Policy on Admissions and may create written policies and procedures that are more restrictive. SRC admission policies may not be less restrictive.

General Principles

- ◆ 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 it has been determined that the SRC has adequate facilities and resources to serve the individual and the admission will not result in over-crowding.
- ◆ Voluntary admission shall occur only after a referral from a Managed Care Organization (MCO). Individuals without a MCO shall be considered for admission on a case-by-case basis and per the process described below.
- ◆ To support community integration and discharge planning activity, all persons admitted to the State Resource Center shall agree to participate in case management as a condition of their admission. For individuals who are MCO enrolled, case management shall be provided by the Managed Care Organization (MCO); for individuals who are fee-for-service Medicaid, case management shall be provided through DHS; for individuals privately paying for services, the payment responsibility for case management services will be the responsibility of the payer.
- ◆ The individual's need for specialty services (e.g. persons who have sexually abused others; persons adjudicated incompetent to stand trial and in need of competency restoration services; persons with extreme emotional or behavioral dysregulation; person's with high-risk dysphagia; persons with complex medical needs), including the SRC's ability to provide these services, shall be considered as part of the admission process.

- ◆ Voluntary admission of an adult individual may occur after:
 - Referral from a MCO following a thorough evaluation of needs and community-based alternatives; and
 - A pre-admission diagnostic evaluation that determines the individual's need and eligibility for admission based on generally accepted professional standards of care.
- ◆ Voluntary admission of a minor individual may occur after:
 - Referral from a MCO following a thorough evaluation of needs and community-based alternatives;
 - A pre-admission diagnostic evaluation that determines the individual's need and eligibility for admission based on generally accepted professional standards of care. During the pre-admission diagnostic evaluation, the minor individual and the guardian shall be informed of their right to object to the voluntary admission;
 - The child welfare Help Desk has reviewed the application and verified no adequate alternative placements are available; and
 - Receipt of the Court's approval, if necessary following a minor individual's objection to voluntary admission.
- ◆ Involuntary admissions may be made only after:
 - A diagnostic evaluation indicates that an admission is appropriate and a court has issued an order for commitment.
- ◆ The following are required for all admissions:
 - The applicant, or the applicant's parent, guardian, or legal representative, has declared the applicant's county of residence and the application has been signed by the appropriate regional administrator.
 - 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, as well as, the local state and regional employees involved in the admission all understand that the SRC's goal will be to return the individual to community services and that the discharge process begins with admission.
- ◆ The local state and regional 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 (ISP) process.

Application Submittal Process

Applications for admission shall be submitted by a MCO and shall include:

- ◆ Adequate information to determine that the applicant is a person with an intellectual disability, as defined at Iowa Code Chapter 222;
- ◆ Adequate information to determine that all reasonable community resources have been considered and it has been professionally determined that the SRC 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.
- ◆ Completion of Form 470-4402, *Application for Admission to a State Resource Center*.

Individuals Non-Medicaid Payment Eligible

It is the intention of the SRCs that all applications made from admission occur after a referral from an MCO. In the rare circumstances when an application for admission is made for an individual who is non-Medicaid payment eligible, the following additional components shall apply:

- ◆ The regional administrator of the county of application 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 paid privately on behalf of the applicant or be billed to the county of residence in accordance with Iowa Code section 222.60.

Voluntary Facility Admission for Adult

- ◆ All applications for admission shall be approved as appropriate for admission by the residential technical assistance team before the SRC processes the application.
- ◆ The application shall be made using Form 470-4402, *Application for Admission to a State Resource Center* and admission shall not occur before completion of Form 470-4403, *Resource Center Agreement and Consent for Service*.
- ◆ 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 470-3951, *Authorization to Obtain Release Health Care Information*.

- ◆ **The regional administrator or designee 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 Department of Human Services (DHS) Mental Health and Disability Services (MHDS) Division Administrator-Community or designee shall also sign the application.
- ◆ The application shall provide information supporting a diagnosis or possible diagnosis of intellectual disability and shall include an evaluation by a licensed psychologist within three months prior to admission.
- ◆ 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

- ◆ All applications for admission shall be approved as appropriate for admission by the residential technical assistance team before the SRC processes the application.
- ◆ An application shall be accepted only when the following has occurred:
 - 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.
 - The application occurred using form 470-4402, *Application for Admission to a State Resource Center* and admission shall not occur before completion of Form 470-4403, *Resource Center Agreement and Consent for Service*.
 - 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 470-3951, *Authorization to Obtain Release of Health Care Information*.
 - The **regional administrator or designee** shall sign the application.

- The application provides information supporting a diagnosis or possible diagnosis of intellectual disability, and shall include an evaluation by a licensed psychologist within three (3) months prior to admission.
- The individual's parent, guardian, or legal representative shall give consent.
- ◆ 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.
- ◆ 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.
- ◆ 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.

Temporary Admission (Time-Limited Evaluation or Treatment)

- ◆ 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.

Admission Approval

Facility Admission Approval

- ◆ An individual will be approved for admission if all the following occur:
 - The individual meets the definition of intellectual disability, as defined at Iowa Code Chapter 222;
 - The preadmission diagnostic evaluation confirms or establishes that community resources have been considered and it has been determined that the SRC is determined to be the most integrated setting according to the individual's current needs, based on generally accepted professional standards of care;
 - The SRC has adequate facilities and resources to serve the individual;
 - The SRC 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;
 - The individual, the individual's guardian, or legal representative has given informed consent to treatment;
 - And, if a minor has given assent to the admission during the preadmission diagnostic evaluation, or, if assent was not given, the admission was approved by a juvenile court in accordance with Iowa Code subsection 222.13A.
- ◆ For involuntarily admissions, the individual shall meet the above requirements and:
 - The superintendent has recommended the admission and the court has issued an order; and
 - The superintendent has acknowledged to the court receipt of the individual, upon receipt of an individual's order of commitment from the court.
- ◆ 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).

- ◆ Funding responsibility for non-Medicaid payment eligible individuals has been clearly established or, when in dispute, the process for resolving disputes is being followed.

Temporary Admission (Time-Limited Evaluation or Treatment) Approval

- ◆ An application has been submitted using form 470-4402, *Application for Admission to a State Resource Center*.
- ◆ An application has been approved through the county's designated regional administrator.
- ◆ 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 331.394(5).
- ◆ When the division disputes the county's determination of an applicant's of residence the division shall initiate the dispute resolution process in Iowa Code subsection 331.394(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 470-3951, *Authorization to Obtain or Release Health Care Information*.
- ◆ 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.

Informed Consent

Informed consent specifically educates the decision-maker on treatment goals, recommendations, alternatives, risks, and benefits.

- ◆ 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 twelve (12) months.

- ◆ When a substitute decision-maker authorizes consent for the individual, the individual shall be provided appropriate information on treatment goals, recommendations, alternatives, risks, and benefits and provided the opportunity to assent.
- ◆ Written informed consent is preferred over verbal consent.
- ◆ Specific informed consent shall be obtained for participation in treatment that includes:
 - Invasive or potentially harmful procedures,
 - Programmatic use of restraints,
 - Psychotropic 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.
- ◆ 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.

Readmission

- ◆ An application for readmission shall be made in the same manner as for a first admission except the SRC may waive the re-submittal of any information already in the SRC 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.
- ◆ To the extent necessary, readmissions will be prioritized for legacy clients.

Performance Improvement

SRC's shall monitor this policy and procedures that stem from it to assure that quality assurance practices are in place. This quality assurance includes:

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

Data Collection and Review

SRCs shall assure the collection of data on admissions and involuntary commitments:

- ◆ 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
 - ◇ First admission
 - ◇ Readmission
 - Resource center's admission decision
 - Reason application was denied, if applicable
 - 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.
- ◆ The Department Central Office shall track corrective actions and ensure remedial measures are implemented when necessary.

Employee Training and Education on Admissions

SRCs 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 and most integrated setting;
 - The goal of all admissions is to return the individual to a less restrictive and more integrated community setting;
 - Discharge planning starts at 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

SRC 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

SRC 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

SRC 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; and
- ◆ 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 or by court order.
 - 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 or by court order.
 - Send and receive unopened mail.
 - Make and receive private telephone calls unless the calls have been determined inappropriate by the individual's treatment team or by court order.
- ◆ **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.
- ◆ An individual's rights shall be respected and protected against violation.
- ◆ Upon admission and at least annually thereafter, each individual, or the individual's parent, guardian, legal representative, or family, shall receive an explanation of the individual's rights and responsibilities in a manner and format the recipient understands.
- ◆ A standardized rights violation grievance process shall be established and maintained.
- ◆ All suspected rights violations, whether as an individual or a group, shall be investigated promptly and addressed through the identified grievance process.
- ◆ Individuals shall be educated on their rights and encouraged to exercise those rights in a manner that respects and does not violate the rights of others.
- ◆ Any allegation of rights violation that meets the definition of abuse under federal or state laws shall be reported and investigated in compliance with the Department's policies on abuse.

Rights Posting

Resource center written rights violation process policies and procedures shall assure that the rights of individuals are conspicuously posted in each living area and day program site in a brief and easily understood statement. The posting shall include:

- ◆ Information on how an individual may assert the individual's rights including the process for reporting alleged rights violations or grievances.
- ◆ A statement that retaliation shall not occur for good faith reporting.

Restrictions or Constraints on Rights

Resource center written policies and procedures shall assure that:

- ◆ The intentional violation of an individual's rights without due process, or the failure to report such violation is prohibited.
- ◆ All employees shall be responsible for protecting and promoting individual rights and support individuals in exercising their rights independently and, if necessary, with staff assistance.
- ◆ A process for approving restrictive interventions shall be implemented that requires:
 - Completion before an individual's rights are limited;
 - An interdisciplinary team review;
 - The informed consent of the individual or the individual's parent, guardian, or legal representative.
 - Documentation justifying the need for restriction including:
 - ◇ The purpose of the restriction.
 - ◇ The identified need and rationale for the restriction.
 - ◇ Less restrictive interventions tried without success.
 - ◇ Risk/benefit analysis supporting the need for the restrictive intervention.
 - ◇ The review and approval of the resource center's human rights committee.
- ◆ At or before admission, each individual or the individual's parent, guardian, or legal representative shall be provided with a copy of the rules of the facility and an explanation in a manner and format that the individual, parent, guardian, or legal representative understands.
- ◆ All court-ordered restrictions shall be incorporated into the individual support plan.

Emergency Rights Restrictions

Resource center written policies and procedures shall assure that a process for approving emergency restrictions is implemented and requires that:

- ◆ The process shall be used only when intervention is necessary to immediately protect the health or safety of the individual or others.
- ◆ A supervisor shall approve the intervention.
- ◆ The individual's interdisciplinary team shall review the emergency restriction within three business days of the emergency rights restriction.
- ◆ The individual's interdisciplinary team shall review any instance of more than three emergency restrictions in any four-week period and the individual's individual support plan is revised as appropriate.
- ◆ Data shall be collected and reviewed monthly.

Human Rights Committee

Resource center written policies and procedures shall assure that a human rights committee shall be maintained which is responsible to:

- ◆ Review recommended programmatic restrictive interventions;
- ◆ Approve or deny approval of recommended programmatic restrictive interventions;
- ◆ Monitor approved interventions to assure that programmatic restrictive interventions are implemented in accordance the Department's policy;
- ◆ Investigate grievances or allegations of rights violations;
- ◆ Make recommendations for program improvement; and
- ◆ Maintain a record of the decisions of the committee.

Reporting of Violations

Resource center written policies and procedures shall assure that:

- ◆ All employees, volunteers, and contractors witnessing or having knowledge of a rights violation shall be required to report the rights violation.
- ◆ The employee shall immediately report all allegations of rights violation orally to the employee's direct line supervisor or supervisor on duty, unless the allegation involves the supervisor, in which case the report shall be made to the supervisor's supervisor. Volunteers and contractors shall report allegations to their designated facility employee contact.
- ◆ All information pertaining to the allegation and subsequent investigation shall be kept confidential, including the name and position of the person making the report.
- ◆ Retaliation shall not occur for good faith reporting. Verified acts of retaliation may result in disciplinary action up to and including discharge.
- ◆ Failure to report allegations of rights violation shall not be tolerated, including the willful failure to report rights violation. Failure to report allegations of rights violations may result in disciplinary action up to and including discharge.

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 a rights violation that also meets the definition of abuse shall be investigated under the policies governing abuse investigations.
- ◆ If an allegation of a rights violation does not meet the definition of abuse, it shall be investigated in a timely manner per facility policies.

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.

Investigation Process

Resource center written policies and procedures on the grievance and rights violation investigation process shall assure that:

- ◆ A copy of all grievances filed shall be sent to and reviewed by the human rights committee.
- ◆ The human rights committee shall investigate all grievances or allegations of rights violation, regardless of merit, unless resolved earlier in the process.
- ◆ All grievances or allegations filed shall be investigated by:
 - The first-line supervisor and treatment program manager. Within five business days after initiation of the grievance, the first-line supervisor and the treatment program manager shall investigate the grievance. The treatment program manager shall meet with the individual filing the grievance.

If the complaint isn't resolved at this level, the findings shall be submitted to the treatment program administrator.

- The Treatment Program Administrator. Within five business days of receipt of the grievance, the treatment program administrator shall meet with the individual filing the grievance. If the grievance cannot be resolved at this level, the findings shall be submitted to the human rights committee.
- The Human Rights Committee. Within ten business days the committee shall complete its investigation and then within five business days shall develop recommendations for resolution and make a written report.

- ◆ 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.

Appeal Process

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

- ◆ The individual filing the grievance shall have the right to appeal the decision of the human rights committee to the superintendent. The appeal can be made orally or in writing and must be filed within 14 business days of the human rights committee issuing its written report.
- ◆ The superintendent shall provide a written decision on the appeal within 14 business days.
- ◆ If the individual filing the appeal to the superintendent isn't satisfied with the superintendent's decision, the individual shall be provided with information on the individual's right to have a further appeal to the district court.

Corrective Action

Resource center written policies and procedures shall assure that:

- ◆ There is a process to assign the development and implementation of specific corrective action plans to address issues identified in all human rights committee findings with the purpose of correcting any specific violations and preventing future violations. This process shall assure that:
 - Written corrective action plans shall be developed within five business days of assignment.
 - Corrective action plans shall identify the tasks, timelines, outcomes to be accomplished, and the employees responsible for implementation.
 - Corrective action plans shall be implemented in a timely manner.
 - The results of corrective action plans shall be documented.
- ◆ The superintendent or the superintendent's designee shall approve all corrective action plans and any proposed modification to content or timeline.

There is a monitoring process to assure that all corrective actions shall be developed and implemented as written.

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
- ◆ Names of individual and employee involved
- ◆ Names of all witnesses
- ◆ Names of other individuals directly or indirectly involved
- ◆ Reported causes of the grievance or rights violation
- ◆ Outcomes of the human rights committee investigation
- ◆ Date the human rights committee investigation began
- ◆ Date the human rights committee investigation completed
- ◆ Final personnel action taken and date
- ◆ Corrective actions assigned, including:
 - The person responsible for corrective action completion,
 - The date by which the corrective action plan is to be completed, and
 - The date documentation of corrective action completion was submitted.

Records of the results of every investigation of grievances or alleged rights violations shall be maintained in a manner that permits investigators and other appropriate staff to easily access each investigation involving a particular employee or individual.

Data gathered from data analysis shall be consistently used for identifying and addressing individual and systemic issues to improve the quality of life for individuals. The resource center's quality council shall review data from all rights violation 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.

Reporting Requirements on Rights Data

Resource center written policies and procedures shall assure that:

- ◆ The monthly reporting process of grievances or rights violation allegations and related investigative findings to the facility 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 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,
- ◆ All volunteers, who will work regularly with individuals, and
- ◆ All contractors.