

October 25, 2019

GENERAL LETTER NO. 3-B-AP-5

ISSUED BY: Division of Mental Health and Disability Services

SUBJECT: Employees' Manual, Title 3, Chapter B, Appendix, ***State Resource Centers Appendix***, Title page, revised; pages 1, 2, 3, 5, 10, and 11, revised; and form 470-4402, *Application for Admission to a State Resource Center*, revised.

Summary

Chapter 3-B-Appendix is revised to:

- ◆ Make minor clarifications to terms.
- ◆ Update the code and application process to repeal the central point of coordination language.
- ◆ Update the availability of forms.

Effective Date

Immediately.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Title page	June 28, 2013
470-4402	5/13
1-3, 5, 10, 11	June 28, 2013

Additional Information

Refer questions about this general letter to:

Brandi Archibald, Executive Officer 2
Mental Health and Disability Services Division
Hoover Building
1305 E Walnut St
Des Moines, IA 50319-0114
(515) 242-6217
barchib1@dhs.state.ia.us

State Resource Centers Appendix



Application for Admission to a State Resource Center

To: The _____ County Board of Supervisors

I, _____, _____
Name Address

am the _____ of _____
Parent, Guardian, Legal Representative Name of Individual to Be Served

for whom I seek voluntary admission to _____ Resource Center.
I believe the individual is or may be a person with an intellectual disability. (Attach supporting information.)

Type of admission requested: Admission Temporary admission Outpatient admission

Birth date of individual _____

I declare that my county of residence is _____ County.

Signature

Date

Signature

Date

We, the Board of Supervisors of _____ County, hereby make application for
voluntary admission of _____ to the Superintendent(s) of the
Name of Individual

State Resource Center(s) in accordance with Iowa Code sections 222.13 and 222.13A. Our determination
is, that the individual for whom application is made

- is a resident of _____ County as declared or
- the county of residence as declared is in dispute and the dispute resolution process in Iowa Code
section 331.394, subsection 5, will be implemented.

This application has been made through the regional administrator or designee process.

Regional Administrator

Chairperson, County Board of Supervisors

Application approved: Yes No Date: _____

Administrator, Mental Health and Disability Services Division

Readmission: Yes No

Application for Admission to a State Resource Center, Form 470-4402

Purpose	Form 470-4402 is used to make application for admission to a resource center.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of the form may also be printed from the on-line manual or SharePoint. Resource centers may print their own supply.
Completion	<p>The first section of the form is completed by the individual who is seeking admission to the resource center, or by the individual's legal representative.</p> <p>The second section of the form is completed by the designated regional administrator or the county board of supervisors of the individual's county of residence.</p> <p>The third section of the form is completed by the division administrator for mental health and disability services or the division administrator's designee when approval as a state case is requested.</p>
Distribution	Submit the original to the resource center through the Residential Technical Assistance Team (RTAT).
Data	<p>Information supporting the individual's diagnosis of intellectual disability or possible intellectual disability is attached.</p> <p>Documentation is attached to support the county of residence determination if county of residence is determined to in a county different than the county signing the application or if the determination is that the individual has no county of residence.</p>

Resource Center Agreement and Consent for Services, Form 470-4403

Purpose	Form 470-4403 is used to obtain consent from an individual or the individual's legal representative for the services to be provided to the individual at the resource center.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	Complete the form as part of the application process for admission to a resource center and update at least annually thereafter.
Distribution	Retain the original in the individual's resource center record. Give one copy to the individual or to the legal representative who signed the form.

Resource Center Individual Grievance, Form 470-4367

Purpose	Form 470-4367 is to be used for the filing of formal grievances and recording the process and findings of the investigation.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of the form may also be printed from the on-line manual or SharePoint. Resource centers may print their own supply.
Completion	<p>The individual filing the grievance completes the first section providing a statement as to the actions the individual is grieving.</p> <p>The remainder of the form is completed by the employees who try to resolve the grievance and, if the grievance is not resolved, by the Human Rights Committee.</p> <p>Within five business days, the resident treatment supervisor and treatment program manager shall investigate the grievance and try to resolve it at their level. (For example, if the resident treatment supervisor takes three days, then the treatment program manager has only two days.)</p> <p>If resolution is not possible, the grievance is sent on to the treatment program administrator. Within five business days, the treatment program administrator investigates the grievance and tries to resolve it.</p> <p>If resolution is not possible, the grievance is sent to the Human Rights Committee for investigation, findings, and a recommendation.</p>
Distribution	After completion by the individual filing the grievance, give the original to the individual's resident treatment supervisor and send a copy to the chairperson of Human Rights Committee. Attach to the form any collateral information collected as part of the investigation.

[Type 1 Incident Investigation Report, Form 470-4366](#)

Purpose	<p>Form 470-4366 provides the outline and format for investigation of Type 1 incidents. The investigator provides the completed form to the director of quality management.</p> <p>This form is divided into two components. Sections I through VII are the official report of the investigation including the findings and recommendations. Sections VIII and IX are not part of the official report. These two sections are for internal administrative review of the overall implementation of the investigation process.</p>
Source	<p>Complete this form using the template available in SharePoint under Employee Manual/Forms.</p>
Completion	<p>The investigator shall complete sections I through V for each investigation.</p> <p>The incident review committee shall complete Sections VI, VII, VIII, and X. Sections VI and VIII shall be completed in consultation with the assigned investigator.</p> <p>The director of quality management shall complete section IX.</p>
Distribution	<p>After the review is completed, forward the original to the superintendent. Quality Management retains one copy. Attach any collateral information to the report.</p>
Data	<p>Section I. Basic Information</p> <p>Investigation number. Sequential number assigned by the resource center.</p> <p>ID number. Individual's resource center case number.</p> <p>Name of alleged victim. Individual involved in the incident or individual. Name only one individual on a form. If more than one individual is involved, list each individual on a separate form. (Indicate adult or child.)</p>

Type 2 Incident Review Report, Form 470-4345

Purpose	Form 470-4345 provides an outline and format for reviews done of Type 2 incidents. The reviewer provides the completed form to the treatment program manager.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms.
Completion	The reviewer shall complete sections I through III. The treatment program manager completes section IV.
Distribution	After the review is completed, forward the original to the treatment program manager. Attach any collateral information to the report.
Data	<p>Section I. Basic Information</p> <p>Review number. Sequential number assigned by the resource center. (If used)</p> <p>ID number. Individual's resource center number.</p> <p>Name of individual. The name of the individual involved in the incident. Name only one individual on a form. If more than one individual is involved, list individual on a separate form. (Indicate adult or child.)</p> <p>House address. Number or name of unit the individual lives in.</p> <p>Date incident allegedly occurred. Date the incident occurred.</p> <p>Time alleged incident to have occurred. Time the incident occurred.</p> <p>Location of incident. Where the alleged incident occurred (house, program area, treatment area, on campus, off campus, etc.).</p>

Date/time incident reported to supervisor. Date and time an employee, volunteer, or contractor reported the incident to a supervisor.

Supervisor reported to. Name of the supervisor to whom the report was made.

Date/time review assigned. Date and time the review was assigned to the reviewer.

Date review completed. Date the review was completed and sent to the treatment program manager.

Name and title of employee assigned to review.

Description of the incident. A complete statement as to what occurred or is alleged to have occurred.

Names of employees involved. If the incident is the result of an inaction or action on the part of an employee, enter the employee's name.

Names of persons reporting the incident. If more than one person reported the incident, list all persons who made the report by name.

Immediate protections implemented. If protection was required, describe what actions were taken to protect the health and safety of the individual.

Immediate actions taken with employees. Completed only for incidents involving allegations of employee, volunteer, or contractor wrongdoing.

Names of all witnesses (employees, volunteers, contractors, individuals, others). List the names of all persons who were present when the incident occurred and who witnessed the incident first hand.

Type of incident. Check the type of incident being reviewed. Check all types that apply. If the type of incident is not on the list, check "other" and specify the type of incident.