

**State Facilities  
Civil Commitment Unit  
for Sexual Offenders**

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## **Overview**

The Civil Commitment Unit for Sexual Offenders (CCUSO) provides a secure, long-term, and highly structured setting to treat sexually violent predators (SVP) who have served their prison terms, but who, in a separate civil trial, have been found likely to commit further violent sexual offenses.

The program was created by the 1998 Sexually Violent Predators Act of Iowa to provide secure, inpatient treatment for sexual offenders who are believed to be a high risk for sexually re-offending. Inpatient treatment is indefinite, with the length of commitment dependent upon the time required for each individual to complete the criteria for advancement through the defined treatment phases.

The program is located in Cherokee on the campus of the Cherokee Mental Health Institute (CMHI) and serves SVPs for all ninety-nine (99) Iowa counties.

## **Legal Basis**

The policies and procedures in this chapter are based on:

- ◆ Iowa Code Section 218.1, which provides that the director of the Department of Human Services has full authority to control, manage, direct and operate the Department's facilities and may assign this authority to the superintendent at the Civil Commitment Unit for Sexual Offenders.
- ◆ Iowa Code Section 218.13, which requires the Department to conduct background checks of any person who is:
  - Being considered for employment involving direct responsibility for a resident or with access to a resident when the resident is alone; or
  - Requesting permission to reside on the grounds.

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 Chapter 235B and 441 Iowa Administrative Code Chapter 176, which define dependent adult abuse and require reporting, investigation, and actions to be taken to protect dependent adults from abuse.
- ◆ Iowa Code Section 709.1, which defines sexual abuse.

- ◆ Civil Rights of Institutionalized Person Act (CRIPA) at 42 USC Section 1997, which requires the United States Attorney General to investigate conditions of egregious or flagrant deprivation of rights of persons residing in public facilities.
- ◆ Public Law 106-402, the Developmental Disabilities Assistance & Bill of Rights Act of 2000: (DD Act), codified at 42 USC Section 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.
- ◆ Iowa Code Section 229A
- ◆ 441 Iowa Administrative Code Chapter 31
- ◆ Iowa Code Section 915.45

### **Definitions**

**“Abuse”** occurs when a caretaker intends to inflict harm on a child or dependent adult 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:

- ◆ **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 facility that are not in accordance with the individual’s treatment plan.
- ◆ **Mental or psychological abuse:** Actions that result or may result in a negative impact on an individual’s sense of well-being, safety, integrity, or self-esteem. The impact may be recognized by an individual’s expression of anxiety, depression, withdrawal, or by aggressive behaviors. Such abuse includes but is not limited to:
  - Intimidation,
  - Withholding attention,
  - Threat to physically harm, or
  - Taunting or harassment.

- ◆ **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 treatment 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.
- ◆ **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, or
  - Incitement to act, which includes circumstances where caretakers instigate individuals to inflict harm on another individual.
- ◆ **Sexual abuse:** Any sexual contact between an individual and a caretaker is sexual abuse. Sexual abuse occurs when there is any sexual contact with a minor. Sexual abuse includes but is not limited to:
  - Inappropriate touching,
  - Attempted or actual sexual relations,
  - Penetration,
  - Solicitation,
  - Indecent exposure,

- Sexual assault,
  - Invasion of privacy for sexual gratification,
  - Use of sexually explicit language to harass or suggest sexual activity, or
  - Sexual exploitation (having individuals perform sexual acts with other individuals for the employee's benefit or sexual gratification).
- ◆ **Verbal abuse:** Any oral (including tone of voice), written or gestured language to belittle, ridicule, scorn, assault, dehumanize, otherwise denigrate, socially stigmatize, or show contempt for an individual. Such behaviors include but are not limited to:
- Yelling,
  - Swearing,
  - Name-calling,
  - Teasing,
  - Insulting, or
  - Use of disrespectful or derogatory terms to describe an individual.

**"Department"** means the Iowa Department of Human Services (DHS).

**"Director"** means the director of the Department of Human Services as defined in Iowa Code Section 217.5.

**"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 assigned by the Director in Iowa Code Section 218.3 (1).

**"Facility"** means the Civil Commitment Unit for Sexual Offenders (CCUSO).

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

**"Superintendent"** means the person appointed by the division administrator to direct the overall operation of the civil commitment unit for sexual offenders.

**"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.

### **Policy on Admissions**

It is the policy of the Department that for an individual to be admitted to CCUSO the following must occur:

- ◆ The individual must meet the criteria established by statute for a "sexually violent predator," including determination that the individual has a "mental abnormality" that makes it "more likely than not" to engage in future acts of a sexually violent nature;
- ◆ The individual must be referred for commitment by a Multidisciplinary Team, the Prosecutor's Review Committee, and be determined by a professional evaluator to be a high-risk for re-offending; and
- ◆ The individual must be found to be a "sexually violent predator" by a civil court.

### **Admission General Principles**

CCUSO's written policies and procedures shall assure that:

- ◆ Admission of all patients has been determined as legal at the time of admission and are accompanied with a court order.
- ◆ The patient's rights are protected throughout the admission and treatment process, up through discharge when deemed appropriate by the courts.
- ◆ All patients are given equal opportunity to participate in meaningful individualized and group treatment based on current standards of industry best practices, including individualized testing, evaluations, and assessments.
- ◆ The patient is informed the CCUSO's goal is to protect the public safety, to provide a safe, secure and humane environment, and to provide meaningful treatment to the patient in the least restrictive setting allowable by current laws at any given time.
- ◆ All staff are properly educated and trained to carry out the general principles of the program as described in facility policies and procedures.



### **Admission Procedures**

CCUSO's written policies and procedures shall assure that:

- ◆ Patients will be screened, examined, and assessed within first 30 days. The areas addressed shall include a minimum of the following:
  1. Education level
  2. Acute and chronic health
  3. Physical assessment and immunization history
  4. Mental health, including psychiatric reporting as appropriate
  5. Psychological evaluation, including intellectual assessment
  6. Social and criminal offending history
  7. Substance abuse issues
- ◆ The assessment shall include written and verbal information from all historical sources, observable behavior at intake, the initial interview with the patient, physical examinations, and other relevant materials as described above.

## **Administration**

CCUSO's written policies and procedures shall assure that:

- ◆ Guidelines regarding employee attendance and a leave procedure shall be developed and all employees shall be trained on said policy.

Training on the attendance policy shall be verifiable via a signed "Acknowledgement of Receipt" of the Department of Human Services Attendance Policy.

- ◆ Guidelines regarding all purchases made for CCUSO and CCUSO patients shall be clearly defined and shall be in compliance with all state purchasing requirements, as well as, State of Iowa auditing practices.
- ◆ Guidelines regarding the handling of currency received from or for CCUSO patients shall be clearly defined as to prevent the mishandling of patient funds and to safeguard against loss and/or allegations of mishandling.

All currency shall be properly accounted for and any change in possession shall be verifiable through documentation.

## **Rights**

CCUSO's written policies and procedures shall assure that:

- ◆ Guidelines recognizing and addressing patient's rights as well as restrictions on those rights are addressed.
- ◆ Guidelines regarding the following "Rights" related topics shall be addressed:
  - Mail and other means of communication (visitors, telephone).
  - Religious services
  - Marriage
  - Sexual expression
  - Gender identification
  - Financial
  - Confidentiality
  - Unit Council
  - Deathbed/funeral leave
  - Polygraph examinations
  - PPG examinations
  - Volunteer assignments
  - Restraint/seclusion
  - Searches

### **Visitation**

CCUSO's written policies and procedures shall assure that:

- ◆ Guidelines regarding CCUSO patients receiving visitors shall be established. The risk and benefits of all visitors shall be considered on a case by case basis while still encouraging CCUSO patients to develop and maintain positive relationships with friends, family, and other individuals in the community who could be part of a positive support system.
- ◆ Guidelines regarding group or special visitors shall also be established keeping safety, security and patient confidentiality in mind at all times.
- ◆ Guidelines regarding attorney/client visits shall be established with the intent of making every effort to accommodate face to face attorney/client visits in a private, secure setting during normal business hours.
- ◆ Visitation is at the sole discretion of the facility as the security and safety of visitors, patients, and staff must always be the first priority.

### **Patient Behavior Management**

CCUSO's written policies and procedures shall assure that:

- ◆ Guidelines regarding a behavioral management system within CCUSO shall be designed for the management of patients who have a "mental abnormality" that predisposes them to repeatedly commit sexually violent crimes.
- ◆ Patient behavioral issue within CCUSO shall be managed by providing clarity, structure, boundaries, and personal responsibility using clearly defined behavioral management systems as appropriate.
- ◆ Guidelines regarding a behavioral level system shall be established that acts as an incentive for pro-social behavior and cooperation from the CCUSO patients throughout their commitment.

The system shall be monitored and modified as needed based on rather the desired outcomes are being achieved or not.

### **Treatment Phase System**

CCUSO's written policies and procedures shall assure that guidelines regarding a systematic, phased treatment process shall be established:

- ◆ Enabling patients to clearly understand the required treatment objectives,
- ◆ Provides patients clear feedback about treatment progression,
- ◆ Provides varying levels of treatment suited for patients at varying levels in their treatment process,
- ◆ Provides a motivational structure that recognizes treatment progress and encourages patients through progressively increasing privileges and freedoms,
- ◆ Commiserate with their treatment progress, and
- ◆ Provides measurable steps towards eventual release.

### **Transitional Release Phases**

CCUSO's written policies and procedures shall assure that:

- ◆ Guidelines regarding patients transitioning out of CCUSO's secure setting and into the community shall be established. These guidelines will describe the gradual release process that will enable patients to develop the financial, social, and vocational supports needed to successfully transition back into society while keeping the public as safe as possible. The general expectations shall be described clearly for the patients in obtainable steps.
- ◆ Guidelines shall describe the purpose of the Transitional Release Program (TRP) as to provide a supportive and guided re-entry into the community by allowing individuals to practice and apply learned treatment skills in a monitored environment with CCUSO staff support still in place.
- ◆ Guidelines shall describe the Release with Supervision (RWS) process. Upon being court ordered to RWS, the patient will remain committed to the Director of DHS and may leave the CCUSO facility under off-site supervision. The patient will usually live in community based corrections, a residential setting, or even private residences while continuing to receive treatment, support, and supervision as they adjust, find employment, and integrate back into the community.

## **Patient Handbook**

CCUSO's written policies and procedures shall assure that:

- ◆ Guidelines regarding the development, maintenance, and distribution of a "Patient Handbook".
- ◆ Guidelines shall assure CCUSO patients receive a personal or have access to a copy of the Patient Handbook upon admission.
- ◆ Guidelines shall assure the Patient Handbook addresses the program's history, mission, treatment philosophy, programs offered, and general guiding rules of expectations are captured as detailed in other policies and procedures. The Patient Handbook should be a useable tool for patient orientation as well as an everyday guide as to treatment and behavioral expectations.
- ◆ An "easy reader" version of the Handbook will be made available to individuals who desire such a format.
- ◆ A "Transitional Release Program" Handbook shall be made available to patients in the Transitional Release Program.

## **Medical Services Policy**

CCUSO's written policies and procedures shall assure that:

- ◆ Guidelines regarding the development and implementation of medical services for patients at CCUSO shall provide all patients access to medical services. All patients shall have the right to medical care/treatment free from any type of discrimination on the basis of age, race, color, sex, creed, national origin, marital status, sexual orientation, gender identity, disability, diagnosis, and/or source of payment for care.
- ◆ Guidelines regarding the following medical/health related topics shall be addressed:
  - Psychiatric services
  - Off-site medical services and transportation
  - Routine medical orders
  - Treatment and medication administration records
  - Blood glucose monitoring
  - Medication administration, documentation, and error reporting
  - Infection control/Exposure
  - Medical emergency (Code Blue)
  - Tuberculosis screening, testing, and treatment
  - Immunization/vaccination
  - Imminent death
  - Advanced directives
  - Hepatitis testing and treatment
  - Infectious diseases
  - Medical equipment use, storage, and maintenance
  - Employee pre and post health requirements

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## **Personnel Practices**

CCUSO written policies and procedures shall assure that:

- ◆ Before beginning employment, volunteering, or contracting, all applicants for employment, reinstatement to employment, regular volunteering, or ongoing personal service contracts shall be screened for:
  - Employment history,
  - Criminal history,
  - Child abuse history,
  - Dependent adult abuse history,
  - Inclusion on the federal list of excluded individuals and entities, and
  - Inclusion on the Sex Offender Registry.
- ◆ Any person seeking employment or reinstatement to employment who has a record of founded child or dependent adult abuse or denial of critical care or has any conviction based on those offenses shall be denied employment unless:
  - The applicant submits form 470-2310, *Record Check Evaluation* (see [16-G-Appendix](#)), for screening by the Department, and
  - The Department determines that the applicant is employable.
- ◆ Any person seeking a personal services contract or seeking to volunteer regularly who has a record of a founded child, dependent adult abuse, or denial of critical care or has any conviction based on these offenses shall be denied the contract or the opportunity to volunteer.
- ◆ All personnel actions resulting from investigations shall follow state personnel policy and procedures.
- ◆ Any employee, volunteer, or contractor shall report within 24 hours or on the next scheduled working day any allegation or founding of abuse or being arrested for, charged with, or convicted of any felony or misdemeanor against the person arising from the person's actions outside the work place.
- ◆ Employees shall make the report to the employee's direct-line supervisor. Volunteers or contractors shall report to their facility contact person. When such a report is made, the employee, volunteer, or contractor shall complete form 470-2310, *Record Check Evaluation*, and the CCUSO shall submit the form for screening by the Department under Iowa Code Section 218.13 to determine if the person continues to be employable.
- ◆ The CCUSO shall follow up on any information it receives that indicates that an employee may have been arrested, charged, or a conviction for any felony or misdemeanor.

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- ◆ Any employee, contractor, or volunteer who fails to report any allegation of abuse or arrest, charge, or conviction for any felony or misdemeanor against the person arising from the person's actions outside the work place within 24 hours or on the next scheduled working day shall be subject to sanctions, up to and including dismissal or termination of contract.
  - ◆ Any employee, volunteer, or contractor who has been found to have contributed to adult or child abuse, to have committed adult or child abuse, to have been convicted of child or adult abuse, denial of critical care, or to have committed mistreatment 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 done timely and shall 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.



## **Employee Reporting Requirements**

CCUSO's written policies and procedures shall assure that:

- ◆ An employee shall immediately report all incidents verbally to the employee's first line supervisor. This includes incidents that may be reported to the employee by a contractor or volunteer.

If the incident is an allegation of abuse that involves the employee's supervisor, the report shall be made to the supervisor's supervisor.

- ◆ An employee mandatory reporter who in the course of employment reasonably suspects that a dependent adult has been abused by a caretaker shall report the alleged abuse to the Department of Human Services as soon as possible and no later than 24 hours after knowledge of the alleged abuse using DIA's reporting system.
- ◆ When an employee suspects, has knowledge of, or receives a report of non-caretaker abuse that may have been caused by a person other than a CCUSO employee, contractor, or volunteer, the employee shall verbally report this information immediately to the employee's supervisor.
  - The supervisor shall immediately report the allegation to the superintendent, who shall determine the appropriate action needed to protect the safety of the child or dependent adult.
  - All information pertaining to any allegation or report and subsequent investigation of an incident shall be kept confidential, including the name and position of the person making the report.
  - All employees shall immediately report to their first line supervisor all calls to law enforcement pertaining to incidents or other activities occurring at CCUSO, whether the call was made by an individual or made by the employee personally.

## **Victim Treatment**

CCUSO's written policies and procedures shall assure that:

- ◆ Victims of abuse are provided with the appropriate information needed to help with victim aftercare. Such information may include, but will not be limited to, therapists and counselors, hotlines, and advocacy or crisis organizations.
- ◆ Victims will be treated with the maximum amount of confidentiality required per state and federal laws.
- ◆ Victims will be offered medical treatment, tests, and evaluations as appropriate based on the type of allegation.
- ◆ Victims will be separated from their alleged abusers to the extent possible until the conclusion of the investigation at which time the need for further separation will be evaluated based on the outcome of the investigation.
- ◆ Victims of CCUSO patients as defined in Iowa Code Section 915.45 "Victim Rights, Notice to victims of discharge of persons committed" shall be notified of patient discharges in writing as described in 3-G, [Policy on Victim Notification](#).

**Incident, Abuse, Reporting, Retaliation, and Investigatory Duties**

CCUSO's written policies and procedures shall assure that:

- ◆ Allegations of sexual abuse and harassment will be forwarded to local law enforcement and other regulatory agencies as appropriate. The facility will fully cooperate with subsequent investigations.
- ◆ If suspected dependent adult abuse occurred, the allegation will be reported to the Department of Human Services as soon as possible but no later than 24 hours.
- ◆ Regardless of whether local law enforcement or regulatory agencies are investigating alleged sexual abuse or harassment at the facility the facility will also immediately initiate its own investigation which shall be completed in a timely manner.
- ◆ Reporters of suspected abuse will be protected from retaliation of any kind and monitored for evidence of retaliation.
- ◆ Multiple protection measures are considered to protect alleged victims from alleged abusers such as housing and staffing changes where appropriate.

## **Abuser Treatment and Prosecution**

CCUSO's written policies and procedures shall assure that:

- ◆ Alleged abusers shall be separated from alleged victims until the completion of the abuse investigation at which time the need for further separation will be evaluated based on the outcome of the investigation.
- ◆ Perpetrators of abuse served at CCUSO are provided with the appropriate information needed to help with prevention and aftercare. Such information may include, but will not be limited to, evaluations, access to therapists, hotlines, and advocacy organizations.
- ◆ There are consequences for persons who commit sexual abuse or harassment including, but not limited to, prosecution under applicable state and federal laws and/or discipline up to termination as appropriate for CCUSO employees.

## **Security**

CCUSO's written policies and procedures shall assure that:

- ◆ Guidelines regarding the development and implementation of security related topics for all individuals at CCUSO shall provide all patients, staff and visitors with clear guidelines as to the necessary security precautions and protocols utilized in day to day operations of a secure program such as CCUSO.
- ◆ Guidelines regarding the following security and safety related topics shall be addressed:
  - Room searches
  - Use of force
  - Tool control
  - Patient escape
  - Emergency notifications
  - Restraint of violent patients
  - Key, radio, and handcuff control
  - Patient counts
  - Master Control
  - Global Positioning System (GPS)
  - Emergency response
  - Room assignments
  - Evidence protocols
  - Severe weather
  - Patient property
  - Security cameras and digital recording
  - Drug screening

## **Employee Training and Orientation Policy**

CCUSO's written policies and procedures shall assure that:

- ◆ Guidelines regarding the orientation and on-going training of staff shall be developed.
- ◆ Guidelines regarding the following employee related training topics shall be addressed:
  - Infection control/Biohazards
  - Safety and security
  - Treatment philosophy
  - Master control
  - Restrictive measures
  - Behavioral reports
  - Incident reports
  - Suicide precautions
  - Mental health concerns
  - Unit tasks
  - Patient transports
  - Documentation
  - Patient counts
  - Keys and radio
  - Visitors
  - Patient rights
  - Cameras/monitors
  - Escape attempt
  - Fire alarms
  - Emergency Procedures
  - Preventing Sexual Harassment

## **Policy on End of Life**

CCUSO's written policies and procedures shall assure that:

- ◆ That all deaths are considered a serious event. Individuals who are at an end of life stage shall be provided with dignity and medical care appropriate to their needs.
- ◆ All deaths shall be thoroughly reviewed to determine cause of death.

### **End of Life Principles**

CCUSO's written policies and procedures shall assure that:

- ◆ The safety of each patient served shall be basic to the mission of each facility.
- ◆ Patients served who are at an end of life stage shall be provided appropriate medical services and comfort in an atmosphere of dignity and respect.
- ◆ Any advance directives in effect shall be complied with.
- ◆ All deaths shall be seen as a serious event to be responded to promptly with respect for the deceased individual and the individual's next of kin.
- ◆ Every death shall receive a comprehensive review as part of a continuous quality improvement process to determine the cause of death and to better understand any impact facility services may have had on the death and when indicated, to improve policy and procedures.
- ◆ At the point of death, all decisions regarding the deceased shall be handled on a case by case basis after consulting with legal counsel.
- ◆ All state and federal laws pertaining to death shall be complied with.

### **Near Death**

CCUSO's written policies and procedures shall assure that:

- ◆ When an individual is near death care and treatment shall be continued using all resources as appropriate.
- ◆ Relief from pain shall be provided as indicated.
- ◆ The wishes of the individual as expressed in any advance directive are respected.
- ◆ The individual's family contact, guardian, or other legal representative is knowledgeable of the situation and is assisted in any appropriate planning.

### **Hospice Care**

CCUSO's written policies and procedures shall assure that, for patients with a terminal illness and a life expectancy of six months or less that:

- ◆ The individual and the individual's family contact, guardian, or other legal representative is made aware of the availability of hospice services provided by CCUSO staff.
- ◆ At the request of and with the written consent of the individual, the individual's family, guardian, or other legal representative, hospice care shall be provided by CCUSO medical staff as appropriate.

### **Deaths Covered**

CCUSO's written policies and procedures shall assure that the following deaths are covered:

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

### **Confidentiality**

CCUSO's written policies and procedures shall assure that after an individual's death, assure that confidentiality concerning the individual be maintained. Information shall only be released as follows:

- ◆ To a designee or alternative designee, under Iowa Code Section 144C.3, the information needed by the designee or alternative designee to perform the duties required by the designation.
- ◆ To the next of kin person listed below the designee or alternative designee, requested information concerning the care and treatment of the individual.



- ◆ To an individual, agency, law enforcement, licensing, or accrediting body, which is governed by the same confidentiality requirements as the Department, the information required to perform their legal duties.
- ◆ To an individual or agency legally required to be notified as defined in this policy, the information legally required in the notification.

### **Internal Procedures**

CCUSO's written policies and procedures shall assure that procedures are developed and implemented for providing timely notice of all reported deaths to all the employees responsible for implementation of this policy, including but not limited to:

- ◆ Clinical or Medical Director(s)
- ◆ Directors of treatment programs, and
- ◆ Social work services [e.g. Primary Therapist (On-Call Therapist)].
- ◆ The responsibilities of each employee are clearly specified, including:
- ◆ Duties or responsibilities and
- ◆ Expected time-frames.

See Employees' Manual 3-G, [General Facility Policies](#).

### **Nursing Responsibilities**

CCUSO's written policies and procedures shall assure that:

- ◆ The Clinical and Medical Director(s) are immediately notified of an individual's death.
- ◆ The nurse present at or called to the death scene shall document the facts surrounding the death and secure the death scene pending further instructions from the medical examiner.

### **Reporting Deaths**

CCUSO's written policies and procedures shall assure that:

- ◆ All deaths are reported to the individual's next of kin, the Division, and otherwise required by, policy, or by law.
- ◆ The superintendent or the superintendent's designee, as specified in the facility's policy, shall be responsible for making the following reports:
  - County medical examiner report
  - Individual's next of kin report
  - Court, sheriff, and others report
  - Administrator report

See Employees' Manual 3-G, [General Facility Policies](#).

### **Property of Deceased Individual**

CCUSO's written policies and procedures shall assure that at the time of death of an individual that:

- ◆ The superintendent or the superintendent's designee shall immediately take possession of all property of the deceased individual left at the facility.
- ◆ When there is a duly court appointed and qualified representative for the deceased individual, property in the possession of the facility shall be delivered to the representative.

### **Property of Small Value**

CCUSO's written policies and procedures shall assure that the property left by the decedent shall be delivered to a surviving spouse or heirs of the decedent if:

- ◆ Within one year of the death of the decedent, administration of the estate has not been granted,
- ◆ The estate of the deceased is so small to make the granting of administration inadvisable, and
- ◆ There is no claim for Medicaid estate recovery.

### **Declaration of Final Disposition**

CCUSO's written policies and procedures shall assure that when an individual provides the facility with a final disposition declaration as provided in Iowa Code Chapter 144C, the facility and its employees shall:

- ◆ Assume that the final disposition declaration is valid in the absence of actual knowledge to the contrary.
- ◆ Upon the death of the individual, notify the designee or an alternate designee of the death and follow the wishes of the designee or alternate designee in the disposition of the decedent's body.
- ◆ The designee shall have access to information from the decedent's facility record necessary to carry out the responsibilities of the decedent's declaration.
- ◆ An employee of the facility shall not be a witness to or be appointed as a designee.

### **Revocation of Final Disposition Declaration**

CCUSO's written policies and procedures shall assure that a declaration shall be complied with unless the declarant has provided a written statement, signed by the declarant, that the declaration is revoked.

### **Data Collection and Review**

CCUSO's written policies and procedures shall assure that:

- ◆ Guidelines regarding the accurate tracking, collection, compilation, and reporting of a variety of data collected on a daily, monthly, and yearly basis shall be developed.
- ◆ Data shall be maintained in a manner so that information is readily accessible upon request.

## **Reporting Requirements**

CCUSO's written policies and procedures shall assure that:

- ◆ Guidelines regarding data collected shall be available for analysis by each data element collected.
- ◆ The director's office shall be provided with a monthly summary of admissions and discharges.