



# Iowa Department of Human Services

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June 28, 2013

## GENERAL LETTER NO. 3-B-AP-4

ISSUED BY: Division of Mental Health and Disabilities Services

SUBJECT: Employees' Manual, Title 3, Chapter B, **STATE RESOURCE CENTERS APPENDIX**, Title page, revised; Contents (page 1) revised; pages 1 through 12, revised; and the following form:

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

### Summary

This chapter is revised to:

- ◆ Update language declaring the county of legal settlement and processing dispute resolutions on form 470-4402, *Application for Admission to a State Resource Center*.
- ◆ Update the instructions to reflect availability of the following forms. These forms are now available as templates in the public state-approved mental health forms folder on Outlook.
  - 470-4402, *Application for Admission to a State Resource Center*
  - 470-4403, *Resource Center Agreement and Consent for Services*
  - 470-4367, *Resource Center Individual Grievance*
  - 470-4366, *Type 1 Incident Investigation Report*
  - 470-4345, *Type 2 Incident Review Report*
- ◆ Update the chapter format for ease of use on line.

### Effective Date

July 1, 2013

### Material Superseded

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

Page	Date
Title page	October 27, 2006
Contents (page 1)	July 27, 2007
470-4402	4/10
1	May 14, 2010
2-4	October 27, 2006
5-12	July 27, 2007

**Additional Information**

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

Revised June 28, 2013

Employees' Manual  
Title 3  
Chapter B Appendix

# **STATE RESOURCE CENTERS**

## **APPENDIX**



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## 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 mental retardation. (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 of the  
*Name of Individual*

\_\_\_\_\_ Resource Center 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 central point of coordination process. (CPC signature  
required for all applications for an adult individual.)

\_\_\_\_\_  
CPC Administrator

\_\_\_\_\_  
Chairperson, County Board of Supervisors

Application approved as a state case: ☐ Yes ☐ No Date \_\_\_\_\_

\_\_\_\_\_  
Administrator, Mental Health and Disability Services Division

Readmission: ☐ Yes ☐ No

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**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 on line using the template in the public state-approved mental health forms folder on Outlook. Supplies of the form may also be printed from the sample in the manual. 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 central point of coordination, 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	The original is submitted 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 on line using the template in the public state-approved mental health forms folder on Outlook.
Completion	The form is completed as part of the application process for admission to a resource center and is updated at least annually thereafter.
Distribution	The original is retained in the individual's resource center record. One copy is provided to the individual or to the legal representative who signed the form.

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**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 on line using the template in the public state-approved mental health forms folder on Outlook. Supplies of the form may also be printed from the sample in the manual. 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.



When the investigation and findings are completed, provide copies to:

- ◆ The individual filing the grievance
- ◆ The treatment program administrator
- ◆ The superintendent.
- ◆ The Quality Management Office

Data

The individual filing a grievance, or a person assisting the individual, provides the statement describing the grievance and desired resolution and signs and dates the statement.

Staff for the Human Rights Committee complete the following items:

- ◆ Date received copy of grievance: Enter the date the grievance is referred to the Human Rights Committee for investigation.
- ◆ Date received from Treatment Program Administrator for investigation: Self-explanatory.
- ◆ Grievance subcommittee members assigned: List the names of the assigned subcommittee.
- ◆ Work of the grievance subcommittee: Provide a summary of the work and process the subcommittee used to investigate the grievance, including:
  - Who was interviewed,
  - What documents were used,
  - What written statements were received for the investigation.
- ◆ Documentation of investigation and facts relied on: Self-explanatory.
- ◆ Findings and conclusions of the investigation: Summarize the committee's findings of fact and conclusions as a result of the investigation.
- ◆ Recommended action and resolution of the grievance: Describe the recommendations the committee has for resolution of the grievance, including recommended corrective actions.
- ◆ Date of Human Rights Commission decision: Enter the date of the Committee's decision.

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**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 on line using the template in the public state-approved mental health forms folder on Outlook.</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><b>Section I. Basic Information:</b></p> <p><b>Investigation number.</b> Sequential number assigned by resource center.</p> <p><b>ID number.</b> Individual's resource center case number.</p> <p><b>Name of alleged victim.</b> Individual involved in the incident or individual. Only one individual can be named on a form. If more than one individual involved, list each individual on a separate form. (Indicate adult or child.)</p>

**House address.** Number/name of unit the individual lives in.

**Date incident allegedly occurred.** Date the incident occurred.

**Time alleged incident to have occurred.** Time the incident is alleged to have occurred.

**Date/time report to RTS/other supervisor.** Date and time the person who first became aware of the incident reported the alleged abuse to a resident treatment supervisor or other supervisor.

**Date/time reported to DQM or designee.** Date and time the alleged abuse or incident was reported to the director of quality management, superintendent, or designee for determination of acceptance and assignment for investigation.

**Location of incident.** Where the alleged incident occurred. (House, program area, treatment area, on campus, off campus, etc.)

**Date/time reported to DIA.** Date and time the alleged abuse incident was reported to the Department of Inspection and Appeals.

**Reported to.** Name of the employee to whom the report was made.

**Date/time investigation assigned.** Date and time the investigation was assigned to an investigator.

**Date investigation completed.** Date the investigation was completed and sent to the next step. Check the box to indicate if the report is an addendum to a previously submitted report.

**Name and title of primary investigator assigned.** The name and title of the primary investigator.

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

**Names of alleged perpetrators.** Completed only for incidents involving allegations of abuse. If more than one person is alleged, list all persons alleged by individual name.

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

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

**Date/time of medical assessment.** Date and time that a health care professional first assessed the victim or individual for injury or medical needs.

**Immediate actions taken with alleged perpetrators.** Completed only for incidents involving allegations of abuse. (Actions may include alleged perpetrator was removed from direct contact with individual, employee was reassigned or placed on leave with pay, etc.)

**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 investigated. Check all types that apply.

## **Section II. Investigative Procedure**

The investigator completes this section by addressing all questions asked.

## **Section III. Summary of Evidence**

Investigator provides a summary of questions asked, evidence available, and circumstantial evidence.

#### **Section IV. Analysis and Findings**

Investigator provides conclusions based on available evidence and reasons for the conclusions made.

**Section V. Identified Concerns.** Investigator lists contributing or non-contributing systemic concerns identified during the report that the incident review committee may consider for recommendation for corrective actions.

#### **Section VI. Disposition of Case**

In consultation with the assigned investigator, the incident review committee determines:

- ◆ For abuse allegations, whether substantiated, unsubstantiated, or inconclusive.
- ◆ For all other incidents, whether or not the incident was resolved.

#### **Approval**

- ◆ **Investigator signature and date.** Investigator signs the report to indicate the report has been reviewed and is complete. Investigator dates the report at the time of signature and identifies the date of completion.
- ◆ **Supervisor signature and date.** Director of quality management:
  - Signs the report to indicate the report has been reviewed and is determined to be complete.
  - Dates the report at the time of signature and identifies the date of completion.

#### **Section VII. Recommendations**

Completed by incident review committee. Provides any recommendations determined appropriate to provide individuals with improved protections from harm.

### **Section VIII. Corrective Action Plan**

Identifies whether or not corrective actions are needed and if needed, person responsible for development of the plan.

### **Section IX. Incident Investigation Quality Assurance Follow-up**

Completed by director of quality assurance. Provides assessment of whether problems were timely and adequately detected and whether protections were timely and adequately implemented.

### **Section X. Corrective Action Plan Review**

Completed by the incident review committee. Provides a summary of development and implementation of corrective actions. Recommendations of further corrective actions are provided as needed.

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**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 on line using the template in the public state-approved mental health forms folder on Outlook.
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><b>Section I. Basic Information:</b></p> <p><b>Review number.</b> Sequential number assigned by resource center. (If used)</p> <p><b>ID number.</b> Individual's resource center number.</p> <p><b>Name of individual.</b> The name of the individual involved in the incident. Only one individual can be named on a form. If more than one individual involved, list individual on a separate form. (Indicate adult or child.)</p> <p><b>House address.</b> Number or name of unit the individual lives in.</p> <p><b>Date incident allegedly occurred.</b> Date the incident occurred.</p> <p><b>Time alleged incident to have occurred.</b> Time the incident occurred.</p> <p><b>Location of incident.</b> 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 wrong doing.

**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.



## **Section II. Review Procedure**

The reviewer completes this section by providing the information requested.

## **Section III. Analysis and Recommendations**

The reviewer completes this section by answering the questions asked and as appropriate, providing requested information. Reviewer signs and dates the completed review.

## **Section IV. Treatment Program Manager Review**

The treatment program manager completes this section by answering the questions and providing further recommendations for other actions, as appropriate. The treatment program manager signs and dates the form.