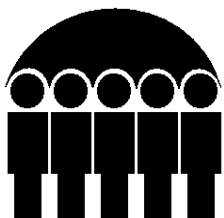


Revised May 15, 2009

Employees' Manual
Title 3
Chapter A Appendix

MENTAL HEALTH INSTITUTES

APPENDIX



Iowa
Department
of
Human Services

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Application for Voluntary Admission – MHI, Form 470-0420

Purpose	Form 470-0420 is used to make application for voluntary admission to a mental health institute and to assure that:
	<ul style="list-style-type: none">◆ The application has been approved through the central point of coordination process, and◆ Legal settlement has been determined or the process for determination is implemented.
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 as needed.
	The county central point of coordination may print the form as above or request copies of the form from the mental health institute.
Completion	Section A of the form is completed in all voluntary applicants, or by the individual's parent, guardian, or legal representative. For private pay and minor applicants, only this section of the form needs to be completed.
	Section B of the form is completed when the individual or those financially responsible for the individual are unable to pay for the care and the cost of care will be paid in whole or in part at public expense. The adult individual who is seeking admission or the individual's guardian or legal representative completes Section B. Then application submitted to the individual's county of residence's central point of coordination.
	Section C of the form, when section B has been completed, is completed through the applicant's county of residence's central point of coordination process.
	Section D 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.

Distribution The mental health institute receives and retains the original in the individual's record. A copy of the completed application is provided to the applicant and, when the application is through a central point of coordination the central point of coordination may retain a copy.

Data When the central point of coordination determines that the individual's legal settlement in a county other than the county of residence or that the individual is a state case, documentation to support the determination shall be attached.

If legal settlement is determined to be in dispute, the central point of coordination shall include information showing that the dispute resolution process has been initiated.

**Application for Voluntary Admission – Substance Abuse Treatment,
Form 470-0423**

Purpose	Form 470-0423 is used for making an application for admission to a mental health institute for voluntary substance abuse treatment.
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 as needed.
Completion	The form is completed before admission by the individual seeking admission or the individual's guardian or legal representative. If the individual is seeking admission as a state case, the division administrator for mental health and disability services or the division administrator's designee must approve the application.
Distribution	The mental health institute receives and retains the original in the individual's record. A copy of the completed application is provided to the applicant.
Data	The form contains the date the form was completed, the signature of the individual or the individual's guardian or legal representative and the name of the employee witnessing the signing.

Authorization to Release Information for Legal Settlement and Assignment of Insurance Benefits, Form 470-0430

Purpose	Form 470-0430 is used to obtain consent from the individual to obtain necessary information to determine legal settlement and for the assignment of insurance benefits.
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 or photocopied from the sample in the manual as needed.
Completion	The form is completed at the time of admission by the individual seeking admission or the individual's parent, guardian, or legal representative.
Distribution	The mental health institute receives and retains the original in the individual's record. A copy of the completed application is provided to the applicant.
Data	The form contains the date of completion and the signature of the individual, or the individual's parent, guardian, or legal representative and the employee witnessing the signature.

Consent to Treatment, Form 470-0428

Purpose	<p>Form 470-0428 is used by the mental health institute to confirm that an individual has given consent for treatment while a patient is in the facility. This form also confirms that the patient has been informed of:</p> <ul style="list-style-type: none">◆ The philosophy of treatment of the facility,◆ The policy concerning restraint and seclusion, and◆ The patient's rights and responsibilities.
Source	<p>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 or photocopied from the sample in the manual as needed.</p>
Completion	<p>The admission staff shall explain this form to the patient. The patient (or the patient's guardian, where applicable) shall read, sign, and date the form. The patient's signature is required before delivery of treatment other than lifesaving measures.</p>
Distribution	<p>Upon completion, this form is filed in the patient's ward chart while an inpatient in the mental health institute. At the time of discharge, the form is moved to the patient's permanent medical record.</p>
Data	<p>The form contains the patient's name, the date administered, and the signatures of the patient, the guardian, and a witness.</p>

DHS Institution Admission Core Data, Form 470-4161

Purpose	Form 470-4161 is used for collecting pertinent information concerning an individual admitted to state mental health institute or state resource center.
Source	This form is generated by the AVATAR medical records system. A sample of the form is in the manual.
Completion	The form is completed by the institution employees for all admissions whose cost of care is payable in whole or in part by the state or a county.
Distribution	The institution retains the original in the individual's record. A copy of the completed form is sent by facsimile or other electronic means to the county of admission by the end of the next working day after the day of admission.
Data	The form contains identifying and background information concerning the individual admitted. The form also provides a means for the determination of legal settlement.

**Hospital Procedures in the Event of Unauthorized Departures,
Form 470-4495**

Purpose	Form 470-4495 is used to provide notice to individuals admitted voluntarily to an MHI of the procedures the MHI will follow in any instance where the individual leaves the hospital without proper notice to the hospital.
Source	This form may be printed from the electronic share located at \\Hoovr3s2\DEPDIR.772\Facility Policies\R&S Forms. Supplies of the form may also be printed or photocopied from the sample in the manual as needed.
Completion	<p>The form is completed upon admission. Admission staff will explain the form to the individual or, where appropriate, to the individual's parent, guardian, or legal representative.</p> <p>The individual, or the individual's parent, guardian, or legal representative shall sign the form acknowledging that they were informed of and understand the policy.</p>
Distribution	Upon completion of the form, a copy is placed in the individual's permanent record and one copy is given to the individual.
Data	The form contains the date the form was completed, the signature of the individual or the individual's parent, guardian, or legal representative and the name of the employee witnessing the signing.

Initial Restraint or Seclusion Prescription, Form 470-4317

Purpose	<p>Form 470-4317 is used to prescribe restraint or seclusion as a last resort to prevent imminent physical harm to either the patient or facility staff.</p> <p>The back of this form is used to continue the restraint or seclusion beyond the initial prescription and describes the specific reasons or behaviors that require the continuation of the restraint or seclusion.</p>
Source	<p>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 or photocopied from the sample in the manual as needed.</p>
Completion	<p>MHI medical staff or an MHI registered nurse completes this form when restraint or seclusion needs to be prescribed.</p> <p>MHI medical staff or an MHI registered nurse completes the back of this form when restraint or seclusion needs to be continued beyond the timeframes of the original prescription.</p>
Distribution	<p>Distribution shall be as designated by MHI policy and procedures on restraint and seclusion.</p>
Data	<p>Complete all items on each form. The form documents:</p> <ul style="list-style-type: none">◆ The reason for the restraint or seclusion.◆ The intervention attempted to de-escalate the emergency.◆ Specific instructions based on the patient's history.◆ Criteria for the patient's release from restraint or seclusion.◆ The physician or physician assistant's face-to-face assessment of the patient.◆ Orders for continued restraint or seclusion and the reason for those orders.

[Mental Health Institute Discharge Plan, Form 470-4516](#)

Purpose	Form 470-4516 is used to document the discharge plan developed for an individual.
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 or photocopied from the sample in the manual as needed.
Completion	The form is completed by the individual's treatment team as the discharge plan is developed.
Distribution	<p>The institution retains the original in the individual's record. The plan is shared with the individual as the plan is developed and a copy is provided if requested.</p> <p>The individual is given a copy of the plan at discharge. With the consent of the individual, a copy of the plan may be provided to a service provider who is identified in the plan or to a family member.</p>
Data	The form specifies the responsibilities of the individual and the institution in developing and carrying out a plan of discharge.

MHI Individual Grievance, Form 470-4498

Purpose	Form 470-4498 is used by individual's or the individual's designated representative, parent, guardian, or legal representative for the filing of formal grievances and recording and documenting the process and findings of the investigation.
Source	This form may be printed from the electronic share located at \\Hoovr3s2\DEPDIR.772\Facility Policies\R&S Forms. Supplies of the form may also be printed or photocopied from the sample in the manual as needed.
Completion	<p>The individual, or the individual's designated representative, parent, guardian, or legal representative completes the first section of the form providing a statement as to the actions the individual is grieving. The remainder of the form is completed by the employee assigned to try and resolve the grievance and, if the grievance is not resolved, by the human rights committee.</p> <p>Within five business days, the first-line supervisor shall investigate the grievance and try to resolve it at the supervisor's level. If resolution is not possible, the grievance is sent to the director of nursing. Within five business days, the nursing supervisor investigates the grievance and tries to resolve. If resolution is not possible, the grievance is then sent to the human rights committee for investigation, findings, and a recommendation.</p>
Distribution	<p>After the individual completes the statement of the grievance, the original goes to the line supervisor and a copy is sent to the human rights committee. Copies of any collateral information collected as part of the investigation shall be attached.</p> <p>When the investigation is complete, final copies are provided to:</p> <ul style="list-style-type: none">◆ The individual filing the grievance◆ The nursing supervisor◆ The superintendent
Data	The form contains the name of the person filing the grievance, the statement as to what is being grieved, the findings and recommendations of the investigation, and the final actions taken as a result of the grievance.

MHI Type 1 Incident Investigation Report, Form 470-4496

Purpose	Form 470-4496 is used to provide the outline and format for investigation and documentation of type 1 incidents at the mental health institutes.
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 or photocopied from the sample in the manual as needed.
Completion	The institution employee assigned to complete the investigation completes Sections 1, 2, and 3 of the form. The superintendent or the superintendent's designee completes section 4, and the superintendent completes section 5.
Distribution	When sections 1, 2, and 3 are completed, the form is sent to the superintendent or the superintendent's designee for review. If someone other than the superintendent performs the review, then when section 4 has been completed, the form is sent to the superintendent for final approval.
Data	The form contains information concerning the background and findings of an investigation of an allegation of abuse.

MHI Type 2 Incident Review Report, Form 470-4497

Purpose	Form 470-4497 is used to provide the outline and format for review and documentation of type 2 incidents at the mental health institutes.
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 or photocopied from the sample in the manual as needed.
Completion	The institution employee assigned to complete the incident review completes Sections 1, 2, and 3 of the form. The employee designated by the superintendent review type 2 incident review reports completes section 4.
Distribution	When sections 1, 2, and 3 are completed, the form is sent to the superintendent's designee for review.
Data	The form contains information concerning the background and findings of a review of a type 2 incident at a mental health institute.

Restraint/Seclusion Debriefing: Administrative Review, Form 470-4322

Purpose	Form 470-4322 is used to document the review by MHI administrative staff of a restraint or seclusion intervention.
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 or photocopied from the sample in the manual as needed.
Completion	<p>The clinical director, director of nursing, or the superintendent leads an administrative review of all written debriefing materials following each episode of restraint or seclusion.</p> <p>The reviewers will particularly note if there have been multiple episodes of restraint or seclusion required for this patient, as indicated by the team debriefing form. If so, the administrative reviewers will specifically address causes and strategies to reduce or eliminate future episodes.</p> <p>The recommendations of the administrative review will be routed to and acknowledged by the treatment team, the physician staff, nursing staff, training staff and any other applicable departments of the facility.</p>
Distribution	Distribution of form shall be as noted above and as designated by MHI policies and procedures on restraint and seclusion.
Data	<p>Complete all items on each form. The form identifies:</p> <ul style="list-style-type: none">◆ Any evidence that a site or policy may have triggered the incident.◆ Any training needs identified based on the review.◆ Any feedback for the patient's treatment team based on the review.

Restraint/Seclusion Monitoring Checklist and Narrative, Form 470-4318

Purpose	Form 470-4318 is used to: <ul style="list-style-type: none">◆ Document the names of all staff directly involved in a restraint or seclusion intervention;◆ Describe objective release criteria from the restraint or seclusion prescription form to be used in determining when a patient can be released; and◆ Document assessments of the patient's physical and psychological well-being during a restraint or seclusion intervention.
Source	This form may be printed from the electronic share located at \\Hoovr3s2\DEPDIR.772\Facility Policies\R&S Forms. Supplies of the form may also be printed or photocopied from the sample in the manual as needed.
Completion	This form is to be completed by MHI staff involved in the restraint or seclusion intervention and subsequent monitoring of the patient.
Distribution	Distribution of form shall be as designated by MHI policies and procedures on restraint and seclusion.
Data	Complete all items on each form.

Restraint/Seclusion Next Working Day Team Debriefing, Form 470-4319

Purpose	<p>Form 470-4319 is used to assist the treatment team to:</p> <ul style="list-style-type: none">◆ Determine how to more effectively assist the patient and staff in understanding what precipitated a restraint or seclusion event.◆ Develop interventions to avoid the need for restraint or seclusion.
Source	<p>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 or photocopied from the sample in the manual as needed.</p>
Completion	<p>The assigned treatment team completes a team debriefing on the next working day following an incident of restraint or seclusion. The meeting shall include the patient, the physician, the nurse, the social worker, and, when possible, LPNs, RNs, and the RN supervisor.</p> <p>The team members indicate on this form whether or not there have been multiple episodes of restraint or seclusion during this admission and how frequently episodes have occurred within the past 30 days. Recommendations include strategies to eliminate multiple episodes and use alternative interventions.</p>
Distribution	<p>File the completed team debriefing form in the patient's record. Additional distribution of form shall be as designated by MHI policies and procedures on restraint and seclusion.</p>
Data	<p>Complete all items on each form. The form contains:</p> <ul style="list-style-type: none">◆ A list of the staff participating in the debriefing.◆ A summary of the events heading up to the incident.◆ A review of the patient report.◆ A review of the recommendations and implementation of changes in the patient's treatment plan.◆ Documentation of debriefing with the patient's family.

Restraint/Seclusion Patient Debriefing, Form 470-4320

Purpose	Form 470-4320 is used to document information received directly from a patient involved in a restraint or seclusion intervention.
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 or photocopied from the sample in the manual as needed.
Completion	The RN or designee initiates the patient debriefing process. As soon as the patient is receptive following any incident of restraint or seclusion, staff will ask the patient to complete this form. The patient can complete the form independently or with staff assistance.
Distribution	Place the form in the front of the patient's medical record for reference during the team debriefing. Additional distribution of form shall be as designated by MHI policies and procedures on restraint and seclusion.
Data	The form solicits information on: <ul style="list-style-type: none">◆ The events leading up to the incident.◆ The patient's actions and feelings before and after the incident.◆ Possible future strategies.

Restraint/Seclusion Same-Day Staff Analysis, Form 470-4316

Purpose	Form 470-4316 is used to document an immediate post-event analysis and discussion by all primary staff involved in a restraint or seclusion intervention. This form is also to be used in the team debriefing and the administrative review.
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 or photocopied from the sample in the manual as needed.
Completion	<p>The RN supervisor or designee initiates the same-day staff debriefing process following any incident of restraint or seclusion, after the situation has calmed, orders are written, and the initial paperwork is completed. To the extent possible, all staff directly involved in the incident shall be included in this debriefing.</p> <p>The debriefing for staff is to be a structured meeting in a safe environment, encouraging an open discussion and recording of the facts and what might have been done differently to avoid this and future incidents of restraint or seclusion.</p>
Distribution	Place this form in the patient's record to document the debriefing results and to be used in the team debriefing and administrative review. Additional distribution of form shall be as designated by MHI policies and procedures on restraint and seclusion.
Data	<p>Complete all items on each form. The form summarizes:</p> <ul style="list-style-type: none">◆ The events that led up to the incident.◆ How the situation escalated.◆ What staff actions helped and didn't help.

Risks, Triggers, Signs and Coping Aids, Form 470-4321

Purpose	<p>Form 470-4321 is intended to identify situations that may lead to agitation of the patient and to identify methods that may be helpful to deescalate a potentially volatile situation.</p> <p>The form is also designed to identify additional self-reported conditions such as medical conditions or history of abuse that should be considered when providing treatment and is to be read and understood by all staff working with the patient.</p>
Source	<p>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 or photocopied from the sample in the manual as needed.</p>
Completion	<p>This form is to be completed by the patient or with the patient assisted by admission staff upon admission to the MHI or as soon as possible thereafter when the patient is able to answer the questions on the form.</p>
Distribution	<p>Keep this form readily available in the patient's medical record. Additional distribution of form shall be as designated by MHI policies and procedures on restraint and seclusion.</p>
Data	<p>Encourage the individual to complete the form. The form lists:</p> <ul style="list-style-type: none">◆ Things that cause agitation, fear, or panic in the patient.◆ Observable early warning signs for the patient.◆ Things that may help the patient calm down.◆ The patient's history of:<ul style="list-style-type: none">• Restraint and seclusion:• Medical conditions and physical disabilities.• History of sexual or physical abuse.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

May 15, 2009

GENERAL LETTER NO. 3-A-AP-3

ISSUED BY: Office of the Deputy Director of Field Operations

SUBJECT: Employees' Manual, Title 3, Chapter A, Appendix, **MENTAL HEALTH INSTITUTES APPENDIX**, Title page, revised; Contents (page 1), revised; pages 1 through 18, revised; and the following forms:

- 470-0420 *Application for Voluntary Admission – MHI*, revised
- 470-0423 *Application for Voluntary Admission – Substance Abuse Treatment*, revised
- 470-0430 *Authorization to Release Information for Legal Settlement and Assignment of Insurance Benefits*, revised
- 470-0428 *Consent to Treatment*, revised
- 470-4161 *DHS Institution Admission Core Data*, new
- 470-4495 *Hospital Procedures in the Event of Unauthorized Departures*, new
- 470-4317 *Initial Restraint or Seclusion Prescription*, moved and revised
- 470-4516 *Mental Health Institute Discharge Plan*, new
- 470-4498 *MHI Individual Grievance*, new
- 470-4496 *MHI Type 1 Incident Investigation Report*, new
- 470-4497 *MHI Type 2 Incident Review Report*, new
- 470-4322 *Restraint/Seclusion Debriefing: Administrative Review*, moved and revised
- 470-4318 *Restraint/Seclusion Monitoring Checklist and Narrative*, moved
- 470-4319 *Restraint/Seclusion Next Working Day Team Debriefing*, moved and revised
- 470-4320 *Restraint/Seclusion Patient Debriefing*, moved and revised
- 470-4316 *Restraint/Seclusion Same-Day Staff Analysis*, moved and revised
- 470-4321 *Risk, Triggers, Signs and Coping Aids*, moved and revised

Summary

This new appendix contains revised forms from Chapter 3-A-Appendix and from Chapters 3-D-Appendix Chapter 3-E-Appendix, which are now obsolete, as well as new forms required by new policies.

Effective Date

Upon receipt.

Material Superseded

Remove the entire Chapter A from Employees' Manual, Title 3, Appendix, and destroy it. This includes the following:

<u>Page</u>	<u>Date</u>
Title page	November 25, 1980
Contents (page 1)	May 12, 1987
MH-1101-0	11/80
1, 2	November 25, 1980
MH-1102-0	11/80
MH-1103-0	11/80
3, 4	November 25, 1980
MH-1104-3	11/80
MH-1105-3	11/80
5, 6	November 25, 1980
MH-1106-2	11/80
MH-1110-0	11/80
7	November 25, 1980
8	May 12, 1987
MH-2203-0	7/84
MH-2101-0	11/80
9	November 25, 1980
10	May 12, 1987
MH-2201-0	3/87
11, 12	May 12, 1987
MH-4102-0	11/80
13, 14	November 25, 1980
MH-5202-0	11/80
15, 16	November 25, 1980
MR-1101	11/80
MR-1301	11/80
17, 18	November 25, 1980
19	November 25, 1980
MR-1302	11/80
MR-1401	11/80

Additional Information

Refer questions about this general letter to the Deputy Director, Division of Field Operations.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

May 14, 2010

GENERAL LETTER NO. 3-A-AP-4

ISSUED BY: Division of Mental Health and Disability Services

SUBJECT: Employees' Manual, Title 3, Chapter A, Appendix, **MENTAL HEALTH INSTITUTES APPENDIX**, pages 1 and 3, revised; and the following forms:

470-0420 *Application for Voluntary Admission-MHI, revised*
470-0423 *Application for Voluntary Admission – Substance Abuse, revised*

Summary

The revisions delete the references to the deputy director for field operations and replaces them with the division administrator for mental health and disabilities services.

Effective Date

Upon receipt.

Material Superseded

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

<u>Page</u>	<u>Date</u>
470-0420	5/09
1	May 5, 2009
470-0423	5/09
3	May 5, 2009

Additional Information

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