

CHAPTER 6
LICENSURE STANDARDS FOR CORRECTIONAL FACILITIES

[Prior to 7/27/88, see Substance Abuse, Iowa Department of[805] Ch 6]

643—6.1(125) Definitions. Unless otherwise indicated, the following definitions shall apply to the specific terms used in these rules:

“Admissions” means the point in a substance abuser’s relationship with the program at which the intake process has been completed and the individual is to receive treatment services.

“Applicant” means any substance abuse treatment program which has applied for a license or renewal.

“Application” means the process through which a substance abuse treatment program applies for a license or renewal as outlined in the application procedures.

“Assessment” means the process of evaluating an individual’s strengths, weaknesses, problems, current status, and needs so that a treatment plan, if appropriate, can be developed.

“Chemical dependency rehabilitation services” means those individual or group services that are directly related to chemical dependency or the individual treatment plan. These services include individual, group, and family counseling; educational services; self-help groups; and structured recreational activities. They do not include active employment or education courses beyond the secondary level.

“Chemical substance” means alcohol, wine, spirits, and beer as defined in Iowa Code chapter 123 and drugs as defined in Iowa Code section 203A.2, subsection 3, which when used improperly could result in chemical dependency.

“Commission” means the Iowa commission on substance abuse within the department.

“Contract” means a formal legal document adopted by the governing authority of the program and any other organization, agency, or individual that specifies services, personnel, or space to be provided to the program as well as the moneys to be expended in the exchange.

“Correctional substance abuse treatment facilities” means those correctional specialized unit facilities and OWI programs that provide 24-hour, live-in, seven-days-a-week substance abuse treatment services. Inmates must participate in at least 220 hours of structured chemical dependency rehabilitation services which must include at least ten hours of counseling services per week during the primary treatment stay. If additional services are provided after primary treatment, there must be a mixture of counseling, educational, or self-help group services totaling at least ten hours per week.

“Counselor” means an individual who, by virtue of education, training, or experience, provides treatment, which includes advice, opinion, or instruction to an individual or in a group setting to allow an opportunity for an individual to explore the inmate’s problems related directly or indirectly to substance abuse or dependence.

“Department” means the Iowa department of public health.

“Detoxification” means the withdrawal of an inmate from a physiologically addicting substance.

“Director” means the director of the Iowa department of public health.

“Division” means the division of substance abuse.

“Facility” means a hospital, correctional institution, judicial district, or detoxification center, or installation providing care, maintenance, and treatment for substance abusers and licensed by the department under Iowa Code section 125.13.

“Follow-up” means the process for determining the status of an individual who has been referred to an outside resource for services or who has been discharged from the program.

“Inmate” means a person confined in a correctional institution or under the supervision of the Department of Corrections or a Judicial District Department of Correctional Services as a result of a conviction of a public offense.

“Intake” means the process of collecting and assessing information to determine the appropriateness of admitting or retaining an inmate in a substance abuse treatment program.

“*Licensee*” means any program licensed by the department.

“*Licensure*” means the issuance of a license by the department upon due process by the substance abuse commission which validates the licensee’s compliance with substance abuse standards and authorizes the licensee to operate a substance abuse treatment program in the state of Iowa.

“*May*,” in the interpretation of a standard, means an acceptable method that is recognized but not necessarily preferred.

“*Outpatient program*” means a nonspecialized correctional unit substance abuse program available to the general inmate population. Treatment or rehabilitation services to substance abusers will be offered on a scheduled or nonscheduled basis.

“*Program*” means any individual, partnership, corporation, association, correctional facility, governmental subdivision, or public or private organization.

“*Protected classes*” means classes of people who have required special legislation to ensure equality.

“*Referral agreement*” means a written document defining a relationship between the program and an outside resource for the provision of inmate services not available within the substance abuse treatment program.

“*Rehabilitation*” means the restoration of an inmate to the fullest physical, mental, social, vocational, and economic usefulness within capabilities. Rehabilitation may include, but is not limited to, medical treatment, psychological therapy, occupational training, job counseling, social and domestic rehabilitation, and education.

“*Rule*” means each statement of general applicability that implements, interprets, or prescribes department law or policy, or that describes the organization procedure or practice requirements of the department. The term includes the amendment or repeal of existing rules as specified in the Iowa Code.

“*Shall*”—term used to indicate a mandatory statement, the only acceptable method under the present standards.

“*Should*”—term used in the interpretation of a standard to reflect the commonly accepted method, yet allowing for the use of effective alternatives.

“*Staff*” means any individual who provides services to the program on a regular basis as a paid employee or as a volunteer.

“*Standards*” means specifications representing the minimal characteristics of a substance abuse treatment program which are acceptable for the issuance of a license.

“*Substance abuser*” means an inmate who habitually lacks self-control as to the use of chemical substances or uses chemical substances to the extent that the inmate’s health is substantially impaired or endangered or that the inmate’s social or economic function is substantially disrupted.

“*Treatment*” means the broad range of planned and continuing inpatient, outpatient, residential or intermediate care services, including diagnostic evaluation, counseling, medical, psychiatric, psychological, and social service care which may be extended to substance abusers and which is geared towards influencing their behavior to achieve a state of rehabilitation.

“*Treatment plan*” means a written plan which specifies the goals, activities, and services determined through process of assessment appropriate to meet the objective needs of the inmate.

“*Treatment supervisor*” means an individual who, by virtue of education, training, or experience, is capable of assessing the psychosocial history of a substance abuser to determine the treatment plan most appropriate for the inmate. This individual shall be designated by the applicant. This individual is responsible for supervising the counseling staff.

This rule is intended to implement Iowa Code section 125.2.

643—6.2(125) Inspection. Upon approval of warden, superintendent or district director, each applicant or licensee agrees as a condition of license to permit properly designated representatives of the department to enter into and inspect any and all premises of facilities for which a license has been either applied or issued to verify information contained in the application or to ensure compliance with all

laws, rules, and regulations during all hours of operation of the facility and at any other reasonable hour. Further, each licensee agrees to permit properly designated representatives of the department to audit and collect statistical data from all records maintained by the licensee. Right of entry and inspection shall, under due process of law, extend to any premises on which the department has reason to believe a program is being operated in violation of these rules. A facility shall not be licensed which does not permit inspection by the department or examination of all records, including financial records, methods of administration, general and special dietary programs, the disbursement of drugs and methods of supply, and any other records the commission deems relevant to the establishment of a system.

643—6.3(125) General standards for all correctional substance abuse treatment programs. The following standards shall apply to all correctional substance abuse treatment programs in the state of Iowa regardless of the category of treatment services provided by the programs. In situations where differences between general standards for all treatment programs and specific standards occur, both general and specific standards must be met.

6.3(1) Procedures manual. All programs shall develop and maintain a procedures manual. This manual shall define the program's policies and procedures to reflect the program's activities. Revisions shall be entered with the date, name, and title of the individual making the entries. This manual shall contain all of the required written policies, procedures, definitions, and all other documentation required by these standards in the following areas:

- a. Organization and management of the program;
- b. Personnel policies;
- c. Medical services/detoxification;
- d. Staff training;
- e. Intake and initial assessment;
- f. Treatment planning;
- g. Inmate case records;
- h. Discharge planning;
- i. Follow-up services;
- j. Inmate rights;
- k. Confidentiality of inmate records; and
- l. Medication control.

Policies and procedures manual for OWI programs shall be approved on an annual basis by the governing authority.

6.3(2) Personnel. Written personnel policies and procedures shall be developed by all programs. Merit rules may be utilized in lieu of specific program personnel policies and procedures.

- a. These policies and procedures shall address the following areas:
 - (1) Recruitment and selection of staff members and volunteers;
 - (2) Wage and salary administration;
 - (3) Promotions;
 - (4) Employee benefits;
 - (5) Working hours;
 - (6) Vacation and sick leave;
 - (7) Lines of authority;
 - (8) Rules of conduct;
 - (9) Disciplinary actions and termination of employees;
 - (10) Methods for handling cases of inappropriate client care;
 - (11) Work performance appraisal;
 - (12) Employee accidents and safety;
 - (13) Arbitration of employee grievances;

(14) Policy on staff persons suspected of using or abusing substances;

(15) Training and staff development which will include, but not be limited to orientation of new staff members or volunteers, ongoing training, laws, rules and regulations, and confidentiality regulations.

b. The written personnel policies and practices shall include an equal employment opportunity policy and an affirmative action plan for hiring members of protected classes.

c. There shall be written merit job descriptions for all positions. Each job description shall identify specifically:

- (1) Job title;
- (2) Tasks and responsibilities of the job;
- (3) The skills, knowledge, training, education, and experience required for the job; and
- (4) Lines of authority.

d. Section A Merit Performance Plan or job description shall accurately reflect the actual job situation and shall be reviewed at least annually by the supervising authority or whenever there is a change in required qualifications of duties.

e. The written personnel policies and practices shall include a mechanism for the evaluation of personnel performance on at least an annual basis. This evaluation shall be in writing. There shall be evidence that this evaluation is reviewed with the employee and that the employee is given the opportunity to respond to this evaluation.

f. There shall be a personnel record kept on each staff member. These records shall contain as applicable:

- (1) Section A Merit Performance Plan or job description;
- (2) The application for employment;
- (3) Documentation of a criminal records check with the Iowa division of criminal investigation;
- (4) Wage and salary information, including all changes;
- (5) Job performance evaluation;
- (6) Incident reports;
- (7) Disciplinary actions taken; and
- (8) Documentation of review and adherence to confidentiality laws and regulations at least during orientation.

g. There shall be written policies and procedures designed to ensure confidentiality of personnel records and a delineation of authorized personnel who have access to various types of personnel information.

6.3(3) *Medical services.* All inmates shall undergo a medical history and physical examination within 21 days of admission to the treatment facility. Laboratory examinations may be done as deemed necessary by the physician.

The program shall have written policies and procedures defining the appropriate action to be taken when a medical emergency arises and the detoxification of an inmate is necessary.

OWI facilities shall ensure by contract or affiliation agreement that emergency medical services at a general hospital are available on a 24-hour, seven-day-a-week basis.

6.3(4) *Confidentiality.* All inmate substance abuse records shall be kept confidential and shall be handled in compliance with the federal confidentiality regulations (DHHS—Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, effective August 1, 1975), and with applicable federal and state rules. When a conflict occurs with state and federal confidentiality laws, the federally funded program will comply with federal confidentiality laws while state-funded programs must minimally comply with state statutes and rules.

a. *Disclosure of benefits.* If the inmate gives specific written consent, the content of the record may be disclosed to legal counsel upon written endorsement by the attorney to nongovernmental personnel for the purpose of collecting health insurance claims or other benefits or to a present or potential employer when employment is conditioned upon the status or progress in a treatment program.

b. Disclosure for evaluation. Disclosure of information for research, management, audit, or evaluation purposes must be specifically authorized by the warden, superintendent or district director.

c. Consent storage. The inmate's written release of information shall be kept in the inmate's record.

d. Confidentiality orientation. A program shall ensure that all staff and inmates, as a part of their initial orientation are made aware of these requirements. Any decision to disclose inmate information under any provision of Iowa Code chapter 125 as amended, or other applicable federal or state rule which permits disclosure, shall be made only by the warden, superintendent or district director.

6.3(5) Treatment supervisor services. The program shall have available consultation from a treatment supervisor. The treatment supervisor will assist in the training of the staff, reviewing of case records, and providing assistance to the clinical staff in inmate treatment.

6.3(6) Staff development and training. There shall be written policies and procedures that establish a staff development program. One individual shall be designated to supervise staff development activities. The staff development program shall include orientation for entry-level staff, on-the-job training, in-service education, and opportunities for continuing job-related education.

a. Initial training of each treatment staff member shall include, but not be limited to, structured, scheduled orientation relating to the psychosocial, medical, pharmacological, and legal aspects of substance abuse prevention activities; an orientation to the program and community resources; and counseling skill development.

b. The program shall establish on-site training programs or enter into relationships with outside resources capable of meeting staff training needs.

c. The staff development program shall take steps to ensure that staff members are kept informed of new developments in the field of substance abuse treatment and rehabilitation.

d. In-service training programs shall be instituted when program operations or functions are changed, and shall be designed to allow staff members to develop new skills.

e. Staff development activities and participation in state, national, and regional training shall be planned and scheduled. These activities shall be documented in order to evaluate the scope, effectiveness, attendance, and amount of time spent. The training plan for on-site staff development and activities for professional growth and development of program personnel shall be based on the Merit Confidentiality Performance Review/Evaluation Form, Section C, or annual needs assessment.

f. A record shall be kept of on-site training activities and shall include, but not necessarily be limited to the following:

- (1) Date of the meeting;
- (2) Names of persons attending;
- (3) Topics discussed.

6.3(7) Intake and assessment. There shall be clearly stated written criteria for determining the eligibility of inmates for admission.

a. The program shall have written policies and procedures governing a uniform intake process that defines the following:

- (1) The types of information to be gathered on all inmates upon admission;
 - (2) Procedures to be followed when accepting referrals from outside agencies or organizations;
- and
- (3) The types of records to be kept on all inmates applying for services.

b. The following information shall be collected and recorded on standardized formats developed by the program on all inmates applying for services prior to or at the time of admission and shall become part of that inmate's case record:

- (1) Identifying information which includes name, home address, telephone number;
- (2) Demographic information which includes date of birth, sex, race or ethnicity;
- (3) Presenting problem;
- (4) Substance abuse history, including type, amount, frequency, and duration of substance use;

- (5) Family history, describing the family composition and dynamics;
- (6) Education status and history, describing levels of achievement;
- (7) Vocational, employment status and history, describing skills or trades learned; record of jobs held, duration, reasons for living;
- (8) Peers and friends, describing interpersonal relationships and interaction with persons and groups outside of the home, if available;
- (9) Legal history, describing involvement with the criminal justice system;
- (10) Medical and health history, including any incidences of overdoses and any physical indicators of contagious diseases with necessary action as required by the Iowa Code;
- (11) Psychological history and mental status;
- (12) Any other relevant information which will assist in formulating an initial assessment of the inmate; and
- (13) A financial evaluation.

c. Each new admission, readmission, or transfer admission shall be interviewed by a treatment supervisor or designee, with a treatment supervisor reviewing all intake information. When a review is conducted, the treatment supervisor shall document all clinical observations and recommendations in the applicant's case record. If, in the judgment of the treatment supervisor, psychological, psychiatric, or further medical examinations are indicated, assistance shall be obtained and documented in the case record.

d. When an inmate refuses to divulge information or to follow the recommended course of treatment, this refusal shall be noted in the case record.

e. During the intake process, documentation shall be made that the inmate has been informed of the following:

- (1) General nature and goals of the correctional substance abuse program.
- (2) Rules governing conduct and infractions that can lead to disciplinary action or discharge from the program;
- (3) Inmate's rights and responsibilities;
- (4) Confidentiality laws, rules, and regulations; and
- (5) Treatment costs to be borne by the inmate, if any.

f. Sufficient information shall be collected during the intake process so that the assessment process allows for the development of a complete assessment of the inmate's status and a comprehensive plan of treatment can be developed.

g. A complete assessment of the inmate's status shall be developed, which shall be an analysis and synthesis of the intake data and shall address the inmate's strengths, problems, and areas of clinical concern.

h. If the initial intake and assessment was developed by personnel of the Iowa Medical and Classification Center (IMCC) or other correctional institution personnel, the substance abuse treatment program must document review of information in the inmate's record and provide updates or amendments as applicable.

6.3(8) Treatment plans. Based upon the initial assessment, a written treatment plan shall be developed and recorded in the inmate's case record.

a. A comprehensive treatment plan shall be developed as soon after the inmate's admission to the substance abuse program as is clinically feasible, but no later than 30 days following admission.

b. The culturally and environmentally specific treatment plan shall minimally contain the following:

- (1) A clear and concise statement of inmate's current strengths and needs;
- (2) Clear and concise statements of the short- and long-term goals the inmate will be attempting to achieve;
- (3) A delineation of primary and support services to be provided the inmate;
- (4) The staff person(s) to be responsible for the inmate's treatment.

c. Treatment plans shall be developed in conjunction with the inmate. Treatment plans shall be reviewed by the primary counselor and the inmate as often as necessary, but no less than every 60 days. Treatment plans shall be reviewed by a treatment supervisor regularly and revised as often as necessary, but no less than at a frequency of 60 days.

d. The reviews shall consist of a reassessment of the inmate's current status to include accomplishments and needs and a redefining of treatment goals when appropriate. The date of the review and any change, as well as the persons involved in the review, shall also be recorded.

e. The use of abstract terms, technical jargon, or slang should be avoided in the treatment plan, and the plan should be written in a manner readily understandable to the average inmate, or assistance available to illiterate, handicapped, or impaired inmates. The program should provide the inmate with a copy of all treatment plans.

6.3(9) Progress notes. An inmate's progress and current status in meeting the goals set in the treatment plan, as well as efforts by staff members to help the inmate achieve these stated goals, shall be recorded in the inmate's case record. Information will be noted following each counseling session and summarized at least monthly for each inmate receiving group counseling services at an outpatient program. Group summaries will be completed at least weekly for correctional substance abuse treatment facilities.

a. All progress notes shall be dated and initialed or signed by the individual providing the service.

b. All entries that involve subjective interpretations of an inmate's progress should be supplemented with a description of the actual behavioral observations which were the basis for the interpretation.

c. The use of abstract terms, technical jargon, or slang should be avoided in progress notes.

d. All clinical staff shall use a uniform progress note format.

6.3(10) Release planning/referral. The substance abuse program shall participate in release planning, which shall include community-based correctional programs.

The program shall maintain a list of all substance abuse resources available within the state. The list of resources shall minimally contain the following:

a. The name and location of the resource;

b. The types of services provided by the resource.

6.3(11) Follow up. The program shall establish and maintain policies and procedures for the purpose of providing follow-up services to referred inmates. For work release or parolees, follow-up services shall be based on initial contact with community-based substance abuse treatment programs to verify inmates' initial treatment appointment with copy to community-based correctional program as appropriate.

a. The results of the follow-up activity shall be documented to indicate the following:

(1) Date of contact;

(2) Staff person responsible for initiating the contact; and

(3) Results of the contact.

b. These policies and procedures shall be in compliance with DHHS, 42 CFR, Part 2, effective August 1, 1975, Regulations on Confidentiality of Alcohol and Drug Abuse Client Records.

6.3(12) Inmate case records. There shall be written policies and procedures governing the compilation, storage, and dissemination of inmate case records.

a. These policies and procedures shall ensure that:

(1) The program exercises its responsibility for safeguarding and protecting the inmate case record against loss, tampering, or unauthorized disclosure of information.

(2) Content and format of records are kept uniform; and

(3) Entries in the case record are signed and dated.

b. The program shall provide adequate physical facilities for the storage, processing, and handling of case records. These facilities shall include suitably locked, secured rooms or file cabinets.

c. Appropriate records shall be readily accessible to those staff members providing services directly to the inmate and other persons specifically authorized by program policy. Records should be kept in proximity to the area in which the inmate normally receives services.

d. There shall be a written policy governing the disposal and maintenance of inmate case records. Inmate case records shall be maintained for not less than five years from the date the record is officially closed.

e. All inmate case records shall be marked "CONFIDENTIAL," or bear a similar cautionary statement. Each file cabinet or storage area containing inmate case records shall be locked and be conspicuously marked "CONFIDENTIAL INFORMATION," or bear a similar cautionary statement.

f. The governing body shall establish policies that specify the conditions under which information may be released and the procedures to be followed for releasing information. Even if a program is not federally funded, all policies and procedures shall be in accordance with applicable provisions of section 408 of Public Law 92-255, the Drug Abuse Office and Treatment Act of 1972 (21 U.S.C. 1175) as amended by section 303 of Public Law 93-282, the Comprehensive Alcohol Abuse and Rehabilitation Act amendments of 1974 (88 Stat, 137), the federal confidentiality regulations issued, and state confidentiality laws and regulations.

g. An inmate's written authorization shall appear on a consent form containing the following:

- (1) The name of the program which is to make the disclosure;
- (2) The name or title of the person or organization to which disclosure is to be made;
- (3) The name of the inmate;
- (4) The purpose or need for the disclosure;
- (5) The extent or nature of information to be disclosed; and
- (6) Except where the inmate is a mandatory criminal justice system referral, a statement that the consent is subject to revocation at any time and date, event or condition upon which it will expire without express revocation.

g. An inmate's written authorization shall appear on a consent form containing the following:

h. Where participation by an inmate in a treatment program is made a condition of the inmate's release from confinement, the disposition or status of any criminal proceedings against the inmate, or the execution or suspension of any sentence imposed upon the inmate, the inmate may consent to unrestricted communication between any program in which the inmate is enrolled in fulfillment of a condition and (1) the court granting probation or other posttrial or retrial conditional release, (2) the parole board or other authority granting parole, or (3) probation or parole officers responsible for the inmate's supervision. In addition, where consent is given for disclosures in this manner, consent shall expire 60 days after it is given or when there is substantial change in the inmate's status, whichever is later.

i. All policies related to confidentiality shall apply even after the inmate has terminated active involvement with the program.

j. In a life-threatening situation, or where an inmate's condition or situation precludes the possibility of obtaining written consent, the program may release pertinent medical information to the medical personnel responsible for the inmate's care without an inmate's authorization and without the authorization of the warden, superintendent or district director or designee if obtaining authorization would cause an excessive delay in delivering treatment to the inmate.

k. When information has been released without the inmate's authorization under these standards, the staff member responsible for the release of information shall enter into the inmate's case record all details pertinent to the transaction, which shall include at least:

- (1) The date the information was released;
- (2) To whom the information was released;
- (3) The reason the information was released; and
- (4) The nature and details of the information given.

l. As soon as possible after the release of information, the inmate should be informed that it was released.

m. There shall be a record for each inmate that contains the following:

- (1) Results of all examinations, tests, and intake and assessment information;
- (2) Reports from referring sources;
- (3) Treatment plans;
- (4) Medication records, which shall allow for the monitoring of all medications administered and the detection of adverse drug reactions. All medication orders in the inmate case records shall define at least the name of the medication, dose, route of administration, frequency of administration, the name of the physician who prescribed the medication, and the name of the person administering or dispensing the medication.
- (5) Reports from outside resources, which shall include the name of the resource and the date of the report. These reports shall be signed by the person making the report or by the program staff member receiving the report;
- (6) Multidisciplinary case conference and consultation notes, including the date of the conference or consultation, recommendations made, and action taken;
- (7) Correspondence related to the inmate, including all letters and dated notations of telephone conversations relevant to the inmate's treatment;
- (8) Treatment consent forms, if applicable;
- (9) Information release forms;
- (10) Progress notes. Entries shall be filed in chronological order and shall include the date any relevant observations were made, the date the entry was made, and the signature and staff title of the person rendering service;
- (11) Records of service provided. Summaries of services provided shall be sufficiently detailed to identify the types of services the inmate has received and action taken to address specific problems identified. General terms such as "counseling" or "activities" shall be avoided in describing services;
- (12) Discharge summary; and
- (13) Follow-up information.

6.3(13) Inmate rights. The program shall maintain written policies and procedures that ensure that the legal rights of inmates participating in the program shall be observed and protected.

a. There shall be procedures to inform all inmates of legal rights at the time of admission into the program.

b. There shall be documentation of the implementation of these procedures.

c. There shall be written policies and procedures for reviewing and responding to inmates' communications, e.g., opinions, recommendations, and inmate grievances, with a mechanism for redress.

d. There shall be procedures designed to protect the inmates' rights and privacy with respect to facility visitors, e.g., educational or other individual or group visitations at the program.

6.3(14) Medication control. Policies and procedures shall be developed to ensure that all medications are administered or self-administered safely and properly in accordance with federal, state, and local laws and regulations. OWI facilities shall be in compliance with 643—subrule 3.22(19).

This rule is intended to implement Iowa Code section 246.513(1)"a," and 1986 Iowa Acts, chapter 1246, section 402(2)"c."

643—6.4(125) Specific standards for correctional substance abuse program. A correctional substance abuse program shall be designed to provide comprehensive diagnostic, treatment, and rehabilitation services on a scheduled or nonscheduled basis.

6.4(1) Written plan. This component shall have a written plan.

a. This plan shall include, but not be limited to the following:

- (1) Treatment philosophy;
- (2) Objectives;
- (3) Organizational structure;
- (4) The role of the coordinator/director in charge of this service;
- (5) Specifications of the lines of authority and staff responsibility;

- (6) Admission criteria; and
- (7) Interrelationship with other service components and providers.

b. There shall be documentation that this plan is reviewed and updated at least annually and that it has been approved by the warden/superintendent/district director or OWI facility governing authority.

6.4(2) Facilities.

a. The facilities shall comply with rule 643—3.24(125), subrules 3.24(3) to 3.24(14) or ACA standards or other standards established by the Iowa department of corrections.

b. The facilities shall comply with rules 643—3.2(125) to 643—3.20(125).

6.4(3) Chemical dependency rehabilitation services. Inmates must participate in at least 220 hours of structured chemical dependency rehabilitation services which must include at least 10 hours of counseling services per week during the primary stay. If additional services are provided after primary treatment, there must be a mixture of counseling, educational or self-help group services totaling at least 10 hours per week.

These rules are intended to implement 1986 Iowa Acts, chapter 1246, section 402 and Iowa Code sections 246.513(1) “a,” and 321J.2.

[Filed emergency 10/3/86—published 10/22/86, effective 10/3/86]

[Filed 1/23/87, Notice 10/22/86—published 2/11/87]

[Filed emergency 4/16/87—published 5/6/87, effective 4/17/87]

[Filed 7/8/88, Notice 3/23/88—published 7/27/88, effective 8/31/88]