641—162.20(135) General standards for all problem gambling treatment programs. The following standards shall apply to all licensed problem gambling treatment programs in the state of Iowa regardless of the category of services provided by such programs. In situations in which differences between general standards and specific standards occur, both general and specific standards must be met.

162.20(1) *Governing body.* Each problem gambling treatment program shall have a formally designated governing body that is representative of the community being served, complies with Iowa Code chapter 504 and other Iowa Code chapters as appropriate, and has ultimate authority and responsibility for overall program operations.

a. The governing body shall develop and adopt written bylaws and policies that define the powers and duties of the governing body, its committees and advisory groups, and the executive director or program director. The governing body shall review and revise the bylaws and policies as necessary.

b. The bylaws shall specify, at a minimum, the following:

(1) Type of membership;

(2) Term of appointment;

(3) Frequency of meetings;

(4) Attendance requirements; and

(5) Quorum necessary to transact business.

c. The governing body shall keep minutes of all meetings and shall make the minutes available for review by the department. Minutes shall include, but not be limited to, the following:

(1) Date of the meeting;

(2) Names of members attending;

(3) Topics discussed; and

(4) Decisions reached and actions taken.

d. The duties of the governing body shall include, but not be limited to, the following:

(1) To appoint a qualified executive director or program director who shall have the responsibility and authority for the management of the problem gambling treatment program in accordance with the governing body's established policies;

(2) To establish effective controls which shall ensure that quality services are delivered;

(3) To review and approve the program's annual budget;

(4) To ensure that the program shall maintain the fiscal management system in accordance with generally accepted accounting principles, including internal controls, to reasonably protect program assets;

(5) To ensure that the program shall have insurance coverage that provides for the protection and replacement of the physical and financial resources of the program and that provides fidelity bond or crime and dishonesty insurance coverage for all staff members, facilities, and equipment;

(6) To review the insurance coverage annually; and

(7) To approve all contracts.

e. The governing body shall develop and approve policies for the effective operation of the program.

f. The governing body is responsible for all funds, equipment, supplies and the facility or facilities in which the program operates, and for the appropriateness and adequacy of services provided by the program.

g. The governing body shall at least annually prepare a report which shall include, but not be limited to, the following information:

(1) The name, address, occupation, and place of employment of each governing body member;

(2) Any family or business relationships which a member of the governing body may have with a program staff member; and

(3) When applicable, the name and address of any owner or controlling party whether it is an individual, a partnership, a corporation body or a subdivision of other bodies, such as a public agency, religious group, fraternity, or other philanthropic organization.

h. The governing body shall assume the responsibility of ensuring that malpractice and liability insurance and fidelity bond or crime and dishonesty insurance have been provided for the program.

162.20(2) *Executive director or program director.* The executive or program director shall have primary responsibility for overall problem gambling treatment program operations. The problem gambling treatment program governing body shall clearly define the duties of the executive director or program director, when applicable, in accordance with the policies established by the governing body.

162.20(3) *Clinical oversight.* The problem gambling treatment program shall have appropriate clinical oversight to ensure the quality of clinical services provided to clients. Clinical oversight shall be provided in-house or through consultation. The clinical director shall meet the criteria for staff members detailed in subrule 162.20(6), paragraph *"k."* Clinical oversight may include assisting the problem gambling treatment program in developing policies and procedures relating to the assessment and treatment of clients, assisting in the training of staff members and providing assistance to clinical staff members in assessment or treatment. The executive director or program director or designee is ultimately responsible to the governing body for the supervision of clinical services and the provision of services to clients.

162.20(4) *Staff development.*

a. The problem gambling treatment program governing body shall approve written policies and procedures that establish a staff development and training plan, based on an annual needs assessment. Staff development shall include orientation for staff members and opportunities for continuing job-related education.

b. The problem gambling treatment program shall institute and document in-service training programs when program operations or functions are changed. In addition, the program shall design in-service training programs to allow staff members to develop new skills so that staff members may effectively adapt to such changes.

c. The problem gambling treatment program shall make on-site staff development and activities for professional growth and development available to all personnel. These activities shall be culturally and environmentally specific.

162.20(5) *Procedures manual.* All problem gambling treatment programs shall develop and maintain a procedures manual. The manual shall define the program's policies and procedures to reflect the program's activities. Any revision entered in the manual shall include the date and the name and title of the individual making the entries. The manual shall include the required written policies, procedures, definitions, and all other documentation required in this chapter.

162.20(6) *Personnel.* All problem gambling treatment programs shall develop written personnel policies and procedures.

a. The problem gambling treatment program shall have written policies and procedures that address the following criteria:

(1) Recruitment, selection, and credentials of staff members;
(2) Recruitment and selection of volunteers;
(3) Wage and salary administration;
(4) Promotions;
(5) Employee benefits;
(6) Working hours;
(7) Vacation and sick leave;
(8) Lines of authority;
(9) Rules of conduct;
(10) Disciplinary actions and termination of employees;
(11) Methods for handling cases of inappropriate services to clients;
(12) Work performance appraisals;
(13) Employee accidents and safety;
(14) Employee grievances; and
(15) Employee assistance for staff members.

b. The problem gambling treatment program shall ensure that written personnel policies and practices include compliance with the United States Equal Employment Opportunity Commission.

c. The problem gambling treatment program shall have written job descriptions that reflect the actual duties of the employee.

d. The executive director or program director or designee shall review job descriptions when necessary or whenever there is a change in required qualifications or duties.

e. The problem gambling treatment program shall ensure that all positions have job descriptions included in the personnel section of the procedures manual or personnel record of the staff member.

f. The problem gambling treatment program shall have written personnel policies and practices that include a mechanism for written evaluation of employee performance on at least an annual basis. The program shall provide evidence that each evaluation is reviewed with the employee and that the employee is given the opportunity to respond to the evaluation.

g. The problem gambling treatment program shall have a personnel record for each staff member. These records shall contain, as applicable:

(1) Verification of training, experience and all professional credentials relevant to the position;

(2) Job performance evaluations;

(3) Incident reports;

(4) Disciplinary actions taken; and

(5) Documentation that the employee agrees to follow problem gambling treatment program-related confidentiality laws and rules. This documentation shall occur prior to the employee's assumption of duties.

h. The problem gambling treatment program shall have written policies and procedures that ensure confidentiality of personnel records and that list authorized personnel who have access to various types of personnel information.

i. The problem gambling treatment program shall have written policies related to the prohibition of sexual harassment.

j. The problem gambling treatment program shall have written policies related to the implementation of the Americans with Disabilities Act.

k. Staff members who provide treatment services and the clinical director must meet at least one of the following conditions:

(1) Currently maintain active status as a nationally certified gambling counselor or an Iowa-certified gambling counselor.

(2) Have received a minimum of 30 hours of training or education related to problem gambling within the previous 24 months and are working toward certification within a maximum of 24 months as a nationally certified gambling counselor or an Iowa-certified gambling counselor.

(3) Currently maintain active status as a licensed or certified practitioner in a counseling-related field and have received a minimum of 20 hours of training or education related to problem gambling within the previous 24 months.

162.20(7) *Child abuse, dependent adult abuse, and criminal history background checks.*

a. Written policies and procedures shall prohibit mistreatment, neglect, or abuse of children and dependent adults and shall specify reporting and enforcement procedures for the problem gambling treatment program. Staff members shall immediately report alleged violations to the executive director or program director or designee and appropriate department of human services personnel. The program shall have written policies and procedures for reporting alleged violations that comply with Iowa department of human services rules. The program shall hold any employee found to be in violation of Iowa Code sections 232.67 to 232.70, as substantiated by a department of human services investigation, subject to the program's policies concerning dismissal.

b. The personnel record for each employee working with clients shall contain at a minimum:

(1) Documentation of a criminal history background check with the Iowa division of criminal investigation on a new applicant for employment asking whether the applicant has been convicted of a crime.

(2) A written, signed and dated statement furnished by a new applicant for employment that discloses any substantiated reports of child abuse, neglect or sexual abuse or dependent adult abuse.

(3) For all employees working with or in contact with juveniles, documentation of a background check with the Iowa central child abuse registry on an applicant hired on probationary or temporary status, but prior to permanent employment, for any substantiated reports of child abuse, neglect or sexual abuse pursuant to Iowa Code section 125.14A.

(4) For all employees hired on or after July 1, 1994, and working with or in contact with dependent adults, documentation of a background check with the Iowa central adult abuse registry on an applicant hired on probationary or temporary status, but prior to permanent employment, for any substantiated reports of dependent adult abuse, neglect or sexual abuse pursuant to Iowa Code section 125.14A and chapter 235B.

c. A problem gambling treatment program shall not employ a person to work with juveniles who has a record of a criminal conviction or a founded child abuse report, unless an evaluation of the crime or founded child abuse has been made by the department of human services which concludes that the crime or founded child abuse does not merit prohibition of employment. If a record of criminal conviction or founded child abuse exists, the program shall offer the person with a criminal conviction or founded child abuse the opportunity to complete and submit Form 470-2310, Record Check Evaluation, to the Iowa department of human services. In its evaluation, the department of human services shall consider the nature and seriousness of the crime or founded abuse in relation to the position sought, the time elapsed since the commission of the crime or founded abuse, the circumstances under which the crime or founded abuse was committed, the degree of rehabilitation, and the number of crimes or founded abuses committed by the person.

d. A problem gambling treatment program shall not employ a person to work with dependent adults who has a record of a criminal conviction or a founded dependent adult abuse report, unless an evaluation of the crime or founded dependent adult abuse has been made by the department of human services which concludes that the crime or founded dependent adult abuse does not merit prohibition of employment. If a record of criminal conviction or founded dependent adult abuse exists, the program shall offer the person with a criminal conviction or founded dependent adult abuse the opportunity to complete and submit Form 470-2310, Record Check Evaluation, to the Iowa department of human services. In its evaluation, the department of human services shall consider the nature and seriousness of the crime or founded abuse in relation to the position sought, the time elapsed since the commission of the crime or founded abuse, the circumstances under which the crime or founded abuse was committed, the degree of rehabilitation, and the number of crimes or founded abuses committed by the person.

e. Each problem gambling treatment staff member shall complete two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment and shall complete at least two hours of additional training every five years thereafter.

162.20(8) *Client case record maintenance.* The problem gambling treatment program shall have written policies and procedures governing the compilation, storage and dissemination of individual client case records.

a. These policies and procedures shall ensure that:

(1) The problem gambling treatment program exercises its responsibility for safeguarding and protecting the client case record against loss, tampering, or unauthorized disclosure of information;

(2) Content and format of client case records are uniform; and

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

b. The problem gambling treatment program shall provide adequate physical facilities for the storage, processing, and handling of client case records. These facilities shall include locked office doors and file cabinets and secure computer storage and storage areas. In those instances where records are maintained electronically, the program shall accept a staff identification code number authorizing access in lieu of a signature.

c. The problem gambling treatment program shall maintain appropriate records readily accessible to both staff members who provide services directly to the client and other persons specifically authorized by program policy. The program shall maintain records in proximity to the area in which the client normally receives services.

d. The problem gambling treatment program shall have a written policy governing the disposal and maintenance of client case records. The program shall maintain any client case record for not less than six years from the date the record is officially closed.

e. The problem gambling treatment program governing body shall establish policies that specify the conditions under which information on applicants or clients may be released and the procedures to be followed for releasing such information, in accordance with HIPAA and other relevant provisions of federal and state law. Program staff members as defined in this chapter may release confidential information with a properly authorized release of information.

f. Confidentiality of client case records. The problem gambling treatment program shall protect the confidentiality of client case records maintained by a program in accordance with HIPAA and other relevant provisions of federal and state law.

162.20(9) *Client screening, admission and assessment.*

a. Client screening. A problem gambling treatment program shall consider a client who is either a problem gambler or a concerned person affected by problem gambling behavior to be eligible for outpatient services if:

(1) Screening of a client, which includes the use of the following tool, determines that the client has a gambling problem if:

1. The gambler meets diagnostic criteria for pathological gambling in the American Psychiatric Association: Diagnostic and Statistical Manual (DSM) of Mental Disorders, version IV; or

2. The gambler does not meet full criteria for pathological gambling but demonstrates two to four of the diagnostic criteria for pathological gambling in the American Psychiatric Association: Diagnostic and Statistical Manual (DSM) of Mental Disorders, version IV.

(2) A concerned person, if any one of the following applies:

1. The individual who gambles excessively, and whose behavior is affecting the concerned person, meets the criteria in subparagraph 162.20(9)*"a"*(1); or

2. The concerned person meets the criteria of the Gam-Anon 20 questions screening tool.

b. Client admission. The problem gambling treatment program shall determine a client is in need of services if the client meets the criteria in subparagraph 162.20(9)*"a"*(1) or (2), and may then admit the client to the program. The program shall collect and record prior to or at the time of admission the following intake information on standardized forms for all persons applying for services. The program shall ensure that the following information shall become part of the client case record:

(1) Identifying information, including name, address, and telephone number.

(2) Demographic information, including date of birth, sex, race or ethnicity.

(3) Identification of the referral source.

(4) Presenting problem.

(5) Gambling history, including type, amount, frequency and duration of gambling activity.

(6) A problem gambling treatment screening as described in paragraph 162.20(9)*"a."*

(7) A GTRS admission form if funded by the Iowa gambling treatment fund.

c. Client assessment. The problem gambling treatment program shall develop a complete assessment which is an analysis and synthesis of the intake data and which addresses the client's strengths, needs, and areas of clinical concern, including any problem gambling-specific goals and objectives the client has identified. The assessment shall be completed within 21 days of admission and shall include the following information:

(1) Legal history describing any involvement with the criminal justice system.

(2) Medical and health history.

(3) Mental health history and current mental health status, including, at a minimum, the use of a version of the Modified-MINI screening tool identified by the department. The program shall be exempt from the requirement in this subparagraph if the client was referred by a mental health provider that already completed a mental health history and current mental health status.

(4) Suicidal/homicidal assessment including past suicide attempts, method, suicide plan, family history of suicide attempts, and suicidal intent.

(5) Substance abuse history and screening describing current use, past use and treatment history, including, at a minimum, the use of a version of the Texas Christian University screening tool identified by the department. The program shall be exempt from the requirement in this subparagraph if the client was referred by a licensed substance abuse provider that already completed a substance abuse history and screening.

(6) Family history describing family composition and dynamics.

(7) Education status and history documenting levels of achievement.

(8) Vocational or employment status and history describing skills or trades learned, jobs held, duration of employment, and reasons for leaving.

(9) Peers and friends, indicating interpersonal relationships and interaction with persons and groups outside the home.

(10) A financial evaluation and information, including current financial status, gambling debt, any previous bankruptcy or repayment plans, and insurance coverage.

(11) Any other relevant information which shall assist in formulating an initial assessment of the client.

d. Problem gambling screening, admission and assessment policies and procedures. The problem gambling treatment program shall have written policies and procedures governing uniform screening, admission and assessment, which shall define:

(1) The types of information to be gathered on all problem gambling clients during screening, admission and assessment.

(2) Procedures to be followed to accept referrals from outside agencies or organizations.

(3) The types of records to be kept on all problem gambling clients applying for services.

e. The problem gambling treatment program shall ensure that all clinical observations and recommendations are documented in the client case record. If, in the judgment of the clinical director, psychological, psychiatric or further medical examinations are indicated, then the program shall refer the client to the appropriate professional services and document the referral in the client case record.

f. When a client refuses to divulge information or to follow the recommended course of treatment, the problem gambling treatment program shall note this refusal in the client case record.

g. During the screening and admission process, the program shall document that the client has been informed of:

(1) The general nature and goals of the problem gambling treatment program.

(2) The rules governing client conduct and the infractions that may lead to discharge from the program.

(3) The hours during which services are available.

(4) Problem gambling treatment costs to be borne by the client, if any.

(5) The client's rights and responsibilities.

(6) Confidentiality laws, rules and regulations including HIPAA.

h. The problem gambling treatment program shall clearly explain the results of the assessment to the client and to the client's family when appropriate. The problem gambling treatment program shall document this explanation in the client case record.

i. The clinical director shall review and approve all client screenings and assessments within 30 days of completion by probationary employees. The clinical director shall review and approve a minimum of 10 percent of all problem gambling client screenings and assessments within 30 days of completion by nonprobationary employees.

j. If the client is a minor, the program shall provide treatment services only with the permission of the client's parent or guardian.

162.20(10) *Treatment plans.* The problem gambling treatment program shall have a treatment plan in effect for each client receiving services. Based upon the initial assessment, the program shall develop and record an individualized written treatment plan in the client case record.

a. The problem gambling treatment program shall develop a treatment plan based upon the assessment as soon after the client's admission to the program as is clinically feasible, but not later than 30 days following admission.

b. The problem gambling treatment program shall have an individualized treatment plan for each client which, at a minimum, shall contain:

(1) Short-term and long-term goals that the client is attempting to achieve, based on the client's strengths and needs, including any problem gambling-specific goals and objectives that the client has identified.

(2) Time lines for the client to complete short-term and long-term goals and to successfully complete treatment.

(3) Type and frequency of therapeutic problem gambling treatment services which the client is receiving.

(4) Cultural and environmental criteria to meet the needs of the client.

c. The problem gambling treatment program shall develop treatment plans in partnership with the client.

d. The problem gambling treatment program shall provide the client with copies of all treatment plans upon request.

e. The problem gambling treatment program shall review the treatment plan with the client at a minimum of every 60 days or as progress occurs, whichever is sooner. The program shall document each review in the progress notes as required in subrule 162.20(11).

f. The problem gambling treatment program shall document that it has attempted to engage in joint treatment planning with other professionals who also provide services to the client.

g. If the client is a minor, the problem gambling treatment program shall develop a treatment plan in consultation with the client's parent or guardian.

162.20(11) *Progress notes.*

a. The problem gambling treatment program shall record a client's progress and current status in meeting the goals set in the treatment plan, as well as efforts by staff members to help the client achieve the stated goals in the client case record. Staff members shall record information following each individual counseling session and shall record a summary of group counseling services at least weekly for clients who receive group counseling services.

b. The problem gambling treatment program shall use a standard documentation format for progress notes.

c. The progress notes for each individual counseling session shall document the following:

(1) Content of the session.

(2) A reassessment of the client's status, including any new short-term or long-term goals which were developed in conjunction with the client.

(3) Efforts by staff members to help the client achieve the treatment plan goals.

(4) Progress in achieving short-term and long-term goals.

(5) A plan to determine future short-term and long-term goals.

d. Entries shall be filed in chronological order and shall include the date services were provided or observations made, the amount of service time, the date the entry was made, and the signature or initials and title of the staff member providing the services. Staff members shall enter all progress notes into the client case record in permanent pen or by typewriter or computer. For records maintained electronically, the program shall accept a staff identification code number authorizing access in lieu of a signature.

e. Staff members shall supplement all entries that involve subjective interpretations of a client's progress with a description of the actual behavioral observations which were the basis for the interpretation.

f. If a client is also receiving services from an outside resource, the program shall attempt to periodically provide an updated status report to the outside resource, and shall attempt to:

(1) Secure a written copy of status reports and other client records from the outside resource, and

(2) Engage in joint treatment planning with other professionals involved in the management of the client's case.

g. The problem gambling treatment program shall ensure that individual progress notes are written, typed or dictated within one working day of the session and that group progress notes are written, typed or dictated within five working days of the session.

162.20(12) *Client case record contents.* The problem gambling treatment program shall ensure that there is a case record for each client that contains, as applicable:

a. Results of all examinations, tests, screening, and admission information;

b. Reports from referring sources;

c. An assessment;

d. Treatment plans;

e. Date of report from an outside resource or documentation of verbal consultation with an outside resource including the name of the resource;

f. Documentation of multidisciplinary case conferences and consultations, including the date of the conference or consultation, recommendations made, actions taken, and individuals involved;

g. Correspondence related to the client, including all letters and dated notations of telephone conversations relevant to the client's treatment;

h. Treatment consent forms;

i. Release of information forms;

j. Progress notes;

k. Records of services provided;

l. A discharge summary of services provided, to be completed within 45 days of discharge. The program shall ensure that the discharge summaries are sufficiently detailed to identify the types of services the client has received and the actions taken to address the specific problems identified. The discharge planning process shall begin at the time of client admission, shall determine a client's continued need for treatment services, and shall include development of a plan to address ongoing client posttreatment needs. Discharge planning may also include a document identified as a discharge plan. Discharge of the client shall occur not later than 45 days after services have ceased. If the client is a minor, staff members shall develop the discharge plan in consultation with the client's parent or guardian;

m. GTRS forms if funded by the Iowa gambling treatment fund, or other appropriate data forms;

n. Incident reports; and

o. Documentation of all missed appointments and failure to comply with treatment recommendations.

In describing services, staff members shall avoid general terms such as "counseling" or "activities."

162.20(13) *Medical services.*

a. The problem gambling treatment program shall have policies and procedures developed to ensure that a medical history for all clients is completed upon admission to a treatment program. The program shall have policies and procedures developed in conjunction with a physician. The program policies and procedures shall specify how program staff members review the medical history of, examine, and evaluate persons seeking services, and shall specify when staff members refer clients to medical services.

b. The program shall ensure that the medical history is performed as soon as possible.

c. A program may accept a medical history from referral sources which was conducted not more than 90 days prior to admission.

162.20(14) *Emergency medical services.* The problem gambling treatment program shall have policies and procedures to address medical emergencies.

162.20(15) *Sentinel events.*

a. The problem gambling treatment program shall have written policies and procedures to identify sentinel events that include but are not limited to:

(1) Situations in which a client or staff member is determined to be a danger to self or others;

(2) Any injury occurring at the facility;

(3) Any child abuse or dependent adult abuse involving a client or involving a program staff member as the respondent;

(4) Vehicular accidents involving a staff member on program business or involving a program-owned vehicle;

(5) Abuse of licit substances on program property;

(6) Use or possession of illicit substances on program property;

(7) Any events which may be subject to litigation; and

(8) Any other event which the program considers a sentinel event.

b. The problem gambling treatment program shall identify and respond appropriately to all sentinel events.

162.20(16) *Quality improvement.* The problem gambling treatment program shall have an ongoing quality improvement plan primarily designed to improve client services and to resolve identified problems.

a. The program shall have a written plan for quality improvement that is designed to evaluate the quality and appropriateness of client services and to resolve identified problems.

b. Staff members shall document program progress in the quality improvement plan.

c. Staff members shall document program changes in the quality improvement plan.

d. Staff members shall document how the quality of client services is improved by means of the quality improvement plan.

e. Staff members shall identify problems resolved through actions taken in compliance with the quality improvement plan.

f. The program shall demonstrate that problem gambling treatment modalities are grounded in current best practices within the problem gambling treatment field.

g. The program shall demonstrate integration of available research-based findings into its clinical practice.

h. The program shall have written policies and procedures for incorporating client satisfaction, treatment outcomes and performance measurement data into the quality improvement plan and shall demonstrate that findings from these data sources have been used to monitor and improve program performance.

162.20(17) *Facility construction and safety.* All facilities in which clients receive screenings, assessments or treatment services shall be designed, constructed, equipped, and maintained in a manner that is designed to provide for the physical safety of clients, staff members, visitors, and others.

a. If required by local jurisdiction, the program shall display a certification of occupancy.

b. During all phases of construction or alterations of facilities, the program and construction contractor shall not diminish the level of life safety in any occupied area. The program shall ensure that construction is in compliance with all applicable federal, state, and local codes.

c. New construction shall comply with Iowa Code chapter 104A and all applicable federal and local codes and provide for safe and convenient use by disabled individuals.

d. The program shall have written policies and procedures to provide a safe environment for clients, personnel, and visitors and to monitor that environment. Staff members shall document implementation of the procedures. The program's written policies and procedures shall include, but not be limited to, the following:

(1) A process for the identification, development, implementation, and review of safety policies and procedures for all facilities and services.

(2) The promotion and maintenance of an ongoing, facilitywide hazard surveillance program to detect and report all safety hazards related to clients, visitors, and personnel.

(3) The process by which staff members dispose of biohazardous waste within clinical service areas.

(4) For all facilities, the program shall:

1. Maintain all stairway, hall, and aisle floors with a substantial nonslippery material. The program shall maintain all stairways, halls, and aisles in a good state of repair, with adequate lighting. The program shall ensure that halls and aisles are free from obstructions at all times and that all stairways have handrails.

2. Ensure that radiators, registers, and steam and hot water pipes have protective covering or insulation and that electrical outlets and switches have wall plates.

3. Have written procedures for the handling and storage of hazardous materials.

4. Have policies and procedures for weapons removal.

5. Maintain swimming pools in conformance with state and local health and safety regulations. The program shall ensure that adult supervision is available at all times during which children are using the pool.

6. Have policies regarding fishing ponds, lakes, or any bodies of water located on or near the facility and accessible to the client.

162.20(18) *Facility safety.* The problem gambling treatment program shall:

a. Ensure that the outpatient facility is safe, clean, well-ventilated, properly heated, free from vermin and rodents and in good repair.

b. Ensure that the facility is appropriate for providing those services available from the program and for protecting confidentiality.

c. Ensure that furniture is in good repair.

d. Have a written plan outlining procedures to be followed in the event of fire or tornado. This plan shall be conspicuously displayed in the facility.

162.20(19) *Therapeutic environment.* The problem gambling treatment program shall establish an environment that enhances the positive self-image of clients and preserves their human dignity. The program shall:

a. Ensure that all services are accessible to people with disabilities or have written policies and procedures that describe how people with disabilities can attain access to the facility for necessary services. The program shall comply with the Americans with Disabilities Act.

b. Ensure that the waiting or reception areas are of adequate size, have appropriate furniture and are located to ensure confidentiality.

c. Ensure that staff members are available to address the needs of clients and to greet clients and visitors.

d. Prohibit smoking within each facility.

e. Ensure that no staff member or other person sells, gives, or otherwise supplies any tobacco, tobacco products, or cigarettes to any client or staff member. The program shall not allow a person under the age of 18 to smoke, use, purchase, or attempt to purchase any tobacco, tobacco products, or cigarettes.

f. Have written policies and procedures to:

(1) Inform problem gambling clients of their legal and human rights at the time of admission to the program;

(2) Address client communication, opinions, or grievances and have a mechanism for redress;

(3) Address prohibition of sexual harassment; and

(4) Address a client's right to privacy.

162.20(20) *Financial counseling services.*

a. The program shall offer financial counseling services to clients. Financial counseling services shall be provided in-house or through consultation.

b. If the problem gambling treatment program determines that the client has financial problems, then financial counseling services shall include assisting clients in preparing a budget and discussing financial debt options, including restitution and bankruptcy.