

641—155.1 (125,135) Definitions. Unless otherwise indicated, the following definitions shall apply to the specific terms used in these rules:

“Accreditation body” means a national or not-for-profit body or organization recognized by the board as meeting the criteria of the board for deemed status.

“Acute intoxication or withdrawal potential” is a category to be considered in the ASAM-PPC-2R criteria. This category evaluates client/patient’s current status of intoxication and potential for withdrawal complications. Historical information about client/patient’s withdrawal patterns may also be considered.

“Administration” means the direct application of a prescription drug, whether by injection, inhalation, ingestion, or any other means, to the body of a client/patient or research subject by one of the following:

1. A practitioner or the practitioner’s authorized agent.
2. The client/patient or research subject at the direction of a practitioner.

“Admission” means the point in an individual’s relationship with the program at which the screening process has been completed and the individual is entitled to receive treatment services.

“Admission criteria” means specific ASAM-PPC-2R criteria to be considered in determining appropriate client/patient placement and resultant referral to a level of care (substance abuse treatment only). Criteria vary in intensity and are organized into categories to be used by treatment programs for assessment, to determine appropriate level of care, and for treatment planning.

“Affiliation agreement” means a written agreement between the governing authority of the program and another organization under the terms of which specified services, space or personnel are provided to one organization by the other, but without exchange of moneys.

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

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

“ASAM-PPC-2R” means the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition, Revised.

“Assessment” means the ongoing process of identifying a diagnosis, ruling out other diagnoses, and determining the level of care needed by the client/patient.

“Biomedical conditions and complications” means one category to be considered in the ASAM-PPC-2R criteria. This category evaluates client/patient’s current physical condition. Historical information on client/patient’s medical/physical functioning may also be considered. This category includes biological and physical aspects of the medical assessment and treatment of a client/patient. Physical problems may be the direct result of a substance use disorder, or be independent of and interactive with such a disorder, thus affecting the total treatment plan and prognosis.

“Board” means the state board of health created pursuant to Iowa Code chapter 136.

“*Case management*” means the process of using predefined criteria to evaluate the necessity and appropriateness of client/patient care.

“*Chemical dependency*” means alcohol or drug dependence or psychoactive substance use disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV), criteria or by other standardized and widely accepted criteria.

“*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 controlled substances as defined in Iowa Code section 124.101.

“*Client/patient*” means an individual who is a substance abuser or a problem gambler or is chemically dependent, has been assessed as appropriate for services, and for whom screening procedures have been completed.

“*Clinical oversight*” means oversight provided by an individual who, by virtue of education, training and experience, is capable of assessing the psychosocial history of a client/patient to determine the most appropriate treatment plan. The person providing oversight shall be designated by the treatment program.

“*Clinically managed high-intensity residential services (Level III.5)*” means high-intensity residential services designed to address significant problems with living skills. The prime example of Level III.5 care is the therapeutic community, which provides a highly structured recovery environment in combination with moderate- to high-intensity professional clinical services to support and promote recovery. Client/patients must participate in at least 50 hours of structured chemical dependency rehabilitation services per week.

“*Clinically managed low-intensity residential services (halfway house) (Level III.1)*” means low-intensity professional addiction treatment services offered at least five hours per week. Treatment is directed toward applying recovery skills, preventing relapse, promoting personal responsibility and reintegrating the resident into the worlds of work, education and family life. The services may include individual, group and family therapy. Mutual/self-help meetings are available on site.

“*Clinically managed medium-intensity residential services (Level III.3)*” are frequently referred to as extended or long-term care. Level III.3 programs provide a structured recovery environment in combination with medium-intensity professional clinical services to support and promote recovery. Client/patients must participate in at least 30 hours of structured chemical dependency rehabilitation services per week.

“*Clinically managed services*” means clinically managed services in which treatment is directed by addiction specialists rather than by medical professionals. They serve residents whose problems in the area of emotional/behavioral concerns, treatment acceptance, relapse potential, or recovery environment are the primary focus of treatment and problems in the areas of intoxication/withdrawal (Dimension 1) and biomedical concerns (Dimension 2), if any, are minimal.

“*Concerned family member*” or “*concerned person*” means an individual who is seeking treatment services due to problems arising from the person’s involvement or association with a substance abuser,

chemically dependent individual, problem gambler or client/patient and who is negatively affected by the behavior of the substance abuser, chemically dependent individual, problem gambler or client/patient.

“Continuing care” means a Level I service of the ASAM-PPC-2R criteria, which provides a specific period of structured therapeutic involvement designed to enhance, facilitate and promote transition from primary care to ongoing recovery. There shall not be any required frequency of review for continuing care or frequency of review of treatment plan by client/patient and counselor.

“Continuing service and discharge criteria” means, in accordance with ASAM-PPC-2R, during the process of client/patient assessment, certain problems and priorities are identified as justifying admission to a particular level of care and the resolution of those problems and priorities determines when a client/patient can be treated at a different level of care or discharged from treatment. New problems may require services that can be provided effectively at the same level of care or may require a more intensive or less intensive level of care.

“Continuum of care” means a structure of interlinked treatment modalities and services designed so that a client/patient’s changing needs will be met as the client/patient moves through the treatment and recovery process.

“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.

“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 a person to explore the person’s problems related directly or indirectly to substance abuse, chemical dependence or problem gambling.

“Culturally and environmentally specific” means integrating into the assessment and treatment process the ideas, customs, beliefs, and skills of a given population, as well as an acceptance, awareness, and celebration of diversity regarding conditions, circumstances and influences surrounding and affecting the development of an individual or group.

“Deemed status” means that the board and division will accept a board-approved, outside accreditation body’s review, assessment and accreditation of a program, component or service of a program/organization’s operations and services. Programs which received deemed status approval are exempt from routine licensure requirements; however, such programs are subject to all other provisions of this chapter.

“Department” means the Iowa department of public health.

“Designee” means the staff person or counselor who is delegated tasks, duties and responsibilities normally performed by the treatment supervisor, treatment director or executive director.

“Detoxification” means the process of withdrawing a person from a specific psychoactive substance in a safe and effective manner. ASAM-PPC-2R detoxification levels of care include Levels I-D, II-D, III.2-D, III.7-D, and IV-D.

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

“Discharge planning” means the process, begun at admission, of determining a client/patient’s continued need for treatment services and of developing a plan to address ongoing client/patient

posttreatment needs. Discharge planning may or may not include a document identified as a discharge plan.

“Division” means the division of behavioral health.

“Emergency admission” means an admission due to an emergency situation with placement screening criteria being applied as soon after admission as possible.

“Emotional, behavioral or cognitive conditions and complications” is a category to be considered in the ASAM-PPC-2R criteria. This category evaluates client/patient’s current emotional, behavioral, and cognitive status. Emotional, behavioral or cognitive status may include, but is not limited to, psychiatric conditions, psychological or emotional/behavioral complications, poor impulse control, changes in mental status, or transient neuropsychiatric complications and the behavior that accompanies or follows these emotional states. Historical information on client/patient’s emotional/behavioral functioning may also be considered.

“Evaluation” means the process to evaluate the client/patient’s strengths, weaknesses, problems, and needs for the purpose of defining a course of treatment. This includes use of the standardized placement screening and any additional client/patient profile information and development of a comprehensive treatment plan.

“Extended outpatient treatment” means a Level I service of the ASAM-PPC-2R criteria, which is an organized, nonresidential service. Extended outpatient treatment services usually are provided in regularly scheduled sessions which include less than nine treatment hours a week for adults or less than six treatment hours a week for adolescents. For problem gambling client/patients, extended outpatient treatment services may be offered in conjunction with transitional housing.

“Facility” means a hospital, detoxification center, institution or program licensed under Iowa Code section 125.13 or 2009 Iowa Code Supplement section 135.150 providing care, maintenance and treatment for client/patients. Facility also includes the physical areas such as grounds, buildings, or portions thereof under direct administrative control of the program.

“Focused reviews” means a survey conducted during the licensing process to assess the degree to which a program has improved its level of compliance relating to specific recommendations. The subject matter of the review is typically in area(s) of identified deficiency in compliance; however, other performance areas may also be assessed by a surveyor(s), including areas not covered in deemed status.

“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 services.

“Governing body” means the individual(s), group, or agency that has ultimate authority and responsibility for the overall operation of the facility.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996.

“Intake” means gathering additional assessment information at the time of admission to services.

“Intensive outpatient treatment (Level II.1)” means intensive outpatient programs (IOP) that provide a minimum of nine hours for adults or a minimum of six hours for adolescents of structured programming per week, consisting primarily of counseling and education. For problem gambling client/patients, the service may be offered in conjunction with transitional housing.

“Iowa board of certification” means the professional certification board that certifies substance abuse counselors and prevention specialists, problem gambling treatment specialists and other addiction treatment specialists in the state of Iowa.

“Levels of care” is a general term that encompasses the different options for treatment that vary according to the intensity of the services offered. Each treatment option in the ASAM-PPC-2R is a level of care.

“Licensee” means any program licensed by the department.

“Licensure” means the issuance of a license by the department and the board which validates the licensee’s compliance with treatment program standards and authorizes the licensee to operate a treatment program in the state of Iowa.

“Licensure weighting report” means the report that is used to determine the type of license a program qualifies for based on point values assigned to areas reviewed and total number of points attained. In addition, a minimum percent value in each of three categories shall be attained to qualify a program for a license as follows: 95 percent or better rating in clinical, administrative and programming for a three-year license; 90 percent or better rating in clinical, administrative and programming for a two-year license; or less than 90 percent but no less than 70 percent rating in clinical, administrative and programming for a one-year license. The determination of length of license for programs licensed through deemed status shall be made by the accreditation body.

“Maintenance” means the prolonged scheduled administration of methadone or other approved controlled substances intended as a substitute or antagonist to abused substances in accordance with federal and state regulations.

“Management of care” means the process to ensure the appropriate level of care is utilized by implementing ASAM-PPC-2R criteria during placement screening, continuing service and discharge. This process includes discharge planning that begins at admission to meet the immediate, ongoing and posttreatment needs of the client/patient.

“May” means a term used in the interpretation of a standard to reflect an acceptable method that is recognized but not necessarily preferred.

“Medically managed intensive inpatient treatment (Level IV)” is an organized ASAM-PPC-2R service staffed by designated addiction physicians or addiction credentialed clinicians. Level IV care involves a planned regimen of 24-hour medically directed evaluation, care and treatment of substance-related disorders in an acute-care inpatient setting. Such a service functions under a defined set of policies and procedures and has permanent facilities that include inpatient beds. Services involve daily medical care in which diagnostic and treatment services are directly provided by a licensed physician.

“Medically monitored intensive inpatient treatment (Level III.7)” is an organized ASAM-PPC-2R service delivered by an interdisciplinary staff to client/patients whose subacute biomedical and emotional/behavioral problems are sufficiently severe to require inpatient care. Twenty-four-hour observation, monitoring and treatment are available. However, the full resources of an acute care general hospital or a medically managed inpatient treatment service system are not necessary. Services are provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists and other health care professionals and technical personnel, under the direction of licensed physicians. Medical monitoring is provided through an appropriate mix of direct patient contact, review of records, team meetings, 24-hour coverage by a physician, and quality assurance programs.

“Outreach” means public speaking engagements and other similar activities and functions that inform the public of available programs and services offered by a treatment program. In addition, outreach is a process or series of activities that identifies individuals in need of services, engages them and links them with the most appropriate resource or service provider. Such activities may include, but are not limited to, the following: individual client/patient recruitment through street outreach and organized informational sessions at churches, community centers, recreational facilities, and community service agencies.

“OWI” means operating while intoxicated, in violation of Iowa Code chapter 321J.

“Partial hospitalization (day treatment) (Level II.5)” means a program which provides 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs have ready access to psychiatric, medical and laboratory services and thus are better able than Level II.1 programs to meet client/patient needs. Partial hospitalization/day treatment is a generic term encompassing day, night, evening and weekend treatment programs that employ an integrated, comprehensive and complementary schedule of recognized treatments.

“Physician” means any individual licensed under Iowa Code chapter 148, 150, or 150A.

“Prevention” means a proactive process to eliminate unnecessary disease, disability, and premature death caused by (1) acute disease, (2) chronic disease, (3) intentional or unintentional injury or disease associated with environmental, home and workplace hazards, and (4) controllable risk factors such as poor nutrition; lack of exercise; alcohol, tobacco, and other drug use; inadequate use of preventive health services; and other risk behaviors.

“Primary care modality” means a treatment component or modality including continuing care, halfway house, extended outpatient treatment, intensive outpatient treatment, primary extended residential treatment, medically monitored intensive inpatient treatment, and medically managed intensive inpatient treatment services.

“Primary scope of practice” means the area in which a counselor maintains a professional license or certification.

“Prime programming time” means any period of the day when special attention or supervision is necessary, for example, upon awakening in the morning until departure for school, during meals, after school, transition between activities, evenings and bedtime, or weekends and holidays, in order to maintain continuity of program and care. Prime programming time shall be defined by the facility.

“Problem gambling” means a pattern of gambling behavior which may compromise, disrupt or damage family, personal or vocational pursuits.

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

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

“Quality improvement” means the process of objectively and systematically monitoring and evaluating the quality and appropriateness of client/patient care to improve client/patient care and resolve identified problems.

“Readiness to change” is a category to be considered in the ASAM-PPC-2R criteria. This category evaluates the client/patient’s current emotional and cognitive awareness of the need to change and level of commitment to change.

“Recovery/living environment” is a category to be considered in the ASAM-PPC-2R criteria. This category evaluates client/patient’s current recovery/living environment as it impacts on level of care decision making and treatment planning. Recovery/living environment may include, but is not limited to, current relationships and degree of support for recovery, current housing, employment situation, and availability of alternatives. Historical information on client/patient’s recovery/living environment may also be considered.

“Recovery oriented system of care” means person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities to take responsibility for their sustained health, wellness, and recovery from mental illness, alcohol and drug problems, and problem gambling. A recovery oriented system of care offers a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual’s needs and chosen pathway to recovery.

“Rehabilitation” means the restoration of a client/patient to the fullest physical, mental, social, vocational, and economic usefulness of which the client/patient is capable. Rehabilitation may include, but is not limited to, medical treatment, psychological therapy, occupational training, job counseling, social and domestic rehabilitation and education.

“Relapse” means progressive irresponsible, inappropriate and dysfunctional behavior patterns that could lead to resumption of alcohol or drug use or problem gambling. “Relapse” also refers to the resumption of alcohol or drug use or problem gambling.

“Relapse, continued-use or continued-problem potential” is a category to be considered in the ASAM-PPC-2R criteria. This category evaluates client/patient’s current factors that contribute to relapse potential as it impacts on level of care decision making and treatment planning. Relapse potential may include, but is not limited to, current statements by client/patient about relapse potential, reports from others on potential for client/patient’s relapse, and assessment by clinical staff. Historical information on client/patient’s relapse potential may also be considered. This category may include the client/patient’s understanding of skills in coping with addictive or mental disorders, recognition of relapse triggers, skills to control impulses and ways to cope with relapse potential.

“Residential program” means a 24-hour, live-in, seven-day-a-week treatment program facility offering intensive rehabilitation services to individuals who are considered unable to live or work in the community due to social, emotional, or physical disabilities resulting from substance abuse or problem gambling. The ASAM-PPC-2R levels of care may include III.1, III.3, III.5 or III.7.

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

“Screening” means the process by which a client/patient is determined appropriate and eligible for admission to a particular program or level of care. The focus is on the minimum criteria necessary for appropriateness/eligibility.

“Self-administration of medication” means the process where a properly trained staff member observes a client/patient inject, inhale, ingest, or by any other means take, medication which has been prescribed by a licensed physician.

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

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

“*Sole practitioner*” means an individual incorporated under the laws of the state of Iowa, or an individual in private practice who is providing substance abuse treatment services independent from a program that is required to be licensed in accordance with Iowa Code section 125.13(1).

“*Specialized certification*” means a substance abuse- or problem gambling-related credential acceptable to the department for providing treatment according to these rules.

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

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

“*Subspecialty*” means a secondary scope of practice, either substance abuse treatment or problem gambling treatment, approved in accordance with these rules. To maintain expertise within the subspecialty, the counselor shall complete a minimum of an additional 20 hours of training within the subspecialty every two years.

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

“*Time frames*” means the period of time within which the assessment and treatment plan must be completed after admission, frequency of review of the treatment plan by the client/patient and counselor, and frequency of reviews for continuing service and discharge. The time frames for Levels I and III.1 shall be every 30 days; for Levels II.1, II.5, III.3 and III.5, every 7 days; and for Levels III.7 and IV, daily. For Level I continuing care/aftercare, there shall not be any required frequency of review for continuing service or frequency of review of treatment plan by client/patient and counselor.

“*Transitional housing*” means housing that may be offered to individuals who are problem gamblers and who have no other housing alternatives or whose housing alternatives are not conducive to problem gambling recovery. Problem gamblers receiving transitional housing must also be receiving problem gambling treatment services.

“*Treatment*” means the broad range of planned and continuing inpatient, outpatient, and residential care services, including diagnostic evaluation, counseling, and medical, psychiatric, psychological, and social service care, which may be extended to substance abusers, problem gamblers, concerned persons, concerned family members, or significant others. Treatment is geared toward influencing the behavior of such individuals to achieve a state of rehabilitation.

“*Treatment days*” means days in which the treatment program is open for services or actual working days.

“*Treatment planning*” means the process by which a counselor and client/patient identify and rank problems, establish agreed-upon goals, and decide on the treatment process and resources to be utilized.

“Treatment program” means a program licensed under these rules. A treatment program may be a substance abuse treatment program, a problem gambling treatment program, or a substance abuse and problem gambling treatment program.

“Treatment supervisor” means an individual who, by virtue of education, training or experience, is capable of assessing the psychosocial history of a client/patient to determine the treatment plan most appropriate for the client/patient. This person shall be designated by the treatment program.

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