

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

“Accredited opioid treatment program” means an opioid treatment program that is the subject of a current, valid accreditation from an accreditation body approved by the Substance Abuse and Mental Health Services Administration (SAMHSA).

“Addictive disorder” means a substance use disorder and problem gambling.

“Addictive disorder professional” means an individual who is qualified by virtue of certification or license and education, training and experience to provide program services.

“Administration” means the direct application of a prescription medication to a patient by a prescriber or the prescriber’s authorized agent.

“Admission” means the point at which an initial assessment has been completed sufficient to determine the patient’s need and eligibility for program services and the patient has agreed to begin treatment.

“Admission, continued service, and discharge criteria” means the ASAM criteria dimensions to be considered in determining the level of care appropriate for the patient.

“Applicant” means a person, facility, or legal entity that has applied for an initial license, renewal of a license, or a license under deemed status pursuant to these rules.

“Application” means the process through which an applicant requests an initial license, renewal of a license, or a license under deemed status pursuant to these rules.

“ASAM criteria” means the clinical guide for the treatment of addictive, substance use and co-occurring conditions as published by the American Society of Addiction Medicine (ASAM) and as amended to August 1, 2025.

“Assessment” means the ongoing process of evaluating a patient’s strengths, resources, preferences, limitations, problems, and needs; determining the licensed program services needed by the patient; determining the patient’s eligibility for program services; and identifying treatment plan priorities, in accordance with the ASAM criteria and accepted standards of practice.

“Care coordination” or *“case management”* means the collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services, both internal and external to the program, to meet patient needs, using communication and available resources to promote quality care and effective outcomes.

“Certification” means the process by which SAMHSA determines that an opioid treatment program is qualified to provide opioid treatment under the federal opioid treatment standards.

“Certification application” means the application filed by an opioid treatment program for purposes of obtaining certification from SAMHSA.

“Certified opioid treatment program” means an opioid treatment program that is the subject of a current, valid certification.

“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.

“Clinically managed” means that program services are directed by addictive disorder professionals.

“Clinically managed high-intensity residential treatment” means the ASAM criteria level of care totaling at least 50 hours of clinically managed inpatient treatment services per week.

“Clinically managed low-intensity residential treatment” means the ASAM criteria level of care totaling at least five hours of clinically managed inpatient treatment services per week.

“Clinically managed medium-intensity residential treatment” means the ASAM criteria level of care totaling at least 30 hours of clinically managed inpatient treatment services per week.

“Clinical oversight” means oversight provided by an individual who, by virtue of certification or license and education, training and experience is qualified to oversee treatment services in accordance with subrule 155.21(3).

“Comprehensive maintenance treatment” means maintenance treatment provided in conjunction with a comprehensive range of appropriate medical and rehabilitative services.

“Concerned person” means an individual who is seeking treatment services due to problems arising from a personal relationship with an individual with an addictive disorder.

“Confidentiality” means protection of patient information in compliance with state and federal law.

“*Crisis stabilization*” means medically monitored subacute inpatient services for individuals with urgent addictive disorder needs requiring immediate intervention, assessment, and mobilization of family, community and program resources.

“*Data reporting*” means the required submission of certain patient demographic and program services information to the department by a program.

“*Dimension*” means one of the six ASAM criteria patient biopsychosocial areas to be considered in the assessment process to identify patient needs and determine the appropriate level of care for admission and continued services.

“*Discharge*” means the point at which the patient ceases participation in licensed program services, marking the end of a specific encounter or episode of care. Discharge does not require termination of the relationship between the patient and the program.

“*Discharge planning*” means the process, begun at admission, of determining a patient’s continued need for licensed program services and of developing a plan to address ongoing patient needs following discharge.

“*DSM*” means the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association as amended to August 1, 2025, and all references to the DSM herein are as amended to August 1, 2025.

“*Early intervention*” means the ASAM criteria level of care that explores and addresses problems or risk factors that appear to be related to an addictive disorder and that helps the individual recognize potential harmful consequences.

“*Enhanced program*” means a licensee that provides enhanced treatment services in accordance with paragraph 155.2(2)“j” and rule 641—155.34(125,135).

“*Enhanced treatment services*” means licensed program services provided in accordance with paragraph 155.2(2)“j” and rule 641—155.34(125,135).

“*Facility*” means an institution or an installation providing care, maintenance or treatment for persons with substance use disorders licensed by the department under Iowa Code section 125.13, hospitals licensed under Iowa Code chapter 135B, or the state mental health institutes designated by Iowa Code chapter 226. “*Facility*” also means the physical areas such as grounds, buildings, or portions thereof under administrative control of the program.

“*Governing body*” means the person, group, or legal entity that has ultimate authority and responsibility for the overall operation of the program.

“*Inpatient*” means 24-hour licensed program services.

“*Intensive outpatient treatment*” means the ASAM criteria level of care totaling a minimum of nine hours of clinically managed outpatient treatment services per week for adults or a minimum of six hours of clinically managed outpatient treatment services per week for juveniles.

“*Interim maintenance treatment*” means withdrawal management for a period of more than 30 days but not in excess of 180 days.

“*Level of care*” or “*level of service*” means the different ASAM criteria service options. “*Level of care*” also means certain licensed program services under these rules.

“*Licensed program services*” means the services a licensee may be authorized to provide under these rules.

“*Licensee*” means a program licensed by the department pursuant to these rules.

“*Licensure*” means the issuance of a license by the department pursuant to these rules that validates the licensee’s compliance with these rules and authorizes the licensee to operate a program in the state of Iowa.

“*Licensure weighting report*” means the department’s report that is used to determine an applicant’s level of compliance with these rules and the length of time a license will be in effect.

“*Maintenance*” means the prolonged, scheduled administration of an opiate agonist medication such as buprenorphine or methadone by an opioid treatment program in accordance with federal and state laws, rules and regulations.

“*Maintenance treatment*” means the dispensing of a medication for opioid use disorder (MOUD) at stable dosage levels for a period in excess of 21 days in the treatment of an individual for opioid addiction.

“Management of care” means the ongoing application of the ASAM criteria and the coordination of care to ensure the appropriate provision of licensed program services to a patient.

“Medical and rehabilitative services” means services such as medical evaluations, counseling, and rehabilitative and other social programs (e.g., vocational and educational guidance, employment placement) that are intended to help patients in opioid treatment programs become or remain productive members of society.

“Medical director” means a physician who is licensed to practice medicine in accordance with Iowa Code chapter 148 and who assumes responsibility for administering all medical services performed by the program, either by performing them directly or by delegating specific responsibility to authorized program physicians and health care professionals functioning under the medical director’s direct supervision. Such delegations will not eliminate the medical director’s responsibility for all medical and behavioral health services provided by the OTP.

“Medically managed” means that the inpatient program services that involve daily medical care in a hospital setting are directed by a prescriber.

“Medically managed intensive inpatient treatment” means the ASAM criteria level of care for medically managed inpatient treatment services.

“Medically monitored” means that the program services are directed by addictive disorder professionals with medical oversight by a prescriber.

“Medically monitored intensive inpatient treatment” means the ASAM criteria level of care for medically monitored subacute inpatient treatment services.

“Medication-assisted treatment” means the medically monitored use of certain substance use disorder medications in combination with other treatment services.

“Medication unit” means an entity that is established as part of, but geographically separate from, an OTP from which appropriately licensed OTP practitioners, contractors working on behalf of the OTP, or community pharmacists may dispense or administer MOUD, collect samples for drug testing or analysis, or provide other OTP services. Medication units can be a brick-and-mortar location or mobile unit.

“Opioid addiction” means a cluster of cognitive, behavioral, and physiological symptoms in which the individual continues use of opioids despite significant opiate-induced problems. Opioid dependence is characterized by an individual’s repeated self-administration of opioids that usually results in opioid tolerance, withdrawal symptoms, and compulsive drug-taking. Dependency may occur with or without the physiological symptoms of tolerance and withdrawal.

“Opioid agonist treatment medication” means any opioid agonist drug that is approved by the Food and Drug Administration under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355 as amended to August 1, 2025) for use in the treatment of opiate addiction.

“Opioid drug” means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.

“Opioid treatment program” or *“OTP”* means a substance use disorder treatment program or a substance use disorder and problem gambling treatment program licensed to provide opioid treatment services in accordance with Iowa Code section 125.21 and rules 641—155.2(125,135) and 641—155.35(125,135).

“Opioid treatment services” means medically monitored outpatient maintenance services provided in accordance with federal and state laws, rules and regulations.

“Opioid use disorder treatment” or *“OUD treatment”* means the dispensing of MOUD, along with the provision of a range of medical and behavioral health services, as clinically necessary and based on an individualized assessment and a mutually agreed-upon care plan, to an individual to alleviate the combination of adverse medical, psychological, or physical effects associated with an OUD.

“Outpatient” means non-24-hour licensed program services.

“Outpatient treatment” means the ASAM criteria level of care totaling less than nine hours of clinically managed outpatient treatment services per week for adults and less than six hours of clinically managed outpatient treatment services per week for juveniles.

“*OWI evaluation*” means an assessment completed solely for the purpose of compliance with the substance abuse evaluation requirements of Iowa Code chapter 321J.

“*Partial/day treatment*” means the ASAM criteria level of care totaling 20 or more hours of clinically managed outpatient treatment services per week.

“*Patient*” means an individual who participates in licensed program services.

“*Placement*” means selection of an appropriate licensed program service, based on ongoing assessment.

“*Prescriber*” means a licensed health care professional with the authority to prescribe medication in accordance with Iowa law.

“*Prevention*” means activities aimed at minimizing the use of potentially addictive substances, lowering risk in at-risk individuals, or minimizing potential adverse consequences of substance use or gambling.

“*Prime programming time*” means any period of the day, as determined by a program treating juveniles, when special attention or supervision is necessary.

“*Problem gambling*” means a gambling disorder that results in a functional impairment of sufficient impact and duration to meet diagnostic criteria specified within the DSM.

“*Program*” means a person, facility, institution, building, agency or legal entity that provides one or more of the services stated in subrule 155.2(2) and is required to be licensed under these rules.

“*Program sponsor*” means the person responsible for the operation of the opioid treatment program and who assumes responsibility for all its employees, including any practitioners, agents, or other persons providing medical, rehabilitative, or counseling services at the program or any of its medication units. The program sponsor need not be a licensed physician but shall employ a licensed physician for the position of medical director.

“*Quality improvement*” means the process of objectively and systematically monitoring and evaluating the quality and appropriateness of patient care and program services and operations to resolve identified problems and to make continued improvements.

“*Recovery*” means the process of addressing an addictive disorder and working toward personally defined health and well-being.

“*Recovery supports*” means the broad range of nontreatment services, such as transportation, that assists patients in their recovery efforts.

“*Rehabilitation*” means the restoration of an optimal state of health by medical, psychological, and social means, including peer group support.

“*Residential*” means clinically managed inpatient treatment services.

“*Screening*” means the brief review of a patient’s or potential patient’s current risk factors for an addictive disorder or medical or mental health condition to determine if they indicate a need for immediate admission or referral. Screening is not an assessment and is not sufficient to develop a treatment plan, rule out an addictive disorder, or determine that admission to treatment or referral to other services is not indicated.

“*Short-term withdrawal management treatment*” means withdrawal management treatment for a period not in excess of 30 days.

“*Self-administration of medication*” means the process whereby a properly trained and qualified staff person observes a patient take medication prescribed by a prescriber.

“*Staff*” means any individual who conducts an activity on behalf of a program as an employee, agent, consultant, contractor, volunteer or other status.

“*Standards category*” means the grouping of standards, such as clinical, administrative or programming, in the licensure weighting report.

“*State authority*” means the department, which regulates the treatment of opioid addiction with opioid drugs.

“*Subacute*” means medically monitored inpatient services for individuals who require management, supervision and treatment to reduce immediate risk of danger to self or others or severe disability or complication of an addictive disorder or an addictive disorder and a medical or mental health condition.

“Substance abuse treatment and rehabilitation facility” or *“substance abuse treatment program”* means a program required to be licensed under these rules.

“Substance use disorder” means a substance use disorder that results in a functional impairment of sufficient impact and duration to meet diagnostic criteria specified within the DSM.

“Telehealth” means the same as defined in Iowa Code section 514C.34(1).

“Time frames” means the periods of time specified throughout the standards.

“Treatment” means the broad range of planned services to identify and change patterns of behavior that are maladaptive, destructive or injurious to health or to restore appropriate levels of physical, psychological or social functioning. Such services may include assessment; care coordination; crisis stabilization; withdrawal management; early intervention; health promotion; individual, group and family counseling; management of care; and medication administration, provided by addictive disorder professionals and a mix of medical, mental health and peer professionals as appropriate to the structure of the program.

“Treatment plan” means a plan that outlines for each patient attainable short-term treatment goals that are mutually acceptable to the patient and the opioid treatment program and that specifies the services to be provided and the frequency and schedule for their provision.

“Treatment planning” means the process, based on ongoing assessment, by which a patient and qualified staff identify and rank problems, establish agreed-upon goals, and decide on the treatment services and resources to be utilized.

“Withdrawal management” means the safe management of intoxication states and withdrawal states in accordance with the ASAM criteria and accepted standards of practice.

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