

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

“*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 most current version of the clinical guide for the treatment of addictive, substance use and co-occurring conditions as published by the American Society of Addiction Medicine (ASAM).

“*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.

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

“*Care coordination*” or “*case management*” means the collaborative process which 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.

“*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.

“*Chemical substitutes and antagonists program*” means an opioid treatment program that provides opioid treatment services in accordance with Iowa Code section 125.21 and rule 641—155.35(125,135).

“*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).

“*Committee*” means the substance abuse and gambling treatment program committee appointed by the state board of health pursuant to Iowa Code section 136.3(13).

“*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.

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

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

“Department” means the Iowa department of public health.

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

“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.

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

“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.

“Division” means the department’s division of behavioral health, which acts as the single state authority for the federal substance abuse prevention and treatment block grant and associated state of Iowa addictive disorder appropriations and funding.

“Early intervention” means the ASAM criteria level of care which explores and addresses problems or risk factors that appear to be related to an addictive disorder and which 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, a detoxification center, 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.

“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 which 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 division’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.

“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.

“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” 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.

“Opioid treatment program” 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.

“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 most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

“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.

“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.

“Region” means the geographic grouping of counties for conducting the department’s responsibilities under Iowa Code chapter 125.

“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.

“Resiliency- and recovery-oriented system of care” means coordinated, person-centered approaches to health promotion, prevention, early intervention, treatment and recovery support that build on the protective factors and strengths of individuals to sustain or achieve health and well-being.

“Rule” means each department statement of general applicability that implements, interprets, or prescribes law or policy, or that describes the 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 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.

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

“Shall” means the term used to indicate a mandatory statement, the only acceptable method under these rules.

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

“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.

“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 most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

“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; detoxification; 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 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.

“Waiver” means action by the committee or division that suspends the requirements of a standard on a case-by-case basis in accordance with 641—Chapter 178.

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