

**Substance Use Disorder and Problem Gambling
Treatment Program License Application for Deemed Status**

INTRODUCTION

Iowa Code Chapter 125 requires substance use disorder treatment programs to be licensed by the Iowa Department of Health and Human Services (Department). Iowa Code section 135.150 requires gambling treatment programs funded through the Department to be licensed by the Department. The Department implements its program licensure duties through 641—Iowa Administrative Code Chapter 155.

Please review all instructions carefully.

The following documents and links are available on the Department website:

- Chapter 155 Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Programs
- Iowa Department of Public Health, Division of Behavioral Health Licensure Inspection Weighting Report
- Iowa Code Chapter 125
- Iowa Code section 135.150
- Confidentiality Regulations 42 Code of Federal Regulations
- American Society for Addiction Medicine Criteria
- Americans with Disabilities Act (ADA)
- Drug-Free Workplace Act

Pursuant to IAC 641—155.5(3), an organization seeking to be licensed under deemed status shall submit an application.

Direct all application questions at SUD.PG.License@idph.iowa.gov.

PROGRAM LICENSE APPLICATION INSTRUCTIONS FOR DEEMED STATUS

The Program License Application Form for Deemed Status and the materials specified on the form must be completed and emailed to the Department. The Division of Behavioral Health may inspect the applicant or licensee following receipt of a complete application. An application will be considered complete once all required forms and supporting documents have been received and reviewed by the Department. The following documents are required:

- Program License Application Form for Deemed Status
- Recognized national accreditation body materials to include:
 - o The entire accreditation body survey or inspection report
 - o Certificate of accreditation
 - o Accreditation conditions
 - o Corrective action requirements and plans

Complete and electronically sign the Program License Application Form and submit it and all required materials to the Department via email using the following email address: SUD.PG.License@idph.iowa.gov

PROGRAM LICENSE APPLICATION INSTRUCTIONS FOR DEEMED STATUS

The Program License Application Form for Deemed Status contains six areas of information, each of which must be completed in detail. The six areas in the instructions below correspond to the six areas in the Program License Application Form for Deemed Status.

1. APPLICANT INFORMATION:

Specify the full official name of the applicant program and Director. Indicate whether that Director has previously been director of a different licensed program.

Complete the Affirmation statements as asked.

Specify the program address telephone number, fax number, e-mail address, website, counties served, and days and hours of operation.

Check the type of license for which the applicant is applying.

If the applicant is part of a larger organization, provide the name and address of the larger organization and Organization Director. Indicate whether that Director has previously been director of a different licensed program.

2. LICENSED PROGRAM SERVICES:

Indicate the licensed program service for which application is being made. Provide bed capacity where indicated.

3. ADDITIONAL FACILITIES:

Give the names, addresses, contact information and hours of operation for **ALL** program facilities where licensed SUD/PG services are being provided including schools, shelters, jails, etc. Submit as an attachment if more space is needed.

4. STAFF**:

- a. Provide names, titles, and dates of employment, type of license or certificate (if appropriate), and staff type for all staff with whom program patients may have direct contact. ***Include all staff who were providing any activity on behalf of the SUD treatment program during the time period of your last application through present.***

Attach a copy of each contract or affiliation agreement for individuals or organizations with which the program has a contract or affiliation pertaining to licensed program services.

Provide a list of any licensed or credentialed staff that have been sanctioned or disciplined by a certifying or licensing body, including the name of the staff member, the sanction or discipline imposed, the date and nature of the sanction or discipline and the name of the certifying or licensing body, since the previous renewal of the license.

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

PROGRAM LICENSE APPLICATION INSTRUCTIONS FOR DEEMED STATUS

- b. Provide a copy of the program's table of organization. Where multiple components and facilities exist, applicant must show the relationships between components and facilities.

5. ATTESTATION:

Complete the License Attestation section which acknowledges compliance with Americans with Disabilities Act, Drug Free Workplace Act, full review and full compliance with 641 Iowa Administrative Code chapter 155 standards, full review of the attached checklist, and if desired, a request for additional technical assistance from the IDPH licensure team.

6. SIGNATURES:

Provide the signatures of both the program's Executive Director and the Chairperson of the Governing Body.

PROGRAM LICENSE APPLICATION FORM FOR DEEMED STATUS

1. Applicant Information

Program Information							
Program Name: <i>This will be used for the license certificate</i>							
Executive Director's Name: <input type="checkbox"/> Previous Director of a Different Licensed SUD/Problem Gambling Treatment Program							
<p>Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to the program or a executive director?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<p>Have there ever been any judgments or settlements paid on behalf of the program or any executive director within the past 3 years as a result of a professional liability case?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<p><i>If you answered yes to either of the above, please include date, location, reason, and resolution.</i></p> <hr style="border: 0; border-top: 1px solid black;"/>							
<p>Has any program director ever been convicted of, or entered a plea of no contest to a misdemeanor or felony crime? You must answer 'yes' even if the courts expunged the matter from your record.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<p><i>If yes, please include date, location, charging orders, court disposition, and current status for each charge. Do not include minor traffic violations.</i></p> <hr style="border: 0; border-top: 1px solid black;"/>							
Address:							
City:				State:		ZIP Code:	
Telephone:			Fax:			Email:	
Website:							
Days and Hours of Operation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Counties Served:							
Program is: <input type="checkbox"/> New <input type="checkbox"/> Currently Licensed by the Department							
Applying for License as:	<input type="checkbox"/> Substance Use Disorder Assessment and OWI Evaluation-only Program <input type="checkbox"/> Substance Use Disorder Treatment Program <input type="checkbox"/> Problem Gambling Treatment Program <input type="checkbox"/> Substance Use Disorder and Problem Gambling Treatment Program						

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If Applicant is part of a larger organization			
Organization Name:			
Organization Director's Name:			<input type="checkbox"/> Previous Director of Licensed Program
Address:			
City:		State:	ZIP Code:
Telephone:	Fax:	Email:	
2: Licensed Program Services for which application is being made			
<input type="checkbox"/> Substance Use Disorder Assessment and OWI Evaluation only, provided by a Substance Use Disorder Assessment and OWI Evaluation-only Program <input type="checkbox"/> Adult services <input type="checkbox"/> Juvenile services			
<input type="checkbox"/> Outpatient Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program <input type="checkbox"/> Adult services <input type="checkbox"/> Juvenile services			
<input type="checkbox"/> Intensive Outpatient Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program <input type="checkbox"/> Adult services <input type="checkbox"/> Juvenile services			
<input type="checkbox"/> Partial/Day Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program <input type="checkbox"/> Adult services <input type="checkbox"/> Juvenile services			
<input type="checkbox"/> Clinically Managed Low-Intensity Residential Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program <input type="checkbox"/> Adult services <input type="checkbox"/> Juvenile services			
Bed Capacity:			
Adult Male _____	Juvenile Male _____	Adult Female _____	Juvenile Female _____
<input type="checkbox"/> Clinically Managed Medium-Intensity Residential Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program <input type="checkbox"/> Adult services			
Bed Capacity:			
Adult Male _____	NA	Adult Female _____	NA

PROGRAM LICENSE APPLICATION FORM FOR DEEMED STATUS

<input type="checkbox"/> Clinically Managed High-Intensity Residential Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program <input type="checkbox"/> Adult services <input type="checkbox"/> Juvenile services

Bed Capacity:			
Adult Male _____	Juvenile Male _____	Adult Female _____	Juvenile Female _____

<input type="checkbox"/> Medically Monitored Intensive Inpatient Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program <input type="checkbox"/> Adult services <input type="checkbox"/> Juvenile services

Bed Capacity:			
Adult Male _____	Juvenile Male _____	Adult Female _____	Juvenile Female _____

<input type="checkbox"/> Medically Managed Intensive Inpatient Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program <input type="checkbox"/> Adult services <input type="checkbox"/> Juvenile services

Bed Capacity:			
Adult Male _____	Juvenile Male _____	Adult Female _____	Juvenile Female _____

<input type="checkbox"/> Enhanced Treatment Services, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program <input type="checkbox"/> Adult services <input type="checkbox"/> Juvenile services

<input type="checkbox"/> Opioid Treatment Services, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program <input type="checkbox"/> Adult services <input type="checkbox"/> Juvenile services

3: Additional Facilities

Additional Facility Name:

Address:

City:	State:	ZIP Code:
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Telephone:	Fax:
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Facility is: <input type="checkbox"/> New <input type="checkbox"/> Currently Licensed by the Department

Days and Hours of Operation:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PROGRAM LICENSE APPLICATION FORM FOR DEEMED STATUS

Additional Facility Name:							
Address:							
City:				State:		ZIP Code:	
Telephone:				Fax:			
Facility is: <input type="checkbox"/> New <input type="checkbox"/> Currently Licensed by the Department							
Days and Hours of Operation:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

4. Staff

4. List current AND previous staff since the last application. Additional staff to be added as a result of the revision (if staff have not been hired, indicate the job title for each open position)
“Staff” means any individual who conducts an activity on behalf of a program as an employee, agent, consultant, contractor, volunteer or other status

Name	Title	Start Date	End Date (if applicable)	Credentials	Staff Type (employee, agent, consultant, contractor, volunteer or other status)

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Staff Sanctioned or Disciplined by a Certifying or Licensing Body in the last three years.

Name of Staff	Date of Sanction	Sanction Imposed	Name of Licensing/Certifying Body

4B. Applicants must submit as attachment

- Program’s Table of Organization to the application. Where multiple components and facilities exist, applicant must show the relationships between components and facilities

5. Attestation

Applicants must attest to compliance with the following regulations:

- For all program facilities, the licensee attests full compliance with the Americans Disabilities Act
- For all program facilities, the licensee attests full compliance with Drug Free Workplace Act
- The licensee attests full review and full compliance with 641 Iowa Administrative Code chapter 155 standards
- The licensee attests full review of the attached checklist
- The licensee has additional questions/concerns and requests technical assistance from the IDPH Licensure team ***(if this box is checked, a member of the IDPH Licensure team will follow up with you shortly using the contact information provided on the application)***

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4: Signatures	
Executive Director's Signature	Governing Body Chair's Signature
Title	Current Mailing Address and Email address of Governing Body Chair
Date	Date