STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Substance Use Disorder and Problem Gambling
Treatment Program License Application

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 section135.150
- 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(2), an applicant seeking to be licensed subsequent to a 270-day initial license or a licensee seeking to renew a one-, two-, or three-year license to significantly change a currently licensed program shall submit an application at least 90 days before expiration of the current license or before the program change.

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

Revision date: 3/6/23

PROGRAM LICENSE APPLICATION INSTRUCTIONS

The Program License Application Form and the materials specified on the form must be completed and emailed to the Department. The Division of Behavioral Health will proceed with inspection of the application 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.

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

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

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 telephone number, fax number, e-mail address, website, and counties served.

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:

2A: Indicate the licensed program service for which application is being made. Provide bed capacity where indicated.

2B: Include descriptions of program treatment services and a calendar of service delivery.

3. 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. GOVERNING BODY:

Give the names, addresses, businesses/agencies and occupations of the program's governing body (4A) and advisory boards (4B). (4C) Submit existing articles of incorporation and bylaws as attachments to the application. Also submit disclosure of any potential conflict of interest a member of the governing body may have.

5. STAFF**:

- 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.

- 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.

6. REPORTS:

Submit copies of reports substantiating compliance with federal, state and local rules and laws for each physical facility, to include appropriate Iowa Department of Inspections and Appeals rules, state fire marshal's rules and fire ordinances, appropriate local health, fire, occupancy code, and safety regulations, as well as the following information for the categories listed below. Annual fire inspections are required for all facilities housing residential or inpatient units but are not required for outpatient-only facilities.

Submit copies of the program's governing body annual reports.

7. POLICIES AND PROCEDURES:

Submit a current complete Policies and Procedures Manual as an attachment to this application. If there have been no changes to the policies and procedures manual since the last application please indicate such.

Note that the current Policies and Procedures Manual is not considered complete unless it contains policies and procedures covering all requirements of Substance Use Disorder and Problem Gambling licensure rules (641—155, IAC 10/9/19).

8. FISCAL MANAGEMENT AND INSURANCE INFORMATION:

Applicants must provide the following Fiscal Management and Insurance information.

- Fiscal Management:
  i. For programs with an annual budget of over $100,000, a copy of each annual audit; for programs with an annual budget of $100,000 or less, a copy of a recent audit completed within the last three years; (New applicants must submit an initial audit within either one or three years of the date of its licensure approval depending upon its annual budget) and,
  ii. A copy of the governing body meeting minutes reflecting approval of the program's budget.

- Insurance:
  iii. Professional and General Liability;
  iv. Building;
  v. Workers' Compensation;
  vi. Fidelity Bond; and,

vii. A copy of the governing body meeting minutes reflecting approval of the program's insurance plan.

9. 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.

10. SIGNATURES:

Provide the signatures of Program Executive Director and Chairperson of Governing Body.

1. Applicant Information

Program Information

Program Name:

This will be used for the license certificate

Executive Director's Name:

☐ Previous Director of a Different Licensed SUD/Problem Gambling Treatment Program

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 executive director?

☐ Yes ☐ No

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?

☐ Yes ☐ No

If you answered yes to either of the above, please include date, location, reason, and resolution.

_____

Has any executive director ever been convicted of, or entered a plea of guilty or no contest to a felony or misdemeanor crime? You must answer 'yes' even if the courts expunged the matter from your record.

☐ Yes ☐ No

If yes, please include date, location, charging orders, court disposition, and current status for each charge. Do not include minor traffic violations.

_____

Telephone:	Fax:	Email:

Counties Served:

Website:

Applying for License as:	☐ Substance Use Disorder Assessment and OWI Evaluation-only Program ☐ Substance Use Disorder Treatment Program ☐ Problem Gambling Treatment Program ☐ Substance Use Disorder and Problem Gambling Treatment Program

If Applicant is part of a larger organization

Organization Name:

Organization Director's Name: ☐ Previous Director of Licensed Program

Address:

City:	State:	ZIP Code:

Telephone:	Fax:	Email:

2A: Licensed Program Services for which application is being made

☐ Substance Use Disorder Assessment and OWI Evaluation only, provided by a Substance Use Disorder Assessment and OWI Evaluation-only Program

- ☐ Adult services
- ☐ Juvenile services

☐ Outpatient Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program

- ☐ Adult services
- ☐ Juvenile services

☐ Intensive Outpatient Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program

- ☐ Adult services
- ☐ Juvenile services

☐ Partial/Day Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program

- ☐ Adult services
- ☐ Juvenile services

☐ 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

- ☐ Adult services
- ☐ Juvenile services

Bed Capacity:

Adult Male _____	Juvenile Male _____	Adult Female _____	Juvenile Female _____

☐ 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

- ☐ Adult services

Bed Capacity:

Adult Male _____	NA	Adult Female _____	NA

☐ 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

- ☐ Adult services
- ☐ Juvenile services

Bed Capacity:

Adult Male _____	Juvenile Male _____	Adult Female _____	Juvenile Female _____

☐ Medically Monitored Intensive Inpatient Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program

- ☐ Adult services
- ☐ Juvenile services

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

☐ Medically Managed Intensive Inpatient Treatment, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program

- ☐ Adult services
- ☐ Juvenile services

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

☐ Enhanced Treatment Services, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program

- ☐ Adult services
- ☐ Juvenile services

☐ Opioid Treatment Services, provided by a Substance Use Disorder Treatment, Problem Gambling Treatment, or Substance Use Disorder and Problem Gambling Treatment Program

- ☐ Adult services
- ☐ Juvenile services

2B: Applicants must submit as attachments

- Description of the program's services, and
- Calendar showing program services each week.

3: Facilities

Main Facility Name:		
Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	

Facility is: ☐ New ☐ Currently Licensed by the Department

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

Additional Facility Name:		
Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	

Facility is: ☐ New ☐ Currently Licensed by the Department

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

4. Members of the Governing Body

4A. Governing Body Members – Submit as an attachment if more space is needed.

NAME	ADDRESS & EMAIL	OCCUPATION	POTENTIAL CONFLICTS

4B. Sponsors/Advisory Board Members – Submit as an attachment if more space is needed.

4C. Applicants must submit as attachments

- Copy of Articles of incorporation, and Program's governing body by-laws.

5. Staff

5A. 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)

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

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

5B. 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

6. Reports

Applicants must submit as attachments

- Copies of reports substantiating compliance with federal, state and local rules and laws for each physical facility, to include appropriate Iowa Department of Inspections and Appeals rules, state fire marshal's rules and fire ordinances, appropriate local health, fire, and safety regulations. Annual fire inspections are required for all facilities housing residential or inpatient units but are not required for outpatient-only facilities.
- Program's governing body annual reports
- If required by local jurisdiction, certificate of occupancy

7. Policies and Procedures Manual

Applicants must submit as attachment

- Program's written Policies and Procedures Manual covering all the requirements of Licensure Standards.

8. Required Fiscal Management and Insurance Information

Applicants must submit as attachments

- Independent fiscal audit of the program by the state auditor's office or a certified public accountant based on an agreement entered into by the governing body;
  - i A program with an annual budget of $100,000 or less shall conduct a fiscal audit no less than every three years; A program with an annual budget of over $100,000 shall conduct a fiscal audit annually.
  - ii Board minutes to reflect approval of the budget
- Verification of all required insurance coverage to include:
  - iii Professional and General Liability;
  - iv Building;
  - v Workers' Compensation;
  - vi Fidelity Bond; and,
  - vii Board minutes to reflect approval of the program's insurance plan.

9. 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)***

10. Signatures

Applicant's Signature	Governing Body Chairperson's Signature
Title	Current Mailing Address and Email address of Governing Body Chairperson
Date	Date