STATE OF IOWA DEPARTMENT OF Health and Human Services

Kim Reynolds GOVERNOR

Adam Gregg LT. GOVERNOR

Kelly Garcia DIRECTOR

RETURN RECEIPT E-MAIL TRANSMISSION TO: <u>Dan.Pierson@acadiahealthcare.com</u>

February 13, 2024

Dan Pierson, Program Sponsor CRC Recovery Inc. DBA Cedar Rapids Treatment Center 5005 Bowling Street, SW Ste. C Cedar Rapids, Iowa 50404

Dear Mr. Pierson:

This office has received your final CARF accreditation materials and your deemed status application is now complete. CRC Recovery Inc. DBA Cedar Rapids Treatment Center will be placed on the agenda for the March 14, 2024 meeting of the Iowa Council on Health and Human Services, Substance Abuse and Problem Gambling Treatment Program Committee. The effective dates for your license will be December 31, 2023 to December 31, 2026.

We have enclosed a justification of variance due to areas of non-compliance found with notifying the department within 30 days of program sponsor changes. A corrective action plan is not required until 30 days following the Committee's decision to take action.

CRC Recovery Inc. DBA Cedar Rapids Treatment Center will be licensed to provide Adult Opioid Treatment Services.

Your current license, which expired December 31, 2023, remains valid until final action is taken by the Substance Abuse/Problem Gambling Treatment Program Committee on this application, per Iowa Code Chapter 17A.18.

Your application for licensure will be reviewed during the Committee's teleconference meeting.

The call-in information for the electronic meeting is: <u>March 14, 2024, 9:00 am call in:</u> Phone number: 1 669 254 5252 Meeting ID: 160 962 8797 Passcode: 849217 Program representation is welcomed but not required.

If you have questions, please contact me at Amanda.J.McCurley@hhs.iowa.gov or (515) 218-0630.

Sincerely,

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Amanda McCurley Health Facilities Surveyor Division of Behavioral Health

JUSTIFICATION OF VARIANCE

The program was found to be in non-compliance with the following licensure requirement.

155.17(125,135) License Revision*

License revision was in non-compliance because the program did not notify the division of a license revision (program sponsor change). (*This was an area of non-compliance in 2021*)

*The following technical assistance is provided to the licensee regarding the area of noncompliance:

A written request shall be submitted to the division to revise a license at least 30 days prior to any change of address, executive director, clinical oversight staff, facility, or licensed program service. This would include a change in program sponsor. This provision was also in non-compliance at the previous re-application in 2021 and the program did not comply with the prior corrective action plan. *Pursuant to 641 lowa Administrative Code chapter 155.10(1)(d)(16), failure to submit an acceptable written corrective action plan or failure to comply with a corrective action plan issued pursuant to rule 641-155.9(125,135) or 641-155.16(125,125) is grounds for denial of a license. As this is considered repeated failure to comply with a corrective action plan, the department will continue to monitor compliance with the licensee's corrective measures. The Department may conduct inspections of the licensee prior to the next re-application to review the implemented corrective measures for treatment plan compliance.*