RETURN RECEIPT
E-MAIL TRANSMISSION TO: olsoncarla@msn.com

March 8, 2021

Carla Olson, Executive Director
Alternative Interventions, LLC
3116 Ingersoll, Suite # 4
Des Moines, Iowa 50312

Dear Ms. Olson:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the licensure virtual site inspection of Alternative Interventions, LLC, 3116 Ingersoll, Suite #4, Des Moines, Iowa, on March 3, 2021. **A one-year license will be recommended to the Iowa Board of Health Substance Abuse/Problem Gambling Program Licensure Committee.** We hope the enclosed report will be of assistance for continued and ongoing program improvement.
This report is composed of the following sections:

- Licensure Inspection Weighting Report;
- Licensure team's recommendations for licensure;
- Completed programmatic check list which identifies the degree of compliance with specific licensure standards; and
- A summary of the inspectors' basis for areas found to be in non-compliance with the licensure standards.

Your current license, which will expire March 25, 2021, remains valid until final action is taken by the Substance Abuse/Problem Gambling Program Licensure Committee on this application, per Iowa Code Chapter 17A.18.

Your application for licensure will be reviewed during the Committee's teleconference meeting on **Wednesday, April 14, 2021 at 9:00 am**. Please let me know if you would like to participate in this meeting and a phone number will be provided to you. ***Program representation is welcomed but not required.***

If you have questions, please contact me at Amanda.McCurley@idph.iowa.gov or (515) 281-6283.

Sincerely,

Amanda McCurley
Health Facilities Surveyor
Bureau of Substance Abuse

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION WEIGHTING REPORT
FOR SUBSTANCE USE DISORDER AND PROBLEM GAMBLING TREATMENT PROGRAMS

PROGRAM NAME: Alternative Interventions, LLC, Des Moines

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. For a two (2) year license, the program must receive at least a 90% rating in each of the three categories below. For a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Less than 70% in any one of the three categories shall result in a recommendation of a denial. An initial license may be issued for 270 days. A license issued for 270 days shall not be renewed or extended.

PREVIOUS INSPECTION DATE: February 5, 2019

RECENT INSPECTION DATE: March 3, 2021 (Virtual inspection due to COVID-19)

THIS PROGRAM HAS APPLIED FOR A LICENSE AS A:

1. SUBSTANCE USE DISORDER ASSESSMENT AND OWI EVALUATION-ONLY PROGRAM X
2. SUBSTANCE USE DISORDER TREATMENT PROGRAM
3. PROBLEM GAMBLING TREATMENT PROGRAM
4. SUBSTANCE USE DISORDER AND PROBLEM GAMBLING TREATMENT PROGRAM

Standard Cite	Clinical Standards	Item Count	Standard Compliance Score
155.21(11)	**Assessment and Admission**	4	3
155.21(15)	**Drug Screening**	1	1
155.21(16)	**Medical and Mental Health Services**	1	1
155.21(19)	**Management of Care and Discharge Planning**	1	0
155.21(20)	**Quality Improvement**	7	7
	TOTAL	**14**	**12**

Three (3) years: 95%	Total Clinical Points Available	**14**
Two (2) years: 90%	Total Clinical Points Received	**12**
One (1) year: 70%		
Denial: 69% or below	Clinical Score (%)	**85.7%**

Standard Cite	Administrative Standards	Item Count	Standard Compliance Score
641—155.17(125,135)	**License Revision**	0	0
155.21(1)	**Governing Body**	9	9
155.21(2)	**Executive Director**	1	1
155.21(3)	**Clinical Oversight**	1	1
155.21(4)	**Policies and Procedures Manual**	3	3
155.21(5)	**Staff Development and Training**	5	5
155.21.(6)	**Data Reporting**	1	1
155.21.(7)	**Fiscal Management**	3	3
155.21(8)	**Personnel**	5	5
155.21(9)	**Child Abuse/Dependent Adult Abuse/Criminal History Background Check**	4	4
	TOTAL	**32**	**32**

Three (3) years: 95%	Total Administrative Points Available	**32**
Two (2) years: 90%	Total Administrative Points Received	**32**
One (1) year: 70%		
Denial: 69% or below	Administrative Score (%)	**100.0%**

Standard Cite	Programming Standards	Item Count	Standard Compliance Score
155.21(10)	**Patient Records**	8	6
155.21(14)	**Patient Record Contents**	2	2
155.21(17)	**Emergency Services**	3	2
155.21(21)	**Facility Safety and Cleanliness**	3	3
155.21(22)	**Therapeutic Environment**	5	5
155.25(125,135)	**Specific standards for substance use assessment and OWI evaluation-only programs**	2	2
641—155.38(125,135)	**Tuberculosis screening of staff and residents**	5	5
	TOTAL	**28**	**25**

Three (3) years: 95%	Total Programming Points Available	**28**
Two (2) years: 90%	Total Programming Points Received	**25**
One (1) year: 70%		
Denial: 69% or below	Programming Score (%)	**89.3%**

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION REPORT

PROGRAM NAME, ADDRESS, TELEPHONE AND FAX:
Alternative Interventions, LLC
3116 Ingersoll, Suite #4
Des Moines, Iowa 50312

(515) 778-7989 Fax: (515) 987-0884 E-Mail Address: olsoncarla@msn.com

APPLICATION RECEIVED: January 27, 2021 COUNTIES SERVED: All

DATE OF INSPECTION: March 3, 2021 (Virtual inspection due to COVID-19)

INSPECTORS:
Lori Hancock-Muck
Amanda McCurley

SITE(S) VISITED:
3116 Ingersoll, Suite #4
Des Moines, Iowa 50312

STAFF:
Executive Director: Carla Olson

SUMMARY OF SERVICES PROVIDED: Substance use disorder assessment and OWI evaluation only

CURRENT LICENSURE STATUS:

Program is currently operating on a two (2) year license effective March 25, 2019 to March 25, 2021.

RECOMMENDATION: It is recommended that the program be—

- ☐ Issued a license for a period of three years effective _____ to _____
- ☐ Issued a license for a period of two years effective _____ to _____
- ☒ Issued a license for a period of one year effective March 25, 2021 to March 25, 2022
- ☐ Issued a license for 270 days effective _____ to _____
- ☐ Denied a license

PURPOSE: Chapter 125 of the Code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department. Chapter 135.150 of the Code, as amended, requires that a person shall not maintain or conduct a gambling treatment program funded through the department unless the person has obtained a license for the program from the department.

1 Full Compliance – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded.
0 Non-Compliance – The program does not meet the intent of the standard. Point(s) not given/awarded.
NA Does Not Apply – The standard does not apply to the program. Point(s) not given/awarded.

Standards Cite	Standards Description	
641—155.17(125,135)	**License Revision**	
	A licensee is required to submit a written request 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. Since the last licensure visit, has the program experienced any such changes and has it complied with the requirement to notify the department?	NA
155.21(1)	**Governing Body**	
	Has the program designated a governing body that complies with Iowa Code chapter 504 and is responsible for overall program operations?	1
a	Has the governing body adopted written bylaws and policies that define the powers and duties of the governing body, its committees, its advisory groups, and the executive director?	1
b	Do written by-laws minimally specify the following? (1) The type of membership; (2) The term of appointment; (3) The frequency of meetings; (4) The attendance requirements; and (5) The quorum necessary to transact business.	1
c	Are minutes of all meetings by the governing body maintained and available for review by the department and do they include the following? (1) Date of the meeting; (2) Names of members attending; (3) Topics discussed; and (4) Decisions reached and actions taken.	1
d	Do the duties of the governing body include the following? (1) Appointment of a qualified executive director, who shall have the responsibility and authority for the management of the program in accordance with the governing body's established policies; (2) Establishment of effective controls to ensure that quality services are provided; (3) Review and approval of the program's annual budget; and (4) Approval of all contracts.	1
e	Has the governing authority developed and approved the program's policies and procedures?	1
f	Is the governing authority responsible for all funds, equipment and the physical facilities and the appropriateness and adequacy of services the program provides?	1
g	Has the governing body prepared an annual report which includes each of the following? (1) The name, address, occupation, and place of employment of each governing body member; (2) Disclosure of any family relationship a member of the governing body has with a program staff member; (3) The names and addresses of any owners or controlling parties whether they are individuals, partnerships, a corporation body, or a subdivision of other bodies; (4) Disclosure of any potential conflict of interest a member of the governing body may have.	1

h	Has the governing body ensured the program maintains proof of each of the following? -Malpractice insurance coverage for all staff -Liability insurance -Workers' compensation insurance -A fidelity bond for all staff	1
155.21(2)	**Executive Director**	
	Has the governing body appointed an executive director who has primary responsibility for program operations and whose qualifications and duties are clearly defined?	1
155.21(3)	**Clinical Oversight**	
	Has the program designated a treatment supervisor to oversee provision of licensed program services?	1
155.21(4)	**Policies and Procedures Manual**	
	Has the program developed and maintained a policies and procedures manual that contains all written policies and procedures required in order to comply with licensure rules? Does the policies and procedures manual describe the program's licensed program services and related activities, specify the policies and procedures to be followed and govern all staff?	1
a	Does the manual have a table of contents?	1
b	Are revisions to the manual entered with the date, and name and title of persons making the revisions?	1
155.21(5)	**Staff Development and Training**	
	Does the program have policies and procedures establishing a staff development and training program that includes reference to the training needs of any individual who conducts an activity on behalf of the program as an employee, agent, consultant, contractor, volunteer or other status?	1
a	Has the program designated a staff person responsible for the staff development and training plan?	1
b	Has the staff person responsible for the staff development and training plan conducted an annual needs assessment?	1
c	Does the staff development plan describe orientation of new staff including: -An overview of the program and licensed program services -Confidentiality -Tuberculosis and blood-borne pathogens including HIV/AIDS -Culturally and environmentally specific information -The specific responsibilities of each staff person and community resources specific to the staff person's responsibilities	1
d	Does the staff development and training plan address training when program operations or services change?	1
e	If the development and training plan includes on-site activities, are minutes of on-site training kept which include: -Name and dates of the trainings -Names of staff attending -Topics of the training -The name(s) and title(s) of trainers	NA
155.21.(6)	**Data Reporting**	
	Does the program have policies and procedures describing how the program reports required data to the division in accordance with department requirements and processes?	1

155.21(7)	**Fiscal Management**	
a	Do the program's policies and procedures ensure proper fiscal management including the preparation and maintenance of an annual written budget which is reviewed and approved by the governing body prior to the beginning of each of the program's budget years	1
b	If the program has an annual budget of over $100,000, has the program had an annual independent fiscal audit by the state auditor's office or a certified public accountant based on an agreement entered into by the governing body? If the program has an annual budget of $100,000 or less, has the program conducted an audit within the last three years?	1
c	Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings, and equipment? Is the insurance program reviewed on an annual basis by the governing body?	1
155.21(8)	**Personnel**	
a	Does the program have personnel policies and procedures that address the following: (1) Recruitment and selection of staff; (2) Wage and salary administration; (3) Promotions; (4) Employee benefits; (5) Working hours; (6) Vacation and sick leave; (7) Lines of authority; (8) Rules of conduct; (9) Disciplinary actions and termination; (10) Methods for handling cases of inappropriate patient care; (11) Work performance appraisal; (12) Staff accidents and safety; (13) Staff grievances; (14) Prohibition of sexual harassment; (15) Implementation of the Americans with Disabilities Act; (16) Implementation of the Drug-Free Workplace Act; (17) Use of social media; and (18) Implementation of equal employment opportunity.	1
b	Does the program maintain written job descriptions describing the actual duties of the staff and the qualifications required for each position and: (1) Is there evidence that all personnel providing screenings, evaluations, assessments and treatment are licensed, certified, or otherwise in accordance with 155.21(8) requirements? (2) Does the program review job descriptions annually and whenever there is a change in a position's duties or required qualifications? (3) Does the program include job descriptions in the personnel section of the policies and procedures manual?	1
c	Are written performance evaluations of all program staff performed at least annually and is the staff able to respond to the evaluation in writing?	1
d	Are personnel records kept on each staff? They shall include the following. (1) Verification of training, experience, qualifications, and professional credentials; (2) Job performance evaluations; (3) Incident reports; (4) Disciplinary action taken; and (5) Documentation of review of and agreement to adhere to confidentiality laws and regulations.	1

e	Does the program have written policies and procedures that ensure the confidentiality of personnel records and that specify which staff are authorized to have access to them?	1
f	If a certified or licensed staff member has been sanctioned or disciplined by a certifying or licensed body, did the program notify the division in writing within ten workings days of being informed and did the notification include the sanction or discipline order?	NA
155.21(9)	**Child Abuse/Dependent Adult Abuse/Criminal History Background Check**	
	Does the program have written policies and procedures that specify procedures that address child abuse, dependent adult abuse and criminal history background checks?	1
a	Do the policies state: prohibiting mistreatment, neglect or abuse of children and dependent adults by staff include reporting and enforcement procedures if a staff person is found in violation of Iowa Code sections 232.67 through 232.70 by the department of human services investigation, the staff shall be subject to the program's policies concerning termination reporting violations immediately to the program's executive director and appropriate Department of Human Services staff	1
b	For staffs working within a juvenile service area, or with dependent adults, do personnel records contain the following? (1) Documentation of a criminal history background check with the Iowa division of criminal investigation on all new staff applicants. The background check shall include asking whether the applicant has been convicted of a crime. (2) A written, signed and dated statement furnished by a new staff applicant which discloses any substantiated report of child abuse, neglect or sexual abuse or dependent adult abuse. (3) Documentation of a check prior to permanent acceptance of a person as staff, with the Iowa central registry for any substantiated reports of child abuse, neglect or sexual abuse pursuant to Iowa Code section 125.14A or substantiated reports of dependent adult abuse for all staff hired or accepted on or after July 1, 1994, pursuant to Iowa Code chapter 235B.	1
c	If a record of criminal conviction or founded child abuse or founded dependent adult abuse exists for a person hired by the program, does a record exist that Iowa DHS concluded that the crime or founded child abuse or founded dependent adult abuse does not merit prohibition of employment? Is there record of the hiree having been offered the opportunity to complete and submit Form 470-2310, Record Check Evaluation?	NA
d	Has each staff member completed two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every three years thereafter?	1
155.21(10)	**Patient Records**	
	Does the program have written policies and procedures governing patient case records that describe compilation, storage and dissemination of patient records and release or disclosure of information?	1

a	The policies and procedures shall ensure that: (1) The program protects the patient record against loss, tampering or unauthorized disclosure of information; (2) The content and format of patient records are uniform; (3) All entries in the patient record are in chronological order, signed, dated and legible. When records are maintained electronically, a staff identification code number authorizing access shall be accepted in lieu of a signature; (4) Each entry in the patient record is made in permanent ink, by typewriter, or by computer; and (5) Entries in the patient record use language consistent with generally accepted standards of practice and do not include abstract terms, technical jargon or slang.	0
b	Does the program provide adequate physical facilities for the secure storage, processing and handling of patient records?	1
c	Is there a program policy authorizing access to appropriate patient records by staff?	1
d	Is there a written policy governing maintenance of patient records for not less than seven (7) years from the date they are officially closed and for the disposal of patient case records?	1
e	Are all paper patient records kept in a suitable locked room or file cabinet?	1
f	Do the program's written policies and procedures provide for the release or disclosure of information on individuals seeking program services or on patients in strict accordance with the Health Insurance Portability and Accountability Act (HIPAA) and state and federal confidentiality laws, rules and regulations? (1) The confidentiality of substance use disorder patient records and information is protected by HIPAA and the regulations on confidentiality of alcohol and drug abuse patient records, 42 CFR Part 2, which implement federal statutory provisions, 42 U.S.C. 290dd-3 applicable to alcohol abuse patient records, and 42 U.S.C. 290ee-3 applicable to drug abuse patient records. (2) The confidentiality of problem gambling patient records and information is protected by HIPAA, Iowa Code chapter 228 and Iowa Code section 22.7(35).	0
g	If the program provides services via electronic media, has it informed the patient of the limitations and risks associated with such services and documented in each patient case record that such notices have been provided?	NA
h	Upon receipt of a properly executed written release of information signed by the patient, did the program release patient records in a timely manner? Exceptions are allowed for reporting information unrelated to continuum of care, if payment has not been received for such services or in the case of 321J reporting form.	1
155.21(11)	**Assessment and Admission**	
	Does the program have written policies and procedures that address screening, assessment, referral and admission and documentation of such activities in the patient record?	1
a	Does each patient record contain an assessment developed prior to admission unless the patient's risk factors indicate the need for immediate admission? (1) If the program admits a patient based on a screening or initial assessment that indicates the patient requires immediate admission, that screening or initial assessment must be updated and expanded to a full assessment when the patient's current risk factors are stabilized. (2) The assessment shall be documented in the patient record and shall be organized in a manner that supports development of a treatment plan by the program or by any program to which the patient is referred.	0

b	Has the program implemented a uniform assessment process that describes: (1) The information to be gathered; (2) Procedures for accepting a referral from another program, agency or organization; (3) Procedures for referring a patient to another program, agency or organization.	1
d	Have the results of the assessment been explained to the patient and family if appropriate, and has the explanation been documented in the patient record?	1
e	Does the patient record contain documentation that the patient has been informed of: (1) The general nature and goals of the program; (2) Rules governing patient conduct and infractions that can lead to disciplinary action or discharge from the program; (3) The hours during which services are available; (4) The costs to be borne by the patient; (5) Patient rights and responsibilities; (6) Confidentiality laws, rules and regulations; and (7) Safety and emergency procedures.	1
155.21(14)	**Patient Record Contents**	
	Does the program have written policies and procedures that require that a record be maintained for each patient and do they specify the contents of the patient record?	1
a	Do the patient records include the following? (1) Any screening; (2) Each assessment; (3) Results of any physical examination or laboratory test; (4) Admission information; (5) Any report from a referring source or outside resource; (6) Notes from any case conference, consultation, care coordination or case management; (7) Any correspondence related to the patient, including letters, electronic communications and telephone conversations; (8) Any treatment consent form; (9) Any release of information or authorization to disclose; (10) Notes on any service provided; and (11) Any incident report.	1
155.21(15)	**Drug Screening**	
	Does the program have written policies and procedures addressing collection of drug-screening specimens and utilization of drug-screening results? If the program does not conduct drug screenings, does it have a policy stating such?	1
a	Are specimens collected under direct supervision and analyzed according to program policies, or does the program shall have a policy in place to reduce the patient's ability to alter the test?	NA
b	If the program uses an outside laboratory to analyze drug screening, does it comply with federal and state requirements?	NA
c	If the program conducts on-site drug screenings, does the program comply with all Clinical Laboratory Improvement Act regulations?	NA
d	Does the patient record reflect the manner in which the drug-screening results are utilized in treatment?	NA
155.21(16)	**Medical and Mental Health Services**	
	Does the program have written policies and procedures to address medical and mental health services?	1

a	In addition to assessment of biomedical conditions and complications as described in the ASAM criteria, has the program taken a medical history and performed a physical examination and necessary laboratory tests as follows for patients admitted to the level of care specified? (1) Medically managed intensive inpatient treatment and medically monitored intensive inpatient treatment: within 24 hours of admission. (2) Clinically managed high-intensity residential treatment and clinically managed medium-intensity residential treatment: within 7 days of admission. (3) Clinically managed low-intensity residential treatment: within 21 days of admission. (4) Crisis stabilization services and opioid treatment program services: within 24 hours of admission.	NA
b	Have physical, laboratory work and medical histories accepted from qualified sources been completed within 90 days prior to admission?	NA
c	If the program has accepted a mental health history from a qualified source, was the history completed no more than three (3) days prior to the patient's current admission?	NA
155.21(17)	**Emergency Services**	
	Does the program have written policies and procedures addressing the availability of emergency services for SUD's and medical and mental health conditions?	1
a	Does the program have emergency services available 24 hours/day, 7 days/week?	NA
b	If the program does not provide emergency services, does it ensure they are available from another qualified individual, institution, facility or legal entity?	1
c	Has the program communicated the availability of emergency services by posting notice at facilities, having a recorded message on the program's telephone system, posting notice on the program's web site and through program materials?	0
155.21(19)	**Management of Care and Discharge Planning**	
	Does the program have written policies and procedures requiring the use of ASAM criteria for assessment, admission, continued service and discharge decisions and describing the program's management-of-care processes?	0
155.21(20)	**Quality Improvement**	
	Does the program have policies and procedures describing a written quality improvement plan that encompasses all licensed program services and related program operations?	1
a	Has the program designated a staff person responsible for the quality improvement plan?	1
b	Does the written quality improvement plan describe and document monitoring, problem-solving and evaluation activities designed to systematically identify and resolve problems and make continued improvements? (1) Does the quality improvement plan include specific goals, objectives, and methods? (2) Does the quality improvement plan include objective criteria to measure its effectiveness?	1
c	Does the program document whether the quality of patient care and program operations are improved and identified problems are resolved?	1
d	Does the program communicate the quality improvement plan activities and findings to all staff?	1
e	Does the program use QI plan findings to detect trends, patterns of performance, and potential problems that affect patient care and program operations?	1
f	Does the program evaluate the effectiveness of the QI plan at least annually and are revisions to the plan made as necessary?	1

155.21(21)	**Facility Safety and Cleanliness**	
	Does the program have written policies and procedures ensuring that program physical facilities are clean, well-ventilated, heated, free from vermin, and appropriately furnished and are designed, constructed, equipped, and maintained in a manner that provides for the physical safety of patients, concerned persons, visitors and staff?	1
a	Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	1
b	During construction phases or alterations to buildings is construction in compliance with all applicable federal, state, and local codes? During new construction, has the program complied with local, state (Iowa Code chapter 104A), and federal codes and has the program provided for safe and convenient use by disabled individuals?	NA
c	Does the program have written policies and procedures for each of the following? (1) Identification, development, implementation, maintenance and review of safety policies and procedures. (2) Promotion and maintenance of an ongoing, facility wide hazard surveillance program to detect and report all safety hazards. (3) Safe and proper disposal of bio hazardous waste. (4) Stairways, halls, and aisles. Stairways, halls, and aisles shall be of substantial, nonslippery material, maintained in a good state of repair, adequately lighted and kept free from obstructions at all times. All stairways shall have handrails. (5) Radiators, registers, and steam and hot water pipes, each of which shall have protective covering or insulation. Electrical outlets and switches shall have wall plates. (6) For programs serving juveniles, fuse boxes that shall be under lock and key or six feet above the floor. (7) Safe and proper handling and storage of hazardous materials. (8) Prohibition against weapon possession; safe and proper removal of weapons. (9) Swimming pools. Swimming pools shall conform to state and local health and safety rules and regulations. Adult supervision shall be provided at all times when juveniles are using the pool. (10) Ponds, lakes, or any bodies of water located on or near the program and accessible to patients, concerned persons, visitors and staff. (11) The written plan to be followed in the event of fire or tornado. The plan shall be conspicuously displayed at the facility.	1
155.21(22)	**Therapeutic Environment**	
	Does the program's policies and procedures provide for the establishment of an environment that preserves human dignity? Do program facilities have adequate space for the program to provide licensed program services?	1
a	Does the program have written policies and procedures that describe how all licensed program services are accessible to people with disabilities or how the program provides accommodation in compliance with the Americans with Disabilities Act?	1
b	Is the waiting or reception area of adequate size and located in an area that ensures patient confidentiality?	1
c	Is staff available in waiting areas to address patient, potential patients, concerned persons and visitors' needs?	1

d	Does the program's policies and procedures include each of the following? (1) Possession and use of chemical substances in the facility. (2) Prohibition of smoking. (3) Prohibition of the sale or other provision of any tobacco product. (4) Informing patients of their legal and human rights at the time of admission. (5) Patient communication, opinions, or grievances, with a mechanism for redress. (6) Prohibition of sexual harassment. (7) Patient right to privacy.	1
155.25(125,135)	**Specific standards for substance use assessment and OWI evaluation-only programs**	
155.25(1)	**OWI Evaluations**	
	Does the program have written policies and procedures that require it to conduct OWI evaluations on persons convicted of operating a motor vehicle while intoxicated (OWI) pursuant to Iowa Code section 321J.2 and on persons whose driver's license or nonresident operating privileges are revoked under Iowa Code chapter 321J in accordance with 641—Chapter 157?	1
155.25(2)	**Assessment and OWI Evaluation Fees**	
	Does the program have written policies and procedures that require it to make its assessment and OWI evaluation fees public and has it informed potential patients of the fee at the time the assessment or at the time the OWI evaluation is scheduled?	1
641—155.38(125,135)	**Tuberculosis screening of staff and residents**	
155.38(1)	**TB Risk Assessment**	
	Has the program conducted an annual TB risk assessment to evaluate the risk for transmission of *M. tuberculosis*?	1
a	Does the risk assessment include the community rate of TB?	1
b	Does the risk assessment include the number of persons with infectious TB encountered in the facility?	1
c	Does the risk assessment include the speed with which persons with infectious TB are suspected, isolated, and evaluated to determine if persons with infectious TB exposed staff or others in the facility?	1
155.38(3)	**Baseline TB screening procedures for facilities**	
a	Have all facility staff members received baseline TB screening upon hire? Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) using a two-step TST or a single IGRA to test for infection with M. tuberculosis	1

Alternative Interventions, LLC
3116 Ingersoll, Suite #4
Des Moines, Iowa 50312

Inspection date: March 3, 2021

The following items were rated “NC” (Non Compliance) and points were subtracted from the Licensure Weighting Report.

JUSTIFICATION OF VARIANCE

155.21(10) Patient Records*

A. Patient records was in non-compliance because assessments were not legible in patient records. *(This was an area of non-compliance in 2019)*

F. Patient records was in non-compliance because releases of information were not in accordance with 42 CFR Part 2.

155.21(11) Assessment and Admission*

A. Assessment and admission was in non-compliance because the assessment was not organized in a manner that supports development of a treatment plan by the program or by any program to which the patient is referred.

155.21(17) Emergency Services*

C. Emergency services was in non-compliance because emergency services information was not posted on the program website.

155.21(19) Management of Care and Discharge Planning*

Management of care and discharge planning was in non-compliance because the patient records did not contain evidence that The ASAM Criteria was used for assessment decisions.

*Technical assistance was provided during the virtual site inspection. Licensee was provided specific technical assistance on the following areas of non-compliance:

- Licensee was informed that patient records remain difficult to read as the handwriting on the patient records is not legible. Licensee was informed this was also an area of non-compliance during the 2019 inspection. At that time, the corrective action plan noted “the ASAM from would be revised to detail legibly of each criteria dimension to show supporting documentation for level of care determination.” Although there was a revised ASAM form found in records, the form did not provide details to each of the 6 ASAM dimensions to support the level of care determination. Licensee was informed the details on the assessment are required to be legible and it was suggested an electronic record would assist in ensuring records are legible.

Alternative Interventions, LLC
3116 Ingersoll, Suite #4
Des Moines, Iowa 50312

Inspection date: March 3, 2021

- Licensee was informed that patient consents were not in compliance with 42 CFR Part 2. Consents are required to include a description of how much and what kind of information may be disclosed and the disclosure must be limited that which is necessary to fulfill the purpose of the consent. Some consents did not indicate what information was to be disclosed or the purpose of the disclosure. The description must include an explicit description of the SUD information that may be disclosed. The consent section needs to contain a "to whom" section which identifies the type of recipient (i.e., an individual, an entity with a treatment provider relationship; third party payor, and an entity without a treating provider relationship). By combining the four different entities on one release, the purpose/amount/and kind of information is going to differ for each entity which would be out of compliance with 42 CFR Part 2 requirements. Licensee was also informed that some consents included entities noted as “other” for a treatment program referral. A specific entity needs to be noted on the consent to release information. Some patient consents were difficult to read the entity name for the information to be released to.
- Licensee was informed that due to the assessment not being legible, a program to which the patient would have been referred would not have been able to utilize the assessment to support the development of a treatment plan. It was difficult to identify individualized patient needs for developing a treatment plan.
- Licensee was informed that emergency contact information needs to be added to the program website.
- Licensee was informed that due to the assessments not being legible, it was difficult to determine if proper use of The ASAM Criteria was being used in determining recommendations. Although an ASAM form was included in patient records, there was not a documented thorough review of each of the 6 dimensions to support recommendations.