

RETURN RECEIPT

E-MAIL TRANSMISSION TO: aallen@yss.ames.ia.us

May 11, 2022

Andrew Allen, CEO
YSS
420 Kellogg Avenue
Ames, Iowa 50010

This office has received the CARF accreditation survey report and other required deemed status application materials. Your deemed status application is now complete. Thank you for the final documentation. YSS will be placed on the agenda for the June 8, 2022 meeting of the Iowa Board of Health Substance Abuse/Problem Gambling Program Licensure Committee. ***Program representation is welcomed but not required.*** The effective dates for your license will be December 31, 2021 to December 31, 2024.

We have enclosed a justification of variance due to an area of non-compliance found with data reporting. A corrective action plan is not required until 30 days following the Committee's decision to take action.

YSS will be licensed to provide Adult Levels 1 and 2.1 and Juvenile Levels 1, 2.1, 2.5, 3.1, and 3.5 Substance Use Disorder Treatment Services.

Your current license, which expired December 31, 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.

If you have any questions, please feel free to contact me at Amanda.McCurley@idph.iowa.gov or at 515-218-0630

Sincerely,



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.

166.21(6) Data Reporting*

Data reporting was in noncompliance because the program has not reported the required data to the division in accordance with department requirements and processes.

*Technical assistance was provided via email. Licensee was provided specific technical assistance on the following area of non compliance:

- Licensee has been certified for XML reporting since December 2021, however only one client record has been reported to IBHRS (state data reporting system) on March 24, 2022, however no other data has been submitted. A written corrective action plan is required to bring data reporting into compliance. The corrective action plan shall include corrective measures to be taken by the program to ensure immediate adherence with data reporting requirements along with a completion date. If the licensee should foresee any further delays with reporting, notification of delays shall be communicated to SAPGData@idph.iowa.gov.