

**MINUTES**  
**SUBSTANCE ABUSE/PROBLEM GAMBLING PROGRAM LICENSURE COMMITTEE**  
**MAY 8, 2013 - 9:00 A.M.**  
**DIRECTOR'S CONFERENCE ROOM, 6<sup>TH</sup> FLOOR**  
**LUCAS STATE OFFICE BUILDING**

**CALL TO ORDER**

Mr. Hansen called the meeting to order at 9:02 a.m. Mr. Hansen noted a guest in attendance and asked for introductions.

**ROLL CALL**

**Members Present:**

Jay Hansen, Chair  
Justine Morton  
Diane Thomas

**Department Representatives:**

Heather Adams, AG  
Robyn Harris, IDPH  
Bob Kerksieck, IDPH  
Kathy Stone, IDPH

**Other Attendees:**

Deana Schuplin, Everest Institute, LLC

**I. Agenda/Minutes**

Ms. Morton moved that the minutes from the April 10, 2013 meeting be approved. Ms. Thomas seconded. Motion carried unanimously.

**II. Substance Abuse/Problem Gambling Licensure**

**A. Substance Abuse Licensure Recommendations**

**1) One (1) and Three (3) Year Program(s)**

A motion was made by Ms. Morton and seconded by Ms. Thomas to approve a license for a period of one (1) year to Lucas County Health Center, Counseling Services, Chariton, Iowa, license effective June 10, 2013 to June 10, 2014. Motion carried unanimously.

Ms. Morton corrected meeting materials by changing Allen Memorial Hospital to Allen Recovery Center.

A motion was made by Ms. Morton and seconded by Ms. Thomas to approve a license for a period of three (3) years to Helm Counseling and Associates, LLC, Waterloo, Iowa, license effective May 15, 2013 to May 15, 2016; to Robyn Rodenburgh, Inc., Waterloo, Iowa, license effective August 15, 2013 to August 15, 2016; to Allen Recovery Center, Waterloo, Iowa, license effective May 13, 2013 to May 13, 2016; and to Everest Institute, LLC, Urbandale, Iowa, license effective May 14, 2013 to May 14, 2016 with a corrective action plan to be completed by August 12, 2013. Motion carried unanimously.

**2) Deemed Status**

A motion was made by Ms. Thomas and seconded by Ms. Morton to approve a license through deemed status to St. Gregory Centers, Inc., Des Moines, Iowa, based on the accreditation survey conducted and accreditation awarded by the Commission on Accreditation of Rehabilitation Facilities (CARF), license effective February 28, 2013 to February 28, 2016. Motion carried unanimously.

### III. Proposed Changes to the Iowa Administrative Code – Kathy Stone

Ms. Stone reviewed the proposed changes to the definitions section of Chapter 155 Licensure Standards for Substance Abuse and Problem Gambling Treatment programs. The intent of the proposed changes is to clean-up licensure language and align the standards with related state and national level activities. The changes are not intended to impose additional burden on organizations wanting to be licensed. The proposed changes do provide opportunities for recognition of certain services on a program's license. The changes are consistent with the ASAM Criteria, state and federal health care reform principles, and Iowa's ongoing mental health redesign.

Ms. Stone requested Committee feedback on specific concepts embedded in the proposed licensure changes:

#### #1 Concept:

- "Clinically Managed" would become a defined term meaning treatment services directed by addictive disorder professionals.
- "Medically Monitored" would become a defined term meaning treatment services directed by addictions professionals, with clinical oversight by a prescriber.
- "Medically Managed" would become a defined term meaning inpatient treatment services that involve daily medical care in a hospital setting, directed by a prescriber.
- "Prescriber" would become a defined term meaning a licensed health care professional with the authority to prescribe medications.

#### #2 Concept:

- "Inpatient" would become a defined term meaning treatment services delivered in a 24 hour setting.
- "Outpatient" would become a defined term meaning treatment services delivered in a non-24-hour setting.
- "Residential" would become a defined term meaning clinically managed inpatient treatment services.

#### #3 Concept:

- "Co-Occurring Capable" would become a defined term meaning a program that directly provides treatment services for substance related disorders through addictive disorder professionals and coordinates provision of services for prevention, problem gambling, recovery support, and co-occurring medical and mental health disorders through written agreements, policies, and procedures with qualified persons and legal entities.
- "Co-Occurring Enhanced" would become a defined term meaning a program that directly provides prevention, treatment, and recovery support services for substance related disorders and problem gambling and services for co-occurring medical and mental health disorders through qualified staff.

Program licenses would continue to be Substance Disorder Assessment and Evaluation Only; Substance Disorder Treatment; Problem Gambling; or Substance Disorder and Problem Gambling Treatment. However, section 155.2(1) "Categories of services and levels of care" would be revised to include both co-occurring definitions as services a licensed program could provide by meeting certain standards, similar to the current option to provide opioid treatment services. Co-occurring capacity would not be a program licensure requirement.

Ms. Thomas and Mr. Hansen questioned whether the standards for co-occurring enhanced services would require locating medical and mental health professionals in all of a program's offices. Ms. Stone stated the standards will likely require a program to provide medical and mental health services in at least one location. The licensure standards will specify certain requirements but how the services are structured and operationalized within the standards would be determined by the program.

#4 Concept:

- "Discharge" would be redefined as the point at which the client/patient ceases active participation in current program services, marking the end of a specific episode of care or encounter. Discharge does not require termination of the relationship between the client/patient and the program.

Ms. Stone acknowledged that current requirements confuse discharge as a clinical term with discharge for data system purposes. The Committee suggested clarification in the standards and in data reporting requirements is needed, particularly to support recovery-oriented system of care principles of client/program engagement over time, as needed to support recovery.

#5 Concept:

- Review is also being made of "Sole Practitioner" language and standards to better understand implications for program requirements.

The Committee supported all concepts as discussed. The Department's goal is to have a final draft of the proposed language to the Committee for their review prior to the June meeting and, if approved, to go to the full Board of Health in July.

**IV. Substance Abuse/Problem Gambling Update – Kathy Stone**

Ms. Stone reviewed policy topics of potential interest to the Committee:

- The Addictions Professional Licensing bill was passed by the House and Senate but was vetoed by the Governor.
- The federal sequestration impact on the Substance Abuse Prevention and Treatment Block Grant is a five percent reduction for fiscal year 2014. The Department is considering how to implement the reduction for the budget year that begins July 1, 2013.

**V.** Ms. Schuplin gave the Committee a letter requesting to change the requirement for audits of smaller programs as it can be a financial hardship. The licensure standards currently require an annual audit for those programs with annual budgets greater than \$75,000. Ms. Stone stated the audit requirement can be reviewed as part of any rules process to revise licensure standards.

**VI. Next Meeting**

The Committee will meet Wednesday, June 12, 2013, at 9:00 a.m. This meeting will be a teleconference and will originate from the Director's Conference Room, 6<sup>th</sup> Floor, Lucas State Office Building.

**VII. Adjournment**

A motion to adjourn was made by Ms. Thomas and seconded by Mr. Hansen. The motion carried unanimously. Mr. Hansen adjourned the meeting at 9:46 a.m.