

IOWA DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF BEHAVIORAL HEALTH
 LICENSURE INSPECTION WEIGHTING REPORT
for Specific Standards for Assessment and Evaluation Programs

PROGRAM NAME: _____

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. To receive 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. Receipt of less than 70% in any one of the three categories shall result in a recommendation of denial or refusal to renew the license. An initial license may be issued for 270 days; however, a license issued for 270 days shall not be renewed or extended.

CATEGORY	PREVIOUS INSPECTION DATE		
	RECENT INSPECTION DATE		
CLINICAL STANDARDS	ITEM VALUES This program	PREVIOUS REPORT	CURRENT REPORT
Placement Screening	10		
Management of Care	1		
Clinical Oversight	1		
TOTAL	12		

Three (3) years: 12.00 – 11.40 = 95%	Total Point Available: 12
Two (2) years: 11.39 – 10.80 = 90%	Total Point Received:
One (1) year: 10.79 – 8.40 = 70%	Percent:
Denial: 8.39 or below.	

CATEGORY	PREVIOUS INSPECTION DATE		
	RECENT INSPECTION DATE		
ADMINISTRATIVE STANDARDS	ITEM VALUES	PREVIOUS REPORT	CURRENT REPORT
Governing Body	28		
Executive Director	2		
Procedure Manual	2		
Fiscal	5		
Personnel	25		
Staff Training	14		
Professional Qualifications	2		
TOTAL	63		

Three (3) years 63 - 60 = 95%	Total Point Available: 63
Two (2) years: 59 - 57 = 90%	Total Point Available:
One (1) year: 56 - 45 = 70%	Percent:
Denial: 44 or below.	

CATEGORY	PREVIOUS INSPECTION DATE		
	RECENT INSPECTION DATE		
PROGRAMMING STANDARDS	ITEM VALUES	PREVIOUS REPORT	CURRENT REPORT
Outpatient Facility	8		
Child Abuse/Criminal Records	9		
Client Rights	7		
Emergency Medical Services	1		
Client Case Records	28		
Building construction and Safety	4		
TOTAL	46		

Three (3) years: 46 - 44 = 95%
 Two (2) years: 43 - 42 = 90%
 One (1) year: 41 - 33 = 70%
 Denial: 32 or below.

Total Points Available: 46
 Total Points Received:
 Percent: %

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 DIVISION OF BEHAVIORAL HEALTH
 LICENSURE INSPECTION WEIGHTING REPORT
for Assessment and Evaluation Programs

PROGRAM'S NAME, ADDRESS, TELEPHONE, FAX and E-MAIL ADDRESS	
Fax:	E-Mail Address:
APPLICATION RECEIVED:	COUNTIES SERVED:
DATE OF INSPECTION:	TECHNICAL ASSISTANCE:
INSPECTORS:	
SITE(S) VISITED:	
STAFF: Executive Director:	
SUMMARY OF SERVICES PROVIDED: Assessment and Evaluation	
CURRENT LICENSURE STATUS:	
<p>RECOMMENDATION: It is recommended that the program be:</p> <input type="checkbox"/> Issued a license for a period of three years effective _____ to _____	
<input type="checkbox"/> Issued a license for a period of two years effective _____ to _____	
<input type="checkbox"/> Issued a license for a period of one year effective _____ to _____	
<input type="checkbox"/> Issued a license for a period of 270 days effective _____ to _____	
<input type="checkbox"/> Denied a license	
<p>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</p> <p>C <i>Full Compliance</i> – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded.</p> <p>NC <i>Non-Compliance</i> – The program does not meet the intent of the standard. Point(s) not given/awarded.</p> <p>NA <i>Does Not Apply</i> – The standard does not apply to the program. Point(s) not given/awarded.</p> <p>NR <i>No Records (Initial Applicants Only)</i> – The facility is an initial applicant and had no records to review. Point(s) not given/awarded.</p>	

641-155.25(2) Governing Body	
A. Does the procedures manual contain definitions of the legal authority and organization of the governing body?	_____
B. Is the governing body representative of the community begin served?	_____
C. Is the governing body ultimately responsible for overall program operations?	_____
D. Do written by-laws define: <ul style="list-style-type: none"> 1. The powers and duties of the governing body; 2. Committees; 3. Advisory groups; and, 4. The executive director? 	_____ _____ _____
E. Do written by-laws minimally specify; <ul style="list-style-type: none"> 1. Type of membership; 2. The term of appointment; 3. Frequency of meetings; 4. Attendance requirements; and, 5. The quorum necessary to transact business? 	_____ _____ _____ _____
F. Are minutes of all meetings by the governing body kept? Do the minutes include: <ul style="list-style-type: none"> 1. Date of the meeting; 2. Names of members attending; 3. Topics discussed; and, 4. Decisions reached and actions taken? 	_____ _____ _____ _____
G. Do the duties of the governing body include: <ul style="list-style-type: none"> 1. Appointment of a qualified executive director; 2. Establish controls to ensure quality services are delivered; 3. Review and approval of the annual budget; and, 4. Approve all contracts? 	_____ _____ _____ _____
H. Has the governing authority developed and approved the policies?	_____
I. Is the governing authority responsible for all funds, equipment and the physical facilities?	_____
J. Has the governing body prepared an annual report which includes: <ul style="list-style-type: none"> 1. Name, address, occupation and place of employment of each member; 2. Relationships a member of the governing authority may have with a program staff member; and, 3. The name and address of owners or controlling parties? 	_____ _____ _____
K. Does the governing body assume responsibility in seeing that the program has: <ul style="list-style-type: none"> 1. Malpractice insurance; 2. Liability insurance; and, 3. A fidelity bond? 	_____ _____ _____
155.25(3) Executive Director	
A. Has the governing body appointed an executive director who has primary responsibility for the overall programs operation?	_____
B. Are the duties of the executive director clearly defined?	_____
155.25(4) Clinical Oversight	
A. Does the program have appropriate clinical oversight?	_____

<p>155.25(5) Staff Development and Training</p> <p>A. Does the program have policies and procedures establishing staff development? _____</p> <p>B. Is there documentation that staff are certified, licensed, or have professional education? _____</p> <p>C. Or oriented to include:</p> <ol style="list-style-type: none"> 1. Psychosocial; _____ 2. Medical; _____ 3. Pharmacological; _____ 4. Confidentiality; _____ 5. Tuberculosis; _____ 6. HIV/AIDS; _____ 7. Cultural specificity of diverse populations; _____ 8. Community resources; _____ 9. Screening; and, _____ 10. Evaluation _____ <p>D. Are staff members informed of new developments in the field of substance abuse screening, evaluation and placement? _____</p> <p>E. Has the program documented on-going job-related education? _____</p>	
<p>155.25(7) Procedures Manual</p> <p>A. Has the program developed and maintained a policies and procedures manual which reflects the program's activities? _____</p> <p>B. Do revisions to procedures contain date, name and title of persons making the revisions? _____</p>	
<p>155.25(8) Fiscal Management</p> <p>A. Is the fiscal management system maintained in accordance with generally accepted accounting principles? _____</p> <p>B. Is the OWI evaluation schedule made public? _____</p> <p>C. Is the client informed of the fee schedule at the time of scheduling the evaluation? _____</p> <p>D. Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings and equipment? _____</p> <p>E. Is the insurance program reviewed on an annual basis by the governing authority? _____</p>	

155.25(9) Personnel

- A. Do personnel policies and procedures include the following:
 - 1. Recruitment, selection, and certification of staff members;
 - 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 of employees;
 - 10. Methods for handling inappropriate client care;
 - 11. work performance appraisal;
 - 12. Employee accidents and safety;
 - 13. Employee grievances; and,
 - 14. Policy on staff persons suspected of using or abusing substances?
- B. Does the program have an equal employment opportunity policy and affirmative action plan?
- C. Do job descriptions accurately reflect the actual duties performed by the staff member?
- D. Are personnel performance evaluations conducted on an annual basis?
- E. Is there evidence the evaluation is reviewed with the employee?
- F. Is the employee given an opportunity to respond to the evaluation?
- G. Are personnel records kept on each staff member which contain:
 - 1. Verification of training, experience and professional credentials relevant to the position;
 - 2. Job performance evaluations;
 - 3. Incident reports;
 - 4. Disciplinary actions taken; and,
 - 5. Documentation of review and adherence to confidentiality regulation prior to the assumption of duties?
- H. Are there policies and procedures ensuring confidentiality of personnel records and delineation of person authorized to access the records?

155.25(10) Professional Qualifications

- A. Is there evidence that personnel conducting screenings, placements, and assessments are certified by IBSAC or other approved boards or have appropriate education, training, or experience in the substance abuse field?
- B. Is there evidence of subscription to a code of conduct for the sole practitioner?

<p>Contents</p> <p>A. Does the client case record contain: 1. Examinations, test; and, 2. Placement screening and admission forms?</p> <p>B. Reports from referral source?</p> <p>C. Reports from outside resources?</p> <p>D. Multidisciplinary case conferences (staffing)?</p> <p>E. Correspondence related to the client (letters, phone calls, etc.)?</p> <p>F. Release forms?</p> <p>G. Record of service provided?</p> <p>H. Appropriate data forms (SARS)?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>155.25(13) Placement Screening, Admission and Assessment Records Reviewed</p> <p>A. Does the program have written policies and procedures to address the placement, evaluation and assessment process?</p> <p>B. Does the placement screening process contain: 1. Procedures to be followed when accepting referrals from outside resources. 2. Types of records kept on individuals applying for services. 3. Does the screening include evaluation of the ASAM-PPC2 criteria in all six categories?</p> <p>C. Does the client orientation contain: 1. Evaluation costs to be borne by the client; 2. Client rights; and responsibilities; and, 3. Confidentiality?</p> <p>D. Is there sufficient information collected in the screening and evaluation process so that a recommendation can be made for placement into a level of care?</p> <p>E. Are the results of the screening and evaluation process explained to the client and family?</p> <p>F. Are programs which are conducting screenings and evaluations on persons convicted of operating a motor vehicle while intoxicated (OWI), Iowa Code sections 321J.2, and persons whose driver's license or nonresident operating privileges are revoked under chapter 321J, doing so in accordance with and adherence to 641 IAC Chapter 157?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>155.25(15) Emergency Medical Services</p> <p>A. Does the program ensure that emergency medical services are available by an affiliation agreement or contract or written policies and procedures?</p>	<hr/>
<p>155.25(16) Management of Care</p> <p>A. Does the program ensure appropriate level of care utilization by implementing the written placement screening?</p>	<hr/>
<p>155.25(17) Building construction and Safety</p> <p>A. Does the program have written policies/procedures to provide a safe environment that includes: 1. Maintenance; 2. Supervision; and, 3. Safe use?</p> <p>B. Does the orientation of new employees include general facility-wide safety practices?</p>	<hr/> <hr/> <hr/> <hr/>

155.25(18) Outpatient Facility	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	_____
B. Is the facility appropriate for the services it provides, as well as protecting client confidentiality?	_____
C. Is the furniture clean and in good repair?	_____
D. Are there annual inspection by state of local fire safety official?	_____
E. Is there a written plan outlining procedures in the event of fire and tornado that is conspicuously displayed?	_____
F. Are services accessible to people with disabilities or does the program have written policies and procedures that describes how people with disabilities can gain access to necessary services?	_____
G. Does the program ensure confidentiality of clients receiving services?	_____
H. Does the program prohibit smoking except in designated areas?	_____
155.25(19) Client Rights	
A. Does the program maintain written policies and procedures that ensure that the legal and human rights of clients are observed and protected?	_____
B. Are there procedures to inform all clients of their legal and human rights at the time of evaluation?	_____
C. Are there written policies and procedures for:	_____
1. Clients' communication, e.g., opinions, recommendations;	_____
2. Client grievances with a mechanism for redress;	_____
3. Prohibition of sexual harassment; and,	_____
4. Implementation of the Americans With Disabilities Act.	_____
D. Are there procedures designed to protect the clients' rights and privacy?	_____