

## CHAPTER 162

### LICENSURE STANDARDS FOR PROBLEM GAMBLING TREATMENT PROGRAMS

#### **641—162.1(135) Definitions.**

“Admission” means the point in an individual’s relationship with the problem gambling treatment program at which the problem gambling treatment screening process has been completed and the individual is eligible to receive problem gambling treatment services.

“Affiliation agreement” means a written agreement between the governing body of the problem gambling treatment program and another organization under the terms of which specified services, space or personnel are provided to one organization by the other, but without exchange of moneys.

“Applicant” means any problem gambling treatment program that has applied for a license or for license renewal.

“Application” means the process through which a problem gambling treatment program applies for a license or for license renewal as outlined in rule 641—162.5(135).

“Assessment” means the ongoing process of identifying a diagnosis, ruling out other diagnoses, and determining the care needed by the problem gambling client. The assessment shall evaluate the problem gambling client’s strengths and needs for the purpose of defining a course of treatment, including collecting additional client information in order to develop a treatment plan.

“Client” means an individual whose problem gambling treatment screening identifies a need for problem gambling treatment services.

“Clinical director” means the person(s) designated by the problem gambling treatment program who provides clinical oversight and who, by virtue of education, training and experience, is capable of supervising the screening and assessment of the problem gambling client to approve the treatment plan most appropriate for the client.

“Clinical oversight” means oversight provided by an individual who, by virtue of education, training and experience, is capable of supervising the clinical staff members who assess the psychosocial history of a problem gambling client to determine the treatment plan most appropriate for the client. The problem gambling treatment program shall designate the person who shall provide clinical oversight.

“Concerned person” means a person affected by the problem gambling behavior of an individual who needs problem gambling treatment services or a person willing to become involved in the treatment of an individual who gambles excessively. The concerned person may be either a relative or nonrelative of the individual.

“Confidentiality” means the confidentiality of records to be maintained by a problem gambling treatment facility, which shall conform to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other relevant provisions of federal and state law.

“Contract” means a formal legal document adopted by the governing body of the problem gambling treatment program and any other organization, agency, or individual which specifies services, personnel or space to be provided to the problem gambling treatment program as well as the moneys to be expended in the exchange.

“Counselor” means a licensed or certified practitioner in a counseling–related field including: an advanced certified alcohol and drug counselor (ACADC) or certified alcohol and drug counselor (CADC) or CADC equivalent; a certified criminal justice professional (CCJP); a gambling counselor certified by the National Council on Problem Gambling (NCPG); a gambling treatment counselor (CGTC) certified by the Iowa board of certification (IBC); a licensed bachelor social worker (LBSW), a licensed independent social worker (LISW), and a licensed master social worker (LMSW) licensed under Iowa Code chapters 154C and 147; a licensed marital and family therapist (LMFT) licensed under Iowa Code chapters 154D and 147; a licensed mental health counselor (LMHC) licensed under Iowa Code chapters 154D and 147; an advanced registered nurse practitioner (ARNP) licensed under Iowa Code chapters 152 and 147; a psychologist licensed under Iowa Code chapters 154B and 147; a board–certified psychiatrist; or another licensed or certified professional approved by the department.

“Culturally and environmentally specific” means integrating into the problem gambling assessment and treatment process the ideas, customs, beliefs, and skills of a given population, as well as an acceptance, awareness, and celebration of diversity regarding conditions, circumstances and influences surrounding and affecting the development of an individual or group.

“Department” means the Iowa department of public health.

“Designee” means the staff person or counselor who is delegated tasks, duties and responsibilities normally performed by the clinical director, executive director or department director.

“Director” means the director of the Iowa department of public health.

“Discharge planning” means the process, beginning at the time of the client’s admission for treatment in a problem gambling treatment program, of determining a client’s continued need for problem gambling treatment services and of developing a plan to address the ongoing posttreatment needs of the client. Discharge planning may include a document identified as a discharge plan.

“Division” means the division of behavioral health and professional licensure in the Iowa department of public health.

“Division director” means the director of the division of behavioral health and professional licensure in the Iowa department of public health.

“Executive director” or “program director” means an individual who is hired by the problem gambling treatment program governing body to manage the overall operations of the program in accordance with the governing body’s established policies.

“Facility” means a hospital, institution or program licensed under Iowa Code section 135.150 providing treatment for problem gamblers. “Facility” also means the physical areas including grounds, buildings, or portions of buildings under direct administrative control of the program.

“Governing body” means the individual(s), group, or agency that has ultimate authority and responsibility for the overall operation of the problem gambling treatment facility.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996.

“Intake” means gathering additional problem gambling treatment information at the time of the problem gambling assessment process.

“Licensee” means any problem gambling treatment program licensed by the department.

“Licensure” means the issuance of a license by the department which validates the licensee’s compliance with problem gambling treatment program standards set forth in 641—Chapter 162 and authorizes the licensee to operate a problem gambling treatment program in the state of Iowa.

“Licensure weighting report” means the problem gambling treatment program report that is used to determine the type of license for which a problem gambling treatment program qualifies based on point values assigned to licensure standards reviewed and the total number of points attained. In addition, the problem gambling treatment program shall attain a minimum percent value in each of three categories to qualify for a license as follows: 95 percent or higher rating in clinical, administrative and programming for a three-year license; 90 percent or higher rating in clinical, administrative and programming for a two-year license; or less

than 90 percent but not less than 70 percent rating in clinical, administrative and programming for a one-year license.

“Outpatient treatment” means an organized problem gambling outpatient, nonresidential treatment service. Services usually are provided in regularly scheduled individual, group and family sessions.

“Physician” means any individual licensed under Iowa Code chapter 148, 150, or 150A.

“Primary care modality” means a problem gambling treatment component or modality, including problem gambling outpatient treatment.

“Problem gambler” means an individual affected by problem gambling who has been assessed as habitually lacking impulse control while gambling to the extent that the individual’s life is substantially endangered or that the individual’s social or economic functioning is substantially disrupted.

“Problem gambling” means a pattern of gambling behavior which may compromise, disrupt or damage family, personal or vocational pursuits.

“Program” means any partnership, corporation, association, governmental subdivision or public or private organization that provides problem gambling treatment services.

“Protected class” means any class of people that requires special legislation to ensure equality.

“Quality improvement” means the process of objectively and systematically monitoring and evaluating the quality and appropriateness of problem gambling treatment program services to improve client care and resolve identified problems.

“Rehabilitation” means the restoration of a client to the fullest physical, mental, social, vocational, and economic functioning of which the client is capable. Rehabilitation may include, but is not limited to, medical treatment, counseling and therapy, occupational training, job counseling, social and domestic rehabilitation and education.

“Relapse” means the recurrence of symptoms of problem gambling after a period of improvement. Relapse may include the resumption of problem gambling or worsening of symptoms.

“Screening” means the process by which a client is determined appropriate and eligible for admission to a particular problem gambling treatment program.

“Sentinel event” means any event which occurs at a problem gambling treatment program or to program staff members or clients who are currently active or within one week of discharge from the program. Sentinel events

include the unexpected incidence or serious risk of death or serious physical or psychological injury or any event which may be subject to litigation.

“Staff member” means any person who provides services to the problem gambling treatment program on a regular basis as a paid employee, agent or consultant or as a volunteer.

“Standards” means criteria that represent the minimal qualifications required of a problem gambling treatment program for the issuance of a license.

“Substance abuse” means any use of illegal chemical substances or the abuse of legal substances or the use of chemical substances to the extent that the person’s health is substantially impaired or endangered or that the person’s social or economic functioning is substantially disrupted.

“Treatment” means the broad range of planned and continuing problem gambling treatment services, including diagnostic screening and assessment, counseling, medical, psychiatric, psychological, and social services, which may be extended to problem gambling clients or concerned persons, and which is geared toward influencing the behavior of clients or concerned persons in order to facilitate rehabilitation.

**641—162.2(135) Licensure.** The department shall issue a single license to each qualifying problem gambling treatment program. The license shall delineate one or more categories of services the problem gambling treatment program is authorized to provide. Although a problem gambling treatment program may have more than one facility, the department shall issue only one license to the program.

**641—162.3(135) Type of licenses.**

**162.3(1) Issuance of licenses.**

- a. An initial license may be issued for 270 days. The department shall not renew or extend an initial license issued for 270 days.
- b. Licenses shall expire 270 days or one, two or three calendar years from the date of issuance, and the department shall renew a one-, two- or three-year license only on application.
- c. A license may be renewed for one, two or three years.
- d. The department shall renew a one- or two-year license contingent upon demonstration by the problem gambling treatment program of continued compliance with licensure standards and in accordance with the licensure weighting report criteria.

e. The department shall renew a three-year license contingent upon demonstration by the problem gambling treatment program of substantial continued compliance with licensure standards and in accordance with the licensure weighting report criteria.

f. Failure to apply for renewal of the license within the 30-day grace period after the expiration date shall result in immediate termination of the license and shall require reapplication.

**162.3(2)** Corrective action. Following the issuance of a license, the problem gambling treatment program may be requested by the department to provide a written plan of corrective action and to bring into compliance all areas found in noncompliance during an on-site visit. The department shall place the corrective action plan in the problem gambling treatment program's permanent file with the department and use it as a reference during future on-site inspections.

**641—162.4(135) Nonassignability.**

**162.4(1)** A license issued by the department for the operation of a problem gambling treatment program applies both to the applicant program and to the facility at which the program is to be operated.

**162.4(2)** Licenses are not transferable.

**162.4(3)** Any person or other legal entity acquiring a currently licensed program for the purpose of operating a problem gambling treatment program shall apply as provided in rule 641—162.5(135) for a new license.

**162.4(4)** Any person or legal entity licensed by the department that plans to fundamentally alter the treatment philosophy or transfer the program to a different premises must notify the department 30 days prior to the action in order for the department to review the treatment philosophy or site change and determine appropriate action.

**162.4(5)** A licensee shall, if possible, notify the department of impending closure of the licensed problem gambling treatment program at least 30 days prior to closure. The licensee shall be responsible for the removal and placement of clients and for the preservation of all records. Upon closing all facilities and terminating all service delivery activities, the licensee shall immediately return the license to the department.

**641—162.5(135) Application procedures.**

**162.5(1)** The department shall provide an application form to all applicants for licensure.

a. Any problem gambling treatment program applying for an initial license shall submit complete application information to the department and shall be inspected by the department prior to the program's opening and offering services to clients.

b. Any problem gambling treatment program that notifies the department within 60 days after May 16, 2007, that the program is currently operating in Iowa and that provides documentation verifying operation of a program in Iowa shall be exempt from the on-site inspection requirement for initial licensure before the program opens and admits clients for services. Documentation that a program is operating in Iowa may include a current contract with the department to provide problem gambling treatment services, a mission statement specifying that the program offers problem gambling treatment services, governing board bylaws specifying that the program is providing problem gambling treatment services, or articles of incorporation specifying that the program is providing problem gambling treatment services. Problem gambling treatment programs that qualify under this paragraph shall apply for licensure pursuant to this chapter within 60 days of May 16, 2007. These programs may continue to operate until their licenses are approved or denied by the department.

c. For initial applicants, if technical assistance has been provided to the problem gambling treatment program by the department, and if enough information was gathered during the technical assistance visit to determine that the program is eligible to receive an initial 270-day license, then the on-site inspection for initial licensure may be waived at the discretion of the department.

d. The division shall prepare a report with a recommendation for licensure to be presented to the department within 30 days of the on-site inspection.

**162.5(2)** Application information for problem gambling treatment programs. An applicant for licensure shall submit to the Iowa Department of Public Health, Division of Behavioral Health and Professional Licensure, Lucas State Office Building, Des Moines, Iowa 50319, the following information on forms provided by the department. The department shall not consider an application for licensure complete until the following information is received by the department from the problem gambling treatment program:

- a. The name and address of the applicant for licensure.
- b. The name and address of the executive director or program director of the problem gambling treatment program.
- c. The names, titles, dates of employment, education, and years of recent job-related experience of staff members and a copy of the table of organization. When multiple treatment modalities and facilities exist, the relationship between treatment modalities and facilities must be shown and a description of the problem gambling treatment screening and training process for volunteer workers must be included.

d. The names and addresses of members of the governing body, sponsors, or advisory boards of the problem gambling treatment program and current articles of incorporation and bylaws.

e. The names and addresses of all physicians, other professionally trained personnel, medical facilities, and other individuals or organizations with which the problem gambling treatment program has a direct contractual or affiliation agreement.

f. A description of the treatment services provided by the problem gambling treatment program and a description of weekly activities for each treatment modality or component.

g. Copies of reports substantiating compliance with federal, state and local rules and laws for each facility, including appropriate Iowa department of inspections and appeals rules, state fire marshal rules and fire ordinances, and appropriate local health, fire, occupancy code, and safety regulations.

h. Information required under Iowa Code section 135C.33 for programs that admit juveniles.

i. Fiscal management information including the most recent audit or opinion of an auditor and the governing body minutes to reflect approval of the audit, and budget and insurance coverage. If this information is already on file with the department, the problem gambling treatment program does not need to resubmit this information.

j. Documentation of insurance coverage for professional and general liability, the facility, workers' compensation, and fidelity bond or crime and dishonesty insurance.

k. For programs using the gambling treatment reporting system (GTRS), the address and primary facility code of each office, facility, or program location.

l. Current, complete written policies and procedures manual to include the staff development and training plan and personnel policies.

The problem gambling treatment program shall complete the application information for an initial application for licensure and the department shall review the application information prior to a scheduled on-site inspection.

**162.5(3) Renewal.** The problem gambling treatment program shall submit an application for renewal on forms provided by the department at least 60 calendar days before expiration of the current license.

**162.5(4) Application update or revision for existing licensed programs.**

a. The problem gambling treatment program shall notify the department of the need for and shall request an application for a licensure update or revision.

b. The problem gambling treatment program shall apply for licensure update or revision 30 days prior to any planned change(s) of address of offices, facilities, or program locations or any additions or deletions of the type(s) of services or programs provided and licensed.

c. The problem gambling treatment program shall submit to the department within 10 working days from the date the forms are received a revised licensure application form which shall reflect changes of address of offices, facilities, or program locations or additions or deletions of the type(s) of services or program(s) provided or licensed to the division.

d. When applicable, as determined by the department, an on-site licensure inspection of a new component, service, program or facility may be conducted by the department within six months of the receipt of the updated or revised application or during an existing licensed problem gambling treatment program's scheduled relicensure on-site inspection, whichever occurs first.

**641—162.6(135) Application review.** An applicant for licensure shall submit a completed application to the department within 30 days from the date the forms are received. The department shall review the application for completeness and request any additional material as needed. The department shall notify applicants that fail to return the application forms on time. Iowa Code section 135.150 requires that all state-funded problem gambling treatment programs be licensed.

**641—162.7(135) Inspection of licensees.** The department shall inspect the problem gambling treatment program and review the policies and procedures utilized by the program. The inspection may include case record audits and interviews with problem gambling treatment staff members and clients, consistent with the confidentiality safeguards of state and federal law.

**162.7(1) Technical assistance.** The department shall visit all problem gambling treatment programs applying for an initial license to operate a program in the state of Iowa for the purpose of providing needed technical assistance regarding the licensure criteria and procedures. The problem gambling treatment program may waive technical assistance in order to expedite the licensing process. The problem gambling treatment program shall submit requests for additional technical assistance in writing to the department.

a. Following the issuance of a license, the problem gambling treatment program may request technical assistance from the department to bring into conformity standards reported to be in noncompliance with these rules.

b. The department shall schedule technical assistance within 30 days of the applicant's request depending on the availability of staff.

c. The department may also request that technical assistance be provided to the problem gambling treatment program if deficiencies are noted during an on-site technical assistance visit.

**162.7(2)** On-site inspection for licensure. The department shall schedule an on-site inspection for licensure after the department's receipt of the problem gambling treatment program's completed application to operate a program in Iowa. The department shall not be required to provide advance notice to the problem gambling treatment program of the on-site inspection for licensure.

a. The on-site inspection team shall consist of designated members of the division staff.

b. Team members shall inspect the problem gambling treatment program in order to verify information contained in the application and ensure compliance with all laws, rules and regulations.

c. The inspection team shall send a written report, return receipt requested, of its findings to the applicant within 20 working days after the on-site inspection.

**162.7(3)** Effective date of license. The effective date of a license shall begin on the date the department reviews the problem gambling treatment program's written application and licensure weighting report and acts to issue a license.

**641—162.8(135) Licensure renewal.** Upon approval of an application for licensure renewal, the department shall renew the license pursuant to rule 641—162.5(135).

**641—162.9(135) Corrective action plans.**

**162.9(1)** Corrective action plans for 270-day license for problem gambling treatment programs.

a. Problem gambling treatment programs approved by the department for a 270-day license shall submit a corrective action plan to the division director no later than 30 days following notice that the program has received a 270-day license.

b. The corrective action plan shall include, but not be limited to:

(1) Specific problem areas.

(2) A delineation of corrective measures to be taken by the problem gambling treatment program for each problem area.

(3) A delineation of target dates for completion of corrective measures for each problem area.

c. The department shall review the implemented corrective action during the required follow-up on-site visit and issue a subsequent report to the division director and the program.

**162.9(2) Corrective action plans for one- and two-year licensure programs.**

a. Problem gambling treatment programs approved by the department for a one- or two-year license shall submit a corrective action plan for those standards found to be in noncompliance, if applicable, following an on-site inspection.

b. The department shall not be required to offer technical assistance on a corrective action plan for one- and two-year licenses.

c. The problem gambling treatment program approved by the department for a one- or two-year license shall submit a corrective action plan within 30 days of receipt of the licensure inspection report.

**641—162.10(135) On-site inspection for initial licensure.**

**162.10(1)** On-site inspection for licensure. The on-site inspection for licensure of an initial applicant shall occur prior to the problem gambling treatment program's opening and admitting clients (see 162.5(1) for details regarding exemption from this subrule). The department shall not be required to provide advance notice to the program of the on-site inspection for licensure.

a. The on-site inspection team shall consist of a designated member(s) of the division staff.

b. The team shall inspect the applicant program in order to verify information contained in the application and to ensure compliance with all laws, rules and regulations.

c. The inspection team shall send a written report, return receipt requested, of its findings to the applicant within 20 working days after completion of the inspection.

d. The application information for an initial application for licensure shall be completed by the program and reviewed by the department prior to a scheduled on-site inspection.

**162.10(2)** Upon approval of an application for licensure, the department shall issue a license.

**641—162.11(135) Denial, suspension, revocation, or refusal to renew a license.**

**162.11(1)** The department may deny, suspend, revoke or refuse to renew a license for any of the following reasons:

a. Failure to adequately complete the application or renewal application process or submission of fraudulent or misleading information on the initial or renewal application form.

b. Failure to obtain the minimum score required for a one-, two- or three-year license.

- c. Violation by a problem gambling treatment program, program employee or agent of the employee of any statute or rule pertaining to problem gambling treatment programs, including a violation of any provision of this chapter.
- d. Failure to comply with licensure, inspection, health, fire, occupancy, safety, sanitation, zoning, or building codes or regulations required by federal, state, or local law.
- e. The commission of or permitting or aiding or abetting the commission of an unlawful act within a facility.
- f. Conviction of a member of the problem gambling treatment program governing body, a director, administrator, chief executive officer, or other managing staff member, of a felony or misdemeanor involving the management or operation of the facility or directly related to the operation or integrity of the facility.
- g. Use of untruthful or improbable statements in advertising.
- h. Conduct or practices found by the department to be detrimental to the general health, safety, or welfare of a client or member of the community in which the program operates.
- i. Violation of a client's confidentiality or willful, substantial, or repeated violation of a client's rights.
- j. An attempt to defraud a problem gambling client, potential client, or third-party payor.
- k. Inappropriate conduct by a problem gambling treatment program employee, including sexual contact with a client of the program.
- l. Use of treatment techniques which endanger the health, safety, or welfare of a client.
- m. Discrimination or retaliation against a client or employee who has submitted a complaint or information to the department.
- n. Failure to allow an employee or agent of the department access to the facility for the purpose of inspection, investigation, or other information collection duties necessary to the performance of the department's duties.
- o. Commission of an act to defraud the state of Iowa.
- p. Failure to submit an acceptable written plan of corrective action or failure to comply with a written plan of corrective action issued pursuant to subrule 162.3(2), rule 641—162.9(135), or paragraph 162.16(4)“c.”
- q. Violation of an order of the department or violation of the terms or conditions of a consent agreement or informal settlement between a problem gambling treatment program and the department.

r. Failure to complete in full the application for licensure or failure to submit the information required by rule 641—162.5(135).

**162.11(2)** Initial notice from the department. When the department determines to deny, suspend, revoke or refuse to renew a license, the department shall notify the licensee by certified mail, return receipt requested, of the department's intent to deny, suspend, revoke, or refuse to renew the license and of the changes required to avoid denial, suspension, revocation or refusal to renew a license. The initial notice shall further provide the licensee the opportunity to submit to the department either a written plan of corrections or written objections within 20 days from the receipt of notice from the department.

**162.11(3)** Correction of deficiencies; objections.

a. Written plan of corrections. If a licensee submits a written plan of corrections, the licensee shall have 60 days from the date of submission to show compliance with the plan of corrections. The licensee shall submit any information to the department that the licensee deems pertinent to verify compliance with the plan of corrections.

b. Objections. If a licensee submits written objections, the licensee shall submit to the department any information that the licensee deems pertinent to support the licensee's defense.

**162.11(4)** Decision of the department. Following receipt of a written plan of corrections and expiration of the 60-day time period, or following receipt of written objections, or when objections or a notice of corrections has not been received within the 20-day time period, the department may determine whether to proceed with disciplinary action.

**162.11(5)** Notice of decision and opportunity for contested case hearing.

a. When the department determines to deny, suspend, revoke or refuse to renew a license, the department shall give the licensee written notice by certified mail, return receipt requested.

b. The licensee may request a hearing on the determination. The request must be in writing and received by the department within 30 days of receipt of the notice issued by the department. Failure to request a hearing by the deadline shall result in final action by the department.

**162.11(6)** Summary suspension. If the department finds that the health, safety or welfare of the public is endangered by continued operation of a problem gambling treatment program, summary suspension of a license may be ordered pending proceedings for revocation or other actions. These proceedings shall be promptly determined and instituted.

**641—162.12(135) Contested case hearings.** Any problem gambling treatment program that wishes to contest the denial, suspension, revocation or refusal to renew a license shall be afforded an opportunity for a hearing before an administrative law judge from the department of inspections and appeals. The department shall notify the problem gambling treatment program in writing, return receipt requested, of the date of the hearing not less than 30 days before the hearing.

**162.12(1) Failure to appear.** If a party fails to appear in a contested case hearing proceeding after proper service of notice, the administrative law judge shall, in such a case, enter a default judgment against the party failing to appear.

**162.12(2) Conduct of hearing.** The administrative law judge shall afford all parties opportunity to respond to and present evidence and argument on all issues involved and to be represented by counsel at their own expense.

a. The hearing shall be informal and all relevant evidence shall be admissible. Effect shall be given to the rules of privilege recognized by law. Objections to evidentiary offers may be made and shall be noted in the record. The hearing shall be expedited and the interests of the parties shall not be prejudiced substantially. Any part of the evidence may be required to be submitted in verified written form.

b. Documentary evidence may be received in the form of copies or excerpts if the original is not readily available. Upon request, parties shall be given an opportunity to compare the copy with the original, if available.

c. Witnesses present at the hearing shall be subject to cross-examination by any party as necessary for a full and true disclosure of the facts.

d. The record in a contested case shall include:

- (1) All pleadings, motions and intermediate rulings.
- (2) All evidence received or considered and all other submissions.
- (3) A statement of all matters officially noticed.
- (4) All questions and offers of proof, objections and rulings therein.
- (5) All proposed findings and exceptions.
- (6) Any decision, opinion or report by the officer presiding at the hearing.

e. Oral proceedings shall be open to the public and shall be recorded either by mechanized means or by certified shorthand reporters. Oral proceedings or any part thereof shall be transcribed at the request of any

party with the expense of the transcription charged to the requesting party. The recording or stenographic notes of oral proceedings or the transcription thereof shall be filed with and maintained by the problem gambling treatment program for at least five years from the date of decision.

f. Findings of fact shall be based solely on the evidence in the record and on matters officially noticed in the record.

**162.12(3)** Continuance. For good cause, the administrative law judge may either continue a hearing beyond the time originally scheduled or may recess the hearing. Requests for continuance shall be made to the administrative law judge in writing at least three days prior to the scheduled hearing date. The administrative law judge shall not grant continuances less than three days before the hearing except for exigent circumstances.

**162.12(4)** Decision. Findings of fact shall be based solely on the evidence in the record and upon matters officially noticed in the record.

a. The decision of the administrative law judge shall be a final decision unless there is an appeal to the department within 20 days of the receipt of the decision.

b. A proposed or final decision or order in a contested case hearing shall be in writing. A proposed or final decision shall include findings of fact and conclusions of law, separately stated. Parties shall be promptly notified of each proposed or final decision or order by delivery of a copy of the decision or order by certified mail, return receipt requested. In the case of a proposed decision, the department shall notify the parties of the right to appeal the decision to the department director.

**162.12(5)** Appeal to the department director.

a. Either party may request that the department director review the proposed decision. The request shall be in writing and delivered by certified mail, return receipt requested, within 20 days of receipt of the proposed decision.

b. The parties shall have an opportunity to submit briefs to the department director. The department director shall review the record and any briefs. No new evidence shall be admitted unless requested and allowed by the department director.

c. The department director shall issue a decision in writing within 90 days after receiving the request to review the proposed decision.

**641—162.13(135) Rehearing application.** Within 20 days after the department director issues a final decision in a contested case, any party may file an application for rehearing, stating the specific grounds therefor and the

relief sought, and shall mail a copy of the application by certified mail, return receipt requested, to all parties of record. The application for rehearing is deemed to have been denied unless the department director grants the application within 20 days after its filing.

**641—162.14(135) Judicial review.** A licensee that is aggrieved or adversely affected by the department director's final decision and that has exhausted all adequate administrative remedies may seek judicial review of the department director's decision pursuant to and in accordance with Iowa Code section 17A.19.

**641—162.15(135) Reissuance or reinstatement.** After suspension, revocation or refusal to renew a license, the department shall not reissue or reinstate the license to the affected licensee within one year of the effective date of the suspension, revocation or expiration upon refusal to renew, unless by order of the department. After that time, proof of compliance with licensure standards must be presented to the department prior to reinstatement or reissuance of a license.

**641—162.16(135) Complaints and investigations.**

**162.16(1) Complaints.** Any person may file a complaint with the department against any problem gambling treatment program licensed pursuant to this chapter. The person filing the complaint shall make the complaint in writing and shall mail or deliver the complaint to the division director at the Division of Behavioral Health and Professional Licensure, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319. The complaint shall include the name and address of the complainant, the name of the problem gambling treatment program, and a concise statement of the allegations against the program, including the specific alleged violations of this chapter, if known. A complaint may also be initiated by the department pursuant to evidence received by the department. Timely filing of complaints is required in order to ensure the availability of witnesses and to avoid initiation of an investigation under conditions which may have been significantly altered during the period of delay.

**162.16(2) Evaluation and investigation.** Upon receipt of a complaint, the department shall make a preliminary review of the allegations contained in the complaint. Unless the department concludes that the complaint is intended solely to harass a problem gambling treatment program or lacks a reasonable basis, the department shall conduct an on-site investigation of the program which is the subject of the complaint as soon as practicable. The department shall consider the complaint to be confidential and shall protect the name of the complainant, unless the complainant waives the right to confidentiality.

**162.16(3)** Investigative report. Within 30 working days after completion of the investigation, the department shall prepare a written investigative report and shall submit the report to the executive director or program director of the problem gambling treatment program and the chairperson of the program governing body. This report shall include the general nature of the complaint and shall indicate if the allegations were substantiated, unsubstantiated, or undetermined; the basis for the finding; the specific statutes or rules at issue; a response from the problem gambling treatment program, if received; and a recommendation for action.

**162.16(4)** Review of investigations. The department shall review the investigative report and shall determine appropriate action.

a. Closure. If the department determines that the allegations contained in the complaint are unsubstantiated, the department shall close the case and shall promptly notify the complainant and the problem gambling treatment program by certified mail, return receipt requested.

b. Referral for further investigation. If the department determines that the case warrants further investigation, it shall refer the case to department staff members for further investigation.

c. Written plan of corrective action. If the department determines any allegations contained in the complaint are substantiated and corrective action is warranted, the department may require the problem gambling treatment program to submit and comply with a written plan of corrective action. A problem gambling treatment program shall submit a written plan of corrective action to the department within 20 working days after receiving a request for the plan. The written plan of corrective action shall include a plan for correcting violations as required by the department and a time frame within which the problem gambling treatment program shall implement the plan. The plan is subject to department approval. The requirement of a written plan of corrective action is not formal disciplinary action. Failure to submit or comply with a written plan of corrective action may result in formal disciplinary action against the problem gambling treatment program.

d. Disciplinary action. If the department determines that any allegations contained in the complaint are substantiated and disciplinary action is warranted, the department may proceed with such action in accordance with rule 641—162.11(135).

**162.16(5)** Confidential information and public information. Information contained in a complaint is confidential pursuant to Iowa Code sections 22.7(18) and 22.7(35) or any other provision of state or federal law, unless the complainant waives the right to confidentiality. Investigative reports, written plans of corrective

action, and all notices and orders issued pursuant to rule 641—162.11(135) shall refer to problem gambling clients by number and shall not include any other client-identifying information. The department shall ensure that investigative reports, written plans of corrective action, and all notices and orders issued pursuant to rule 641—162.11(135) are available to the public as open records pursuant to Iowa Code chapter 22.

**641—162.17(135) Funding.** The issuance of a license by the department to any problem gambling treatment program shall not be construed as a commitment on the part of either the state or federal government to provide funds to the program.

**641—162.18(135) Inspection.** Each applicant or licensee agrees as a condition of licensure:

**162.18(1)** To permit properly designated representatives of the department to enter and inspect any and all premises of problem gambling treatment programs for which a license has been either applied or issued to verify information contained in the application or to ensure compliance with all laws, rules, and regulations relating thereto, during all hours of operation of the facility and at any other reasonable hour.

**162.18(2)** To permit properly designated representatives of the department to audit and collect statistical data from all records maintained by the licensee. The department shall not license a problem gambling treatment program which does not permit inspection by the department or examination of all records, including client records, personnel records, financial records, methods of administration, and any other records the department deems relevant.

**641—162.19(135) Exemptions to rule 641—162.20(135).**

**162.19(1)** The department shall exempt problem gambling treatment programs that hold a valid license under 641—Chapter 155 from all the standards required pursuant to rule 641—162.20(135), except for the standards set forth in the following subrules:

- a. 162.20(6), Personnel;
- b. 162.20(7), Child abuse, dependent adult abuse, and criminal history background checks;
- c. 162.20(8), Client case record maintenance;
- d. 162.20(9), Client screening, admission and assessment;
- e. 162.20(15), Sentinel events;
- f. 162.20(16), Quality improvement; and
- g. 162.20(20), Financial counseling.

**162.19(2)** The department shall exempt problem gambling treatment programs accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) from all the standards required pursuant to rule 641—162.20(135), except for the standards set forth in the following subrules:

- a. 162.20(6), Personnel;
- b. 162.20(7), Child abuse, dependent adult abuse, and criminal history background checks;
- c. 162.20(8), Client case record maintenance; and
- d. 162.20(9), Client screening, admission and assessment.

**162.19(3)** The department shall exempt problem gambling treatment programs accredited by the Council on Accreditation (COA) from all the standards required pursuant to rule 641—162.20(135), except for the standards set forth in the following subrules:

- a. 162.20(6), Personnel;
- b. 162.20(7), Child abuse, dependent adult abuse, and criminal history background checks; and
- c. 162.20(9), Client screening, admission and assessment.

**162.19(4)** The department shall exempt problem gambling treatment programs accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) from all the standards required pursuant to rule 641—162.20(135), except for the standards set forth in the following subrules:

- a. 162.20(6), Personnel;
- b. 162.20(9), Client screening, admission and assessment; and
- c. 162.20(20), Financial counseling services.

**162.19(5)** The department shall combine the scores for all programming, administrative and clinical standards into one score for the licensure weighting report for those problem gambling treatment programs exempted under this rule.

**641—162.20(135) General standards for all problem gambling treatment programs.** The following standards shall apply to all licensed problem gambling treatment programs in the state of Iowa regardless of the category of services provided by such programs. In situations in which differences between general standards and specific standards occur, both general and specific standards must be met.

**162.20(1)** Governing body. Each problem gambling treatment program shall have a formally designated governing body that is representative of the community being served, complies with Iowa Code chapter 504 and

other Iowa Code chapters as appropriate, and has ultimate authority and responsibility for overall program operations.

a. The governing body shall develop and adopt written bylaws and policies that define the powers and duties of the governing body, its committees and advisory groups, and the executive director or program director. The governing body shall review and revise the bylaws and policies as necessary.

b. The bylaws shall specify, at a minimum, the following:

- (1) Type of membership;
- (2) Term of appointment;
- (3) Frequency of meetings;
- (4) Attendance requirements; and
- (5) Quorum necessary to transact business.

c. The governing body shall keep minutes of all meetings and shall make the minutes available for review by the department. Minutes shall include, but not be limited to, the following:

- (1) Date of the meeting;
- (2) Names of members attending;
- (3) Topics discussed; and
- (4) Decisions reached and actions taken.

d. The duties of the governing body shall include, but not be limited to, the following:

(1) To appoint a qualified executive director or program director who shall have the responsibility and authority for the management of the problem gambling treatment program in accordance with the governing body's established policies;

(2) To establish effective controls which shall ensure that quality services are delivered;

(3) To review and approve the program's annual budget;

(4) To ensure that the program shall maintain the fiscal management system in accordance with generally accepted accounting principles, including internal controls, to reasonably protect program assets;

(5) To ensure that the program shall have insurance coverage that provides for the protection and replacement of the physical and financial resources of the program and that provides fidelity bond or crime and dishonesty insurance coverage for all staff members, facilities, and equipment;

(6) To review the insurance coverage annually; and

- (7) To approve all contracts.
- e. The governing body shall develop and approve policies for the effective operation of the program.
- f. The governing body is responsible for all funds, equipment, supplies and the facility or facilities in which the program operates, and for the appropriateness and adequacy of services provided by the program.
- g. The governing body shall at least annually prepare a report which shall include, but not be limited to, the following information:
  - (1) The name, address, occupation, and place of employment of each governing body member;
  - (2) Any family or business relationships which a member of the governing body may have with a program staff member; and
  - (3) When applicable, the name and address of any owner or controlling party whether it is an individual, a partnership, a corporation body or a subdivision of other bodies, such as a public agency, religious group, fraternity, or other philanthropic organization.
- h. The governing body shall assume the responsibility of ensuring that malpractice and liability insurance and fidelity bond or crime and dishonesty insurance have been provided for the program.

**162.20(2)** Executive director or program director. The executive or program director shall have primary responsibility for overall problem gambling treatment program operations. The problem gambling treatment program governing body shall clearly define the duties of the executive director or program director, when applicable, in accordance with the policies established by the governing body.

**162.20(3)** Clinical oversight. The problem gambling treatment program shall have appropriate clinical oversight to ensure the quality of clinical services provided to clients. Clinical oversight shall be provided in-house or through consultation. The clinical director shall meet the criteria for staff members detailed in subrule 162.20(6), paragraph “k.” Clinical oversight may include assisting the problem gambling treatment program in developing policies and procedures relating to the assessment and treatment of clients, assisting in the training of staff members and providing assistance to clinical staff members in assessment or treatment. The executive director or program director or designee is ultimately responsible to the governing body for the supervision of clinical services and the provision of services to clients.

**162.20(4)** Staff development.

a. The problem gambling treatment program governing body shall approve written policies and procedures that establish a staff development and training plan, based on an annual needs assessment. Staff development shall include orientation for staff members and opportunities for continuing job-related education.

b. The problem gambling treatment program shall institute and document in-service training programs when program operations or functions are changed. In addition, the program shall design in-service training programs to allow staff members to develop new skills so that staff members may effectively adapt to such changes.

c. The problem gambling treatment program shall make on-site staff development and activities for professional growth and development available to all personnel. These activities shall be culturally and environmentally specific.

**162.20(5)** Procedures manual. All problem gambling treatment programs shall develop and maintain a procedures manual. The manual shall define the program's policies and procedures to reflect the program's activities. Any revision entered in the manual shall include the date and the name and title of the individual making the entries. The manual shall include the required written policies, procedures, definitions, and all other documentation required in this chapter.

**162.20(6)** Personnel. All problem gambling treatment programs shall develop written personnel policies and procedures.

a. The problem gambling treatment program shall have written policies and procedures that address the following criteria:

- (1) Recruitment, selection, and credentials of staff members;
- (2) Recruitment and selection of volunteers;
- (3) Wage and salary administration;
- (4) Promotions;
- (5) Employee benefits;
- (6) Working hours;
- (7) Vacation and sick leave;
- (8) Lines of authority;
- (9) Rules of conduct;
- (10) Disciplinary actions and termination of employees;

- (11) Methods for handling cases of inappropriate services to clients;
- (12) Work performance appraisals;
- (13) Employee accidents and safety;
- (14) Employee grievances; and
- (15) Employee assistance for staff members.

b. The problem gambling treatment program shall ensure that written personnel policies and practices include compliance with the United States Equal Employment Opportunity Commission.

c. The problem gambling treatment program shall have written job descriptions that reflect the actual duties of the employee.

d. The executive director or program director or designee shall review job descriptions when necessary or whenever there is a change in required qualifications or duties.

e. The problem gambling treatment program shall ensure that all positions have job descriptions included in the personnel section of the procedures manual or personnel record of the staff member.

f. The problem gambling treatment program shall have written personnel policies and practices that include a mechanism for written evaluation of employee performance on at least an annual basis. The program shall provide evidence that each evaluation is reviewed with the employee and that the employee is given the opportunity to respond to the evaluation.

g. The problem gambling treatment program shall have a personnel record for each staff member. These records shall contain, as applicable:

- (1) Verification of training, experience and all professional credentials relevant to the position;
- (2) Job performance evaluations;
- (3) Incident reports;
- (4) Disciplinary actions taken; and
- (5) Documentation that the employee agrees to follow problem gambling treatment program–related confidentiality laws and rules. This documentation shall occur prior to the employee’s assumption of duties.

h. The problem gambling treatment program shall have written policies and procedures that ensure confidentiality of personnel records and that list authorized personnel who have access to various types of personnel information.

i. The problem gambling treatment program shall have written policies related to the prohibition of sexual harassment.

j. The problem gambling treatment program shall have written policies related to the implementation of the Americans with Disabilities Act.

k. Staff members who provide treatment services and the clinical director must meet at least one of the following conditions:

(1) Currently maintain active status as a nationally certified gambling counselor or an Iowa-certified gambling counselor.

(2) Have received a minimum of 30 hours of training or education related to problem gambling within the previous 24 months and are working toward certification within a maximum of 24 months as a nationally certified gambling counselor or an Iowa-certified gambling counselor.

(3) Currently maintain active status as a licensed or certified practitioner in a counseling-related field and have received a minimum of 20 hours of training or education related to problem gambling within the previous 24 months.

**162.20(7) Child abuse, dependent adult abuse, and criminal history background checks.**

a. Written policies and procedures shall prohibit mistreatment, neglect, or abuse of children and dependent adults and shall specify reporting and enforcement procedures for the problem gambling treatment program. Staff members shall immediately report alleged violations to the executive director or program director or designee and appropriate department of human services personnel. The program shall have written policies and procedures for reporting alleged violations that comply with Iowa department of human services rules. The program shall hold any employee found to be in violation of Iowa Code sections 232.67 to 232.70, as substantiated by a department of human services investigation, subject to the program's policies concerning dismissal.

b. The personnel record for each employee working with clients shall contain at a minimum:

(1) Documentation of a criminal history background check with the Iowa division of criminal investigation on a new applicant for employment asking whether the applicant has been convicted of a crime.

(2) A written, signed and dated statement furnished by a new applicant for employment that discloses any substantiated reports of child abuse, neglect or sexual abuse or dependent adult abuse.

(3) For all employees working with or in contact with juveniles, documentation of a background check with the Iowa central child abuse registry on an applicant hired on probationary or temporary status, but prior to permanent employment, for any substantiated reports of child abuse, neglect or sexual abuse pursuant to Iowa Code section 125.14A.

(4) For all employees hired on or after July 1, 1994, and working with or in contact with dependent adults, documentation of a background check with the Iowa central adult abuse registry on an applicant hired on probationary or temporary status, but prior to permanent employment, for any substantiated reports of dependent adult abuse, neglect or sexual abuse pursuant to Iowa Code section 125.14A and chapter 235B.

c. A problem gambling treatment program shall not employ a person to work with juveniles who has a record of a criminal conviction or a founded child abuse report, unless an evaluation of the crime or founded child abuse has been made by the department of human services which concludes that the crime or founded child abuse does not merit prohibition of employment. If a record of criminal conviction or founded child abuse exists, the program shall offer the person with a criminal conviction or founded child abuse the opportunity to complete and submit Form 470–2310, Record Check Evaluation, to the Iowa department of human services. In its evaluation, the department of human services shall consider the nature and seriousness of the crime or founded abuse in relation to the position sought, the time elapsed since the commission of the crime or founded abuse, the circumstances under which the crime or founded abuse was committed, the degree of rehabilitation, and the number of crimes or founded abuses committed by the person.

d. A problem gambling treatment program shall not employ a person to work with dependent adults who has a record of a criminal conviction or a founded dependent adult abuse report, unless an evaluation of the crime or founded dependent adult abuse has been made by the department of human services which concludes that the crime or founded dependent adult abuse does not merit prohibition of employment. If a record of criminal conviction or founded dependent adult abuse exists, the program shall offer the person with a criminal conviction or founded dependent adult abuse the opportunity to complete and submit Form 470–2310, Record Check Evaluation, to the Iowa department of human services. In its evaluation, the department of human services shall consider the nature and seriousness of the crime or founded abuse in relation to the position sought, the time elapsed since the commission of the crime or founded abuse, the circumstances under which the crime or founded abuse was committed, the degree of rehabilitation, and the number of crimes or founded abuses committed by the person.

e. Each problem gambling treatment staff member shall complete two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment and shall complete at least two hours of additional training every five years thereafter.

**162.20(8)** Client case record maintenance. The problem gambling treatment program shall have written policies and procedures governing the compilation, storage and dissemination of individual client case records.

a. These policies and procedures shall ensure that:

(1) The problem gambling treatment program exercises its responsibility for safeguarding and protecting the client case record against loss, tampering, or unauthorized disclosure of information;

(2) Content and format of client case records are uniform; and

(3) Entries in the client case record are signed and dated.

b. The problem gambling treatment program shall provide adequate physical facilities for the storage, processing, and handling of client case records. These facilities shall include locked office doors and file cabinets and secure computer storage and storage areas. In those instances where records are maintained electronically, the program shall accept a staff identification code number authorizing access in lieu of a signature.

c. The problem gambling treatment program shall maintain appropriate records readily accessible to both staff members who provide services directly to the client and other persons specifically authorized by program policy. The program shall maintain records in proximity to the area in which the client normally receives services.

d. The problem gambling treatment program shall have a written policy governing the disposal and maintenance of client case records. The program shall maintain any client case record for not less than six years from the date the record is officially closed.

e. The problem gambling treatment program governing body shall establish policies that specify the conditions under which information on applicants or clients may be released and the procedures to be followed for releasing such information, in accordance with HIPAA and other relevant provisions of federal and state law. Program staff members as defined in this chapter may release confidential information with a properly authorized release of information.

f. Confidentiality of client case records. The problem gambling treatment program shall protect the confidentiality of client case records maintained by a program in accordance with HIPAA and other relevant provisions of federal and state law.

**162.20(9)** Client screening, admission and assessment.

a. Client screening. A problem gambling treatment program shall consider a client who is either a problem gambler or a concerned person affected by problem gambling behavior to be eligible for outpatient services if:

(1) Screening of a client, which includes the use of the following tool, determines that the client has a gambling problem if:

1. The gambler meets diagnostic criteria for pathological gambling in the American Psychiatric Association: Diagnostic and Statistical Manual (DSM) of Mental Disorders, version IV; or

2. The gambler does not meet full criteria for pathological gambling but demonstrates two to four of the diagnostic criteria for pathological gambling in the American Psychiatric Association: Diagnostic and Statistical Manual (DSM) of Mental Disorders, version IV.

(2) A concerned person, if any one of the following applies:

1. The individual who gambles excessively, and whose behavior is affecting the concerned person, meets the criteria in subparagraph 162.20(9)“a”(1); or

2. The concerned person meets the criteria of the Gam–Anon 20 questions screening tool.

b. Client admission. The problem gambling treatment program shall determine a client is in need of services if the client meets the criteria in subparagraph 162.20(9)“a”(1) or (2), and may then admit the client to the program. The program shall collect and record prior to or at the time of admission the following intake information on standardized forms for all persons applying for services. The program shall ensure that the following information shall become part of the client case record:

(1) Identifying information, including name, address, and telephone number.

(2) Demographic information, including date of birth, sex, race or ethnicity.

(3) Identification of the referral source.

(4) Presenting problem.

(5) Gambling history, including type, amount, frequency and duration of gambling activity.

(6) A problem gambling treatment screening as described in paragraph 162.20(9)“a.”

(7) A GTRS admission form if funded by the Iowa gambling treatment fund.

c. Client assessment. The problem gambling treatment program shall develop a complete assessment which is an analysis and synthesis of the intake data and which addresses the client's strengths, needs, and areas of clinical concern, including any problem gambling-specific goals and objectives the client has identified. The assessment shall be completed within 21 days of admission and shall include the following information:

(1) Legal history describing any involvement with the criminal justice system.

(2) Medical and health history.

(3) Mental health history and current mental health status, including, at a minimum, the use of a version of the Modified-MINI screening tool identified by the department. The program shall be exempt from the requirement in this subparagraph if the client was referred by a mental health provider that already completed a mental health history and current mental health status.

(4) Suicidal/homicidal assessment including past suicide attempts, method, suicide plan, family history of suicide attempts, and suicidal intent.

(5) Substance abuse history and screening describing current use, past use and treatment history, including, at a minimum, the use of a version of the Texas Christian University screening tool identified by the department. The program shall be exempt from the requirement in this subparagraph if the client was referred by a licensed substance abuse provider that already completed a substance abuse history and screening.

(6) Family history describing family composition and dynamics.

(7) Education status and history documenting levels of achievement.

(8) Vocational or employment status and history describing skills or trades learned, jobs held, duration of employment, and reasons for leaving.

(9) Peers and friends, indicating interpersonal relationships and interaction with persons and groups outside the home.

(10) A financial evaluation and information, including current financial status, gambling debt, any previous bankruptcy or repayment plans, and insurance coverage.

(11) Any other relevant information which shall assist in formulating an initial assessment of the client.

d. Problem gambling screening, admission and assessment policies and procedures. The problem gambling treatment program shall have written policies and procedures governing uniform screening, admission and assessment, which shall define:

(1) The types of information to be gathered on all problem gambling clients during screening, admission and assessment.

(2) Procedures to be followed to accept referrals from outside agencies or organizations.

(3) The types of records to be kept on all problem gambling clients applying for services.

e. The problem gambling treatment program shall ensure that all clinical observations and recommendations are documented in the client case record. If, in the judgment of the clinical director, psychological, psychiatric or further medical examinations are indicated, then the program shall refer the client to the appropriate professional services and document the referral in the client case record.

f. When a client refuses to divulge information or to follow the recommended course of treatment, the problem gambling treatment program shall note this refusal in the client case record.

g. During the screening and admission process, the program shall document that the client has been informed of:

(1) The general nature and goals of the problem gambling treatment program.

(2) The rules governing client conduct and the infractions that may lead to discharge from the program.

(3) The hours during which services are available.

(4) Problem gambling treatment costs to be borne by the client, if any.

(5) The client's rights and responsibilities.

(6) Confidentiality laws, rules and regulations including HIPAA.

h. The problem gambling treatment program shall clearly explain the results of the assessment to the client and to the client's family when appropriate. The problem gambling treatment program shall document this explanation in the client case record.

i. The clinical director shall review and approve all client screenings and assessments within 30 days of completion by probationary employees. The clinical director shall review and approve a minimum of 10 percent of all problem gambling client screenings and assessments within 30 days of completion by nonprobationary employees.

j. If the client is a minor, the program shall provide treatment services only with the permission of the client's parent or guardian.

**162.20(10)** Treatment plans. The problem gambling treatment program shall have a treatment plan in effect for each client receiving services. Based upon the initial assessment, the program shall develop and record an individualized written treatment plan in the client case record.

a. The problem gambling treatment program shall develop a treatment plan based upon the assessment as soon after the client's admission to the program as is clinically feasible, but not later than 30 days following admission.

b. The problem gambling treatment program shall have an individualized treatment plan for each client which, at a minimum, shall contain:

(1) Short-term and long-term goals that the client is attempting to achieve, based on the client's strengths and needs, including any problem gambling-specific goals and objectives that the client has identified.

(2) Time lines for the client to complete short-term and long-term goals and to successfully complete treatment.

(3) Type and frequency of therapeutic problem gambling treatment services which the client is receiving.

(4) Cultural and environmental criteria to meet the needs of the client.

c. The problem gambling treatment program shall develop treatment plans in partnership with the client.

d. The problem gambling treatment program shall provide the client with copies of all treatment plans upon request.

e. The problem gambling treatment program shall review the treatment plan with the client at a minimum of every 60 days or as progress occurs, whichever is sooner. The program shall document each review in the progress notes as required in subrule 162.20(11).

f. The problem gambling treatment program shall document that it has attempted to engage in joint treatment planning with other professionals who also provide services to the client.

g. If the client is a minor, the problem gambling treatment program shall develop a treatment plan in consultation with the client's parent or guardian.

**162.20(11)** Progress notes.

a. The problem gambling treatment program shall record a client's progress and current status in meeting the goals set in the treatment plan, as well as efforts by staff members to help the client achieve the stated goals in the client case record. Staff members shall record information following each individual counseling session

and shall record a summary of group counseling services at least weekly for clients who receive group counseling services.

b. The problem gambling treatment program shall use a standard documentation format for progress notes.

c. The progress notes for each individual counseling session shall document the following:

(1) Content of the session.

(2) A reassessment of the client's status, including any new short-term or long-term goals which were developed in conjunction with the client.

(3) Efforts by staff members to help the client achieve the treatment plan goals.

(4) Progress in achieving short-term and long-term goals.

(5) A plan to determine future short-term and long-term goals.

d. Entries shall be filed in chronological order and shall include the date services were provided or observations made, the amount of service time, the date the entry was made, and the signature or initials and title of the staff member providing the services. Staff members shall enter all progress notes into the client case record in permanent pen or by typewriter or computer. For records maintained electronically, the program shall accept a staff identification code number authorizing access in lieu of a signature.

e. Staff members shall supplement all entries that involve subjective interpretations of a client's progress with a description of the actual behavioral observations which were the basis for the interpretation.

f. If a client is also receiving services from an outside resource, the program shall attempt to periodically provide an updated status report to the outside resource, and shall attempt to:

(1) Secure a written copy of status reports and other client records from the outside resource, and

(2) Engage in joint treatment planning with other professionals involved in the management of the client's case.

g. The problem gambling treatment program shall ensure that individual progress notes are written, typed or dictated within one working day of the session and that group progress notes are written, typed or dictated within five working days of the session.

**162.20(12)** Client case record contents. The problem gambling treatment program shall ensure that there is a case record for each client that contains, as applicable:

a. Results of all examinations, tests, screening, and admission information;

b. Reports from referring sources;

- c. An assessment;
  - d. Treatment plans;
  - e. Date of report from an outside resource or documentation of verbal consultation with an outside resource including the name of the resource;
  - f. Documentation of multidisciplinary case conferences and consultations, including the date of the conference or consultation, recommendations made, actions taken, and individuals involved;
  - g. Correspondence related to the client, including all letters and dated notations of telephone conversations relevant to the client's treatment;
  - h. Treatment consent forms;
  - i. Release of information forms;
  - j. Progress notes;
  - k. Records of services provided;
  - l. A discharge summary of services provided, to be completed within 45 days of discharge. The program shall ensure that the discharge summaries are sufficiently detailed to identify the types of services the client has received and the actions taken to address the specific problems identified. The discharge planning process shall begin at the time of client admission, shall determine a client's continued need for treatment services, and shall include development of a plan to address ongoing client posttreatment needs. Discharge planning may also include a document identified as a discharge plan. Discharge of the client shall occur not later than 45 days after services have ceased. If the client is a minor, staff members shall develop the discharge plan in consultation with the client's parent or guardian;
  - m. GTRS forms if funded by the Iowa gambling treatment fund, or other appropriate data forms;
  - n. Incident reports; and
  - o. Documentation of all missed appointments and failure to comply with treatment recommendations.
- In describing services, staff members shall avoid general terms such as "counseling" or "activities."

**162.20(13) Medical services.**

- a. The problem gambling treatment program shall have policies and procedures developed to ensure that a medical history for all clients is completed upon admission to a treatment program. The program shall have policies and procedures developed in conjunction with a physician. The program policies and procedures shall

specify how program staff members review the medical history of, examine, and evaluate persons seeking services, and shall specify when staff members refer clients to medical services.

b. The program shall ensure that the medical history is performed as soon as possible.

c. A program may accept a medical history from referral sources which was conducted not more than 90 days prior to admission.

**162.20(14)** Emergency medical services. The problem gambling treatment program shall have policies and procedures to address medical emergencies.

**162.20(15)** Sentinel events.

a. The problem gambling treatment program shall have written policies and procedures to identify sentinel events that include but are not limited to:

(1) Situations in which a client or staff member is determined to be a danger to self or others;

(2) Any injury occurring at the facility;

(3) Any child abuse or dependent adult abuse involving a client or involving a program staff member as the respondent;

(4) Vehicular accidents involving a staff member on program business or involving a program-owned vehicle;

(5) Abuse of licit substances on program property;

(6) Use or possession of illicit substances on program property;

(7) Any events which may be subject to litigation; and

(8) Any other event which the program considers a sentinel event.

b. The problem gambling treatment program shall identify and respond appropriately to all sentinel events.

**162.20(16)** Quality improvement. The problem gambling treatment program shall have an ongoing quality improvement plan primarily designed to improve client services and to resolve identified problems.

a. The program shall have a written plan for quality improvement that is designed to evaluate the quality and appropriateness of client services and to resolve identified problems.

b. Staff members shall document program progress in the quality improvement plan.

c. Staff members shall document program changes in the quality improvement plan.

d. Staff members shall document how the quality of client services is improved by means of the quality improvement plan.

e. Staff members shall identify problems resolved through actions taken in compliance with the quality improvement plan.

f. The program shall demonstrate that problem gambling treatment modalities are grounded in current best practices within the problem gambling treatment field.

g. The program shall demonstrate integration of available research-based findings into its clinical practice.

h. The program shall have written policies and procedures for incorporating client satisfaction, treatment outcomes and performance measurement data into the quality improvement plan and shall demonstrate that findings from these data sources have been used to monitor and improve program performance.

**162.20(17)** Facility construction and safety. All facilities in which clients receive screenings, assessments or treatment services shall be designed, constructed, equipped, and maintained in a manner that is designed to provide for the physical safety of clients, staff members, visitors, and others.

a. If required by local jurisdiction, the program shall display a certification of occupancy.

b. During all phases of construction or alterations of facilities, the program and construction contractor shall not diminish the level of life safety in any occupied area. The program shall ensure that construction is in compliance with all applicable federal, state, and local codes.

c. New construction shall comply with Iowa Code chapter 104A and all applicable federal and local codes and provide for safe and convenient use by disabled individuals.

d. The program shall have written policies and procedures to provide a safe environment for clients, personnel, and visitors and to monitor that environment. Staff members shall document implementation of the procedures. The program's written policies and procedures shall include, but not be limited to, the following:

(1) A process for the identification, development, implementation, and review of safety policies and procedures for all facilities and services.

(2) The promotion and maintenance of an ongoing, facilitywide hazard surveillance program to detect and report all safety hazards related to clients, visitors, and personnel.

(3) The process by which staff members dispose of biohazardous waste within clinical service areas.

(4) For all facilities, the program shall:

1. Maintain all stairway, hall, and aisle floors with a substantial nonslippery material. The program shall maintain all stairways, halls, and aisles in a good state of repair, with adequate lighting. The program shall ensure that halls and aisles are free from obstructions at all times and that all stairways have handrails.

2. Ensure that radiators, registers, and steam and hot water pipes have protective covering or insulation and that electrical outlets and switches have wall plates.

3. Have written procedures for the handling and storage of hazardous materials.

4. Have policies and procedures for weapons removal.

5. Maintain swimming pools in conformance with state and local health and safety regulations. The program shall ensure that adult supervision is available at all times during which children are using the pool.

6. Have policies regarding fishing ponds, lakes, or any bodies of water located on or near the facility and accessible to the client.

**162.20(18)** Facility safety. The problem gambling treatment program shall:

a. Ensure that the outpatient facility is safe, clean, well ventilated, properly heated, free from vermin and rodents and in good repair.

b. Ensure that the facility is appropriate for providing those services available from the program and for protecting confidentiality.

c. Ensure that furniture is in good repair.

d. Have a written plan outlining procedures to be followed in the event of fire or tornado. This plan shall be conspicuously displayed in the facility.

**162.20(19)** Therapeutic environment. The problem gambling treatment program shall establish an environment that enhances the positive self-image of clients and preserves their human dignity. The program shall:

a. Ensure that all services are accessible to people with disabilities or have written policies and procedures that describe how people with disabilities can attain access to the facility for necessary services. The program shall comply with the Americans with Disabilities Act.

b. Ensure that the waiting or reception areas are of adequate size, have appropriate furniture and are located to ensure confidentiality.

c. Ensure that staff members are available to address the needs of clients and to greet clients and visitors.

d. Prohibit smoking within each facility.

e. Ensure that no staff member or other person sells, gives, or otherwise supplies any tobacco, tobacco products, or cigarettes to any client or staff member. The program shall not allow a person under the age of 18 to smoke, use, purchase, or attempt to purchase any tobacco, tobacco products, or cigarettes.

f. Have written policies and procedures to:

- (1) Inform problem gambling clients of their legal and human rights at the time of admission to the program;
- (2) Address client communication, opinions, or grievances and have a mechanism for redress;
- (3) Address prohibition of sexual harassment; and
- (4) Address a client's right to privacy.

**162.20(20)** Financial counseling services.

a. The program shall offer financial counseling services to clients. Financial counseling services shall be provided in-house or through consultation.

b. If the problem gambling treatment program determines that the client has financial problems, then financial counseling services shall include assisting clients in preparing a budget and discussing financial debt options, including restitution and bankruptcy.

These rules are intended to implement Iowa Code section 135.150.

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