



IDAHO DEPARTMENT OF
HEALTH & WELFARE

DETOX/MENTAL HEALTH DIVERSION UNIT APPROVAL APPLICATION

NEW FACILITY RENEWAL RELOCATION ADD SITE

Name of Program: _____

Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-Mail: _____

Physical Address of Main Office (if different): _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-Mail: _____

Number of sites to be approved: _____

Type of Ownership:

Individual:

Partnership:

Corporation:

Government:

Non-Profit:

For Profit:

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Names of Owners, Stockholders, or Board Members:	Titles or Positions

*Additional individuals may be listed on a separate sheet.

FACILITY SITE DATA

A separate form must be completed for each facility (location). This form may be copied if necessary.

Name of Facility: _____

Name of Person in Charge: _____

Address of Site Location: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Services to be approved:

Detoxification Unit: Mental Health Diversion Unit: Sobering Station:

Client population served: Adult: Adolescent:

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Description of Services. Identify program activities related to substance use disorders treatment:

Failure of the applicant to cooperate with the Department or complete the application process within six (6) months of the original date of application will result in a denial of the application. If the application is denied, the applicant is barred from submitting, seeking, or obtaining another application for certificate of approval for a period of three (3) years of the original date of application.

I have read, understand, and agree to abide by the provisions outlined in IDAPA 16.07.50. I certify that the information in this application is true, complete and correct to the best of my knowledge.

Date

Authorized Signature

**DETOX/MENTAL HEALTH DIVERSION UNIT APPROVAL APPLICATION
APPLICATION SUPPORTING DOCUMENTATION CHECK LIST**

The following check list indicates what documentation must be included in the application materials upon submission of the application as per IDAPA 16.07.50 “Minimum Standards for Nonhospital, Medically-Monitored Detoxification/Mental Health Diversion Units.”

110. APPLICATION FOR CERTIFICATE OF APPROVAL.

01. Completed and Signed Application.	
02. Initial Application and Building Evaluation Fee. c. A nonrefundable five hundred (\$500) dollar application and building evaluation fee. No application will be processed until the application fee is paid (new applications only).	
03. Statement to Comply. The applicant must provide a written statement that the <ul style="list-style-type: none"> • applicant, • owner, • operator, • proposed CEO or administrator, • proposed medical director, • proposed director of nursing services, • and proposed mental health program director have thoroughly read, reviewed, and are prepared to comply with the provisions in IDAPA 16.07.50, “Minimum Standards for Nonhospital, Medically-Monitored Detoxification/Mental Health Diversion Units.”	
04. Statement Disclosing Revocation or Disciplinary Actions. The applicant must provide a written statement regarding the applicant, owner, proposed CEO or administrator, proposed medical director, proposed director of nursing services, and proposed mental health program director that either: <ul style="list-style-type: none"> a. Discloses any revocation or other disciplinary action taken against, or in the process of being taken against any of them, in Idaho or any other jurisdiction; or b. Affirms that no revocation or other disciplinary action has been taken against, or is in the process of being taken against any of them, in Idaho or any other jurisdiction. 	
05. Criminal History and Background Clearance. The applicant must provide satisfactory evidence that the owner, applicant, all employees, transfers, reinstated former employees, student interns, contractors, volunteers, and any other individuals who provide care or services, or have access to clients, have successfully completed and received a clearance for a criminal history and background check that complies with Section 009 of these rules.	
06. Electrical Inspection. The applicant must provide a written statement from a licensed electrician or the local or state electrical inspector that all wiring in the facility complies with current electrical code as incorporated by reference in Section 004 of these rules.	
07. Public Health District. The applicant must provide a current written statement from the local health district that confirms the facility meets the local health codes for occupancy, and if the facility is not on a municipal water supply or sewage disposal system, that the water supply and sewage disposal system comply with these rules and are in good working order.	

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<p>08. Certificate of Occupancy, Fire Codes, and Building Codes. The applicant must provide a written statement from the local zoning official, local building official, and local fire official, that confirms the facility complies with local zoning, local building codes, and local fire codes for occupancy.</p>	
<p>09. Operational Policies and Procedures. The applicant must provide a complete set of operational policies and procedures as required under these rules. (Preferably Electronic)</p>	
<p>10. Proof of Insurance. The applicant must provide proof of insurance. Each facility must maintain medical liability insurance at a minimum of one million dollars/three million dollars (\$1,000,000/\$3,000,000), and general liability insurance at a minimum of one million/three million dollars (\$1,000,000/\$3,000,000). Copies of the declarations policy face-sheet must be included with the application.</p>	
<p>11. Floor Plan. The applicant must provide a detailed floor plan of the facility, including measurements of all rooms, or a copy of architectural drawings.</p>	
<p>12. Purchase Agreement, Lease, or Deed. The applicant must provide a copy of the purchase agreement, lease, or deed.</p>	
<p>13. Identification of CEP or Administrator, Medical Director, Director of Nursing Services, and Mental Health Program Director. The applicant must provide a written statement that identifies the CEP or administrator, medical director, director of nursing services, and mental health program director along with documentation that establishes compliance with Sections 271 through 273, and 275 of these rules.</p>	
<p>14. Other Information as Requested. The applicant must provide other information that may be requested by the Department for the proper administration and enforcement of these rules.</p>	