Print Form

IDAHO DEPARTMENT OF
HEALTH & WELFARE

SUBSTANCE USE DISORDERS TREATMENT AND RECOVERY SUPPORT SERVICES PROGRAM APPROVAL APPLICATION

☐TREATMENT PROGRAM ☐RECOVERY SUPPORT SERVICES

☐NEW FACILITY ☐RENEWAL ☐RELOCATION ☐ADD SERVICE ☐ADD SITE

Name of Agency: _____

Name of Executive Director: _____

Mailing Address of Main Office: _____

City:_____ **State:** _____ **ZIP** _____

Physical Address of Main Office (if different than above):_____

City:_____ **State:** _____ **ZIP** _____

Telephone: _____ **Fax:**_____

E-Mail_____

The following fees are non-refundable and must be included for each facility (site) applied for:

☐**Treatment facility - $100**
☐**Treatment and Recovery Support Services facility - $100**
☐**Recovery Support Services facility only - $50**

Number of facility sites to be approved: _____

Organization Type (check one): ☐**Community Based Organization** ☐**Faith-Based**

Type of Ownership:

☐**Individual** ☐**Partnership** ☐**Corporation** ☐**Government** ☐**Non-Profit** ☐**For Profit**

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

***Additional individuals may be listed on a separate sheet.**

Has the applicant or the person proposed as administrator been found guilty of or is under investigation for fraud, deceit, misrepresentation or dishonesty associated with the operation of a program?

☐**No** ☐**Yes**

If yes, please attach written documentation regarding the situation(s) along with an explanation of the status of the investigation.

I have read, understand, and agree to abide by the standards set forth in IDAPA 16.07.20. I certify that the information in this application is true, complete and correct to the best of my knowledge. I understand that, as a condition of approval, I will be required to provide data to the state.

_____ _____

Printed Name **Title**

_____ _____

Date **Authorized Signature**

APPLICATION INFORMATION SHEET

The forms and documentation requirements outlined in this application packet constitute the preliminary data that must be submitted to apply for Treatment Program and/or Recovery Support Services Approval through the Department. Any entity receiving public funds for the purpose of providing substance abuse treatment and/or recovery support services in Idaho must hold current program approval to be reimbursed for services with public funds.

The Substance Use Disorders Treatment and Recovery Support Services Application documents general information about the program. Each facility site to be approved under this application will be subject to an inspection before a certificate of approval can be issued for the facility.

The documentation to be attached to the Facility Site Data Form varies depending on the type of facility approval being secured. Separate documentation must be provided for each facility. The following checklist indicates what documentation must be attached to facility data forms as per IDAPA 16.07.20 Alcohol and Substance Use Disorders Treatment and Recovery Support Services Facilities and Programs, sections 130 & 135. APPLICATION AND RENEWAL. Please refer to the IDAPA code for complete explanations and definitions.

<u>Adult Facility and Program Services</u>
The following are adult facility and program services that may be approved by the Department:

1. **Early Intervention Services. Level 0.5**
2. **Outpatient/Intensive Outpatient – Level I/II.1**
3. **Clinically Managed Low-Intensity Residential Treatment (Halfway House) - Level III.1**
4. **Clinically Managed Medium-Intensity Residential Treatment - Level III.5**
5. **Residential Social Detoxification Facility**
6. **Medically Monitored Inpatient Treatment – Level IV**
7. **Opioid Treatment Program**

<u>Child and Adolescent Facility and Program Services</u>
The following are child/adolescent facility and program services that may be approved by the Department:

1. **Early Intervention Services. Level 0.5**
2. **Outpatient/Intensive Outpatient – Level I/II.1**
3. **Clinically Managed Low-Intensity Residential Treatment (Transitional Facility) - Level III.1**
4. **Clinically Managed Medium-Intensity Residential Treatment - Level III.5**

<u>Recovery Support Services</u>
The following are recovery support services that may be approved by the Department:

1. **Adult/Adolescent Staffed Safe and Sober Housing**
2. **Child Care**
3. **Life Skills**
4. **Transportation Services**
5. **Alcohol and Drug Testing Services**
6. **Case Management Services**

FACILITY SITE DATA

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

Name of Facility:_____

Contact Person *(to be posted on the Department's website)***:**_____

Address of Site:_____

City:_____**State:**_____**ZIP:**_____

Telephone number *(to be posted on the Department's website)***:**_____

Email:_____

1. Client population served: ☐ Adult ☐ Child and Adolescent

2. Clinical Services (ASAM LOC) to be approved**:**

☐ Inpatient (IV) ☐ Residential (III.5) ☐ Transitional Residential (III.1-Adolescent**)**

☐ Halfway House (III.1- Adult) ☐ Outpatient (I & II) ☐ Early Intervention (0.5) ☐ Detoxification

☐ Opioid Treatment Program

3. Recovery Support Services to be approved, if any**:**

☐ Basic and Intensive Case Management ☐ Life Skills ☐ Transportation

☐ Staffed Safe and Sober Housing ☐ Alcohol and Drug Testing ☐ Child Care

LIST OF EMPLOYEES FOR THIS LOCATION:	**POSITION OR JOB TITLE:**
	Executive Director
	Clinical Supervisor—(Does not apply to facilities providing RSS only.)
	Treatment Supervisor—(Does not apply to facilities providing RSS only.)
OTHER EMPLOYEES: (additional on separate sheet)	

APPLICATION SUPPORTING DOCUMENTATION CHECKLIST

Applicants must provide the following items with their application for approval/renewal. Incomplete applications cannot be accepted. Please refer to section 130 of IDAPA for a detailed explanation of each required item.

☐ **Please attach a detailed description of your program as outlined in IDAPA 16.07.20.200.**
All alcohol and substance use disorders treatment or recovery support services program must prepare a written plan for provision of services that meets the requirements in this section of rule.

Treatment and RSS	130. Initial Application. 01. and 135 Renewal. (please see IDAPA for full statements)
	a. Completed & Signed Application
	b. Application Fee ($100.00 for each treatment facility; $50.00 for each RSS stand-alone)
	c. Statement of Disclosure regarding owner, applicant, and proposed Executive Director i. Any revocations of a license, certification, or approval ii. Other disciplinary action taken to include fraud, waste, and abuse investigations.
	d. Statement disclosing any issue involving the IRS or Idaho State Tax Commission
	e. Copy of "Certificate of Assumed Business Name" from Idaho Sec of State ***
	f. Detailed floor plan of facility including measurements ***
	g. Disclosure of Ownership as required in Section 160 of IDAPA
	h. Copies of current and valid certificates, permits, or licenses i. Certificate of occupancy from local building authority
	ii. Certificate of fire inspection
	iii. Food service permit from the district health dept. if food is prepared & served onsite
	iv. Joint Commission or CARF certificate, if accredited
	i. Documentation that menus have been reviewed by a dietician (if applicable) ***
	j. Written plan for an inventory of treatments (please refer to IDAPA for more detail)
	k. Written statement indicating that the applicant has read and is prepared to comply with the Alcoholism and Intoxication Treatment Act. (link) http://legislature.idaho.gov/idstat/Title39/T39CH3.htm ***
	02. Proof of Insurance
	03. Electronic Version of Agency Operating Policies and Procedures
	04. Identification of Executive Director, Clinical Supervisor, and Treatment Supervisor a. Current Resumes b. Copies of Applicable Licenses/Certifications
	05. Copy of the Lease (if program facility is leased)
	700.06. Certified Home Inspection (for Staffed Safe and Sober Homes only)

*** Not needed for Renewal of Approval

PLEASE SEND ORIGINAL SIGNED APPLICATION (INCLUDING ATTACHEMENTS) TO:

Substance Use Disorders Facility Approval
Idaho Department of Health and Welfare
Division of Behavioral Health (3rd Floor)
P.O. Box 83720
Boise, Idaho 83720-0036

Please contact Ryan Phillips at phillipr@dhw.idaho.gov or 208.334.6610 if you have questions or concerns regarding the application process or IDAPA standards.

131. FAILURE TO COMPLETE APPLICATION PROCESS.
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 a certificate of approval for a period of one (1) year from the date of the original application.

138. JOINT COMMISSION OR CARF ACCREDITATION
The Department may approve programs or renew a program's certificate of approval based upon Joint Commission or CARF accreditation under the following conditions.

Documents to Submit:	
A completed and signed Department application form	
Copy of Joint Commission or CARF Accreditation Certificate	
01. Organization Chart Verifying Staff Credentials	
02. Criminal History & background checks	
03. Staff Tuberculosis Testing Verification	
04. A non-refundable application fee: • Treatment facility $100.00 • Treatment & recovery support $100.00 • Recovery support services $50.00	

REIMBURSEMENT FOR PUBLIC TREATMENT SERVICES:
Your approval of this application by the State does not guarantee reimbursement for any service from any funding source. Business Psychology Associates is the Management Services Contractor (MSC) for the Division of Behavioral Health. You will need to complete their application process prior to accepting clients for State reimbursement. For a current list of funded services please refer to the Department website or contact BPA. You may contact BPA, at 208-947-4377 or 800-688-4013 for application and continued information.

ASSESSMENT REQUIREMENTS:
In accordance with IDAPA 16.07.20.370.1, all approved programs must utilize an assessment tool approved by the Department. The Global Appraisal of Individual Needs (GAIN) is the only assessment tool approved by the Department for state funded clients. Only Qualified Professionals per IDAPA 16.07.20.218 or 223 will be approved to participate in the GAIN Training and Certification Process. Only GAIN I assessments conducted through the Department's electronic health record system (WITS) will be reimbursed by the Department. Access to WITS is restricted and requires authorization from the Department. Agencies completing the facility approval process will receive a packet containing information, instructions and forms for accessing WITS with their Certificate of Approval.

As you consider the time frames for facility approval, please be aware that GAIN Certification is an approximately 90 day process. Please contact John Kirsch by phone at 208-334-6680 or by e-mail at kirschj@dhw.idaho.gov for details.