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 Facility:_____

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 being 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 provisions 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 contained 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 chart indicates what documentation must be attached to facility data forms as per IDAPA 16-0720-0901 Alcohol and Drug Abuse Prevention Treatment Programs 130. 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. **Clinical Case Management Services.**
2. **Residential Social Detoxification Facility.**
3. **Clinically Managed Medium-Intensity Residential Treatment. Level III.5**
4. **Clinically Managed Low-Intensity Residential Treatment (Halfway House). Level III.1**
5. **Level I – Outpatient, and Level II.1 – Intensive outpatient Treatment.**
6. **Opioid Treatment Program.**
7. **Drug Court Outpatient Treatment Program.**
8. **Early Intervention Services. Level 0.5**

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

1. **Clinically Managed Medium-Intensity Residential Treatment. Level III.5**
2. **Level I – Outpatient, and Level II.1 – Intensive Outpatient Treatment**
3. **Drug Court Outpatient Treatment Program**
4. **Transitional Residential Treatment Services. Level III.1**
5. **Early Intervention Services. Level 0.5**

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

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

6. Basic and Intensive Case Management Services

FACILITY SITE DATA

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

Name of Facility:_____

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

Address of Site Location:_____

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, if any**:**

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

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

☐ Opioid Treatment Program ☐ Clinical Case Management ☐ Drug Court Outpatient

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

☐ Basic and Intensive Case Management ☐ Life Skills ☐ Transportation

☐ Adult 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)	

☐ **Please attach a Description of Services 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.

APPLICATION SUPPORTING DOCUMENTATION CHECKLIST

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 Initial/Renewal for Tx and $100.00 for Tx and RSS and $50.00 for RSS only.)
	c. Statement of Disclosure: Owner or 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 IRS or ISTC for past 5 years
	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
	h. Copies of current and valid certificates, permits, or licenses i. Certificate of occupancy from local building authority…
	ii. Certificate of fire inspection in accordance with the Uniform Fire Code
	iii. Food service permit if food is prepared & served onsite.
	iv. Joint Commission or CARF certificate, if accredited
	i. Documentation of reviewed menus, approved by RD w/in 12 months ***
	j. Written plan for an inventory of treatments as defined in Section 012, to include 6 subcategories
	k. Written statement regarding 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 ED, Clinical Supervisor, and Treatment Supervisor. a. Current Resumes b. Copies of Applicable Licenses/Certifications
	05. Copy of the Lease.
	700.06. Certified Home Inspection for Staffed Safe and Sober Homes **(RSS)**

*** Not needed for Renewal of Approval

PLEASE SEND THE ORIGINAL APPLICATION (INCLUDING ALL ATTACHEMENTS) TO:

Ryan Phillips, Program Specialist
Department of Health and Welfare – Behavioral Health
P.O. Box 83720
Boise, Idaho 83720-0036

If you have any questions you may contact Ryan Phillips at phillipr@dhw.idaho.gov or 208-334-6610.

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 Staffing 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 or any funding source. Business Psychology Associates is the Management Services Contractor (MSC) for the Department. 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.