



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

**SUBSTANCE USE DISORDERS TREATMENT AND RECOVERY SUPPORT  
SERVICES PROGRAM APPROVAL APPLICATION**

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**TREATMENT PROGRAM**

**RECOVERY SUPPORT SERVICES**

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**NEW FACILITY**

**RENEWAL**

**RELOCATION**

**ADD SERVICE**

**ADD SITE**

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**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 certify that the information in this application is true, complete and correct to the best of my knowledge. I understand as a condition of approval, I will be required to provide data to the state.

\_\_\_\_\_  
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 Program Approval Application varies depending on the type of facility approval being requested. Separate documentation must be provided for each facility. The following chart indicates what documentation must be included with the application as per IDAPA 16-0720-0901 Alcohol and Drug Abuse Prevention Treatment Programs 130. APPLICATION AND RENEWAL.

### Adult Facility and Program Services

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.
4. Clinically Managed Low-Intensity Residential Treatment (Halfway House).
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.

### Child and Adolescent Facility and Program Services

The following are child and adolescent facility and program services that may be approved by the Department:

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

### Recovery Support Services

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: \_\_\_\_\_

Clinical Services to be approved:  None

Inpatient:  Residential:  Outpatient:  Drug Court Outpatient:

Transitional Residential (Adolescent):  Halfway House:  Detoxification:

Opioid Treatment Program:  Clinical Case Management:

Recovery Support Services to be approved :  None

Basic and Intensive Case Management:  Life Skills:  Child Care:

Transportation  Alcohol and Drug Testing  Adult Staffed Safe and Sober Housing

Client population served: Adult:  Adolescent:

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:	

Please list additional staff on a separate sheet of paper.

**Description of Services: Please attach. See IDAPA 16-0720-0901 200. Description of Services for required items. Your application cannot be processed without this attachment.**

**APPLICATION SUPPORTING DOCUMENTATION CHECKLIST**

<b>130. Initial Application. 01.</b>	<b>New Applicant Residential</b>	<b>New Applicant Outpatient</b>	<b>Renewal &amp; Relocation</b>	<b>RSS Only</b>
<b>a.</b> Completed & Signed Application	X	X	X	X
<b>b.</b> Application Fee	\$100.00	\$100.00	\$100.00	\$50.00
<b>c.</b> Statement of Disclosure RE Owner or Executive Director <b>i.</b> Any Revocations <b>ii.</b> Other Disciplinary	X	X	X	X
<b>d.</b> Statement RE IRS & Idaho Tax Commission	X	X	X	X
<b>e.</b> Copy of Certificate of Assumed Business Name	X	X	0	X
<b>f.</b> Detailed floor plan of facility	X	X	X	X
<b>g.</b> Disclosure of Ownership	X	X	X	X
<b>h.i.</b> Certificate of Occupancy	X	X	X	X
<b>h.ii.</b> Certificate of Fire Inspection	X	X	X	X
<b>h.iii.</b> Food Service Permit (If food is prepared & served onsite)	X	X	X	X
<b>h.i.</b> Documentation that menus have been reviewed.	X	0	0	0
<b>j.</b> Inventory of Treatments.	X	X	X	X
<b>k.</b> Written statement regarding Alcoholism and Intoxication Treatment Act. (link) <a href="http://legislature.idaho.gov/idstat/Title39/T39CH3.htm">http://legislature.idaho.gov/idstat/Title39/T39CH3.htm</a>	X	X	0	X
<b>02.</b> Proof of Insurance.	X	X	X	X
<b>03.</b> Electronic Version of Agency Operating Policies and Procedures.	X	X	X	X
<b>04.</b> Identification of ED, Clinical Supervisor, and Treatment Supervisor. <b>a.</b> Current Resumes <b>b.</b> Copies of Applicable Licenses/Certifications	X	X	X	X
<b>05.</b> Copy of Lease.	X	X	X	X
<b>06.</b> Certified Home Inspection for Staffed Safe and Sober Homes	X	X	X	X

**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.

<b>Documents to Submit:</b>	
A completed and signed Department application form.	
Copy of Joint Commission or CARF Accreditation Certificate	
<b>01.</b> Organization Chart Verifying Staffing Credentials	
<b>02.</b> Criminal History & background checks	
<b>03.</b> Staff Tuberculosis Testing Verification	
<b>04.</b> A non-refundable application fee: <ul style="list-style-type: none"> <li>• Treatment facility \$100.00</li> <li>• Treatment &amp; recovery support \$100.00</li> <li>• Recovery support services \$50.00</li> </ul>	