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 <u>each</u> facility (site) applied for:

☐Treatment facility - $100 **Number of sites to be approved: _____**
☐Treatment <u>and</u> Recovery Support Services facility - $100
☐Recovery Support Services facility only - $50

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

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

☐**No** ☐**Yes** **Has the applicant, owner, or person proposed as executive director ever had a license, certification, or approval revoked <u>or</u> had other disciplinary action taken, or in process, in Idaho or any other jurisdiction? This includes on-going fraud, waste, and abuse investigations.**

☐**No** ☐**Yes** **Has the applicant, owner, or person proposed as executive director had an issue involving the Internal Revenue Service or the Idaho State Tax Commission in the past five(5) years?**

If yes to either, please attach a written explanation of the circumstances and status of any investigations.

APPLICATION SUPPORTING DOCUMENTATION CHECKLIST

Applicants must provide the following with their application for approval/renewal. Incomplete applications cannot be accepted. Please refer to section 130 (new application) or 135 (renewal) of IDAPA for an explanation of each required item.

Treatment and RSS	130. Initial Application. 01. and 135 Renewal (please see IDAPA for full statements)
	a. & b. Completed & signed application & non-refundable fee
	e. Copy of "Certificate of Assumed Business Name" from Idaho Sec. of State ***
	f. Detailed floor plan of each facility including measurements ***
	h. Copies of current and valid certificates, permits, or licenses i. Certificate of occupancy from local building authority for each facility
	ii. Certificate of fire inspection for each facility
	iii. Food service permit from the district health dept. if food is prepared & served onsite
	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)
	02. Proof of Insurance
	03. Electronic Version of Operating Policies and Procedures as required by IDAPA
	04. a. & b. Resumes and applicable licenses for agency director and supervisory staff
	05. Signature page of facility lease
	700.06. Certified Home Inspection (for Staffed Safe and Sober Homes only)

*** Not needed for Renewal of Approval

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. If this applies to your agency, please submit the following.

Treatment and RSS	138. Joint Commission or CARF Accreditation
	A completed and signed Department application form
	Copy of Joint Commission or CARF Accreditation Certificate
	01. Organizational Chart Verifying Staff Credentials
	02. Criminal History & background checks
	03. Staff tuberculosis testing verification
	04. A non-refundable application fee

I have read, understand, and agree to abide by the provisions set forth in the Alcoholism and Intoxication Treatment Act (AITA - Title 39, Chapter 3) and 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 may be required to provide data to the State of Idaho.

_____ _____

Executive Director (please print) **Signature of Executive Director**

_____

Date

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.

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 checklist above indicates what documentation must be attached to facility data form(s) 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.

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 BPA's 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 once you are certified by the Division of Behavioral Health.

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.

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, if any**:**

☐ 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.)
	House Manager (Staffed Safe and Sober Housing Only)
OTHER EMPLOYEES: (additional on separate sheet)	**POSITION OR JOB TITLE:**