IDAHO DEPARTMENT OF

HEALTH & WELFARE

MEMORANDUM

TO: Applicant for Substance Abuse Treatment Facility Approval
FROM: Sherry Johnson, CADC
Program Specialist – Facility Approval
SUBJECT: Application/Renewal/Relocation/Addition of Program Site

Thank you for your interest in the approval/renewal/addition of site process for state substance use disorder facilities. Enclosed you will find an application packet. The current rules for alcohol and drug abuse treatment programs are available on the web at: http://adm.idaho.gov/adminrules/rules/idapa16/0603.pdf

The application materials which are required to be submitted along with the application are listed in the check boxes on "Application Information Sheet" and on pages 9-11 of the IDAPA Standards (06.03.021.03)

Effective September 01, 2008, the Department will not be accepting program approval applications unless you offer one of the following:

- Adolescent Residential Services
- An Underserved Region
- An applicant must include a full needs assessment and submit it as part of the application. The needs assessment must include:
    - A statement establishing the geographic area for which the applicant intends to provide services
    - A complete description of all services the applicant proposes to provide
    - Specific goals and objectives
    - Data and other supporting information demonstrating the need for the services in the area, description of unmet needs, and a discussion of why those needs are not being met currently
    - The program's relationship to other substance abuse services and related programs in the service area and how the applicant will collaborate with them to achieve a comprehensive system of care in the service area
    - The program's plans to secure additional funding

The GAIN-I is the only assessment tool that the Department will reimburse for. Only clinicians who are GAIN certified or engaged in the GAIN certification process will be reimbursed for services rendered.

NEW APPLICANTS:
Please include an electronic version of your policies and procedures manual with your application. Include either electronically or hard copy the resume for each position as outlined in **IDAPA 16.06.03 - 050. STAFF COMPOSITION**: Program Administrator, Treatment Supervisor, and Clinical Director.

In accordance with the **IDAPA 16.06.03 – Alcohol and Drug Abuse Prevention and Treatment,** application for approval of an alcohol/drug program and shall be made to the State Alcohol/Drug Authority at least ninety (90) days prior to the planned opening.

RELOCATION AND ADDITIONAL SITE APPLICANTS:
Complete the application as indicated. You are not required to submit policies and procedures manual.

In accordance with the **IDAPA 16.06.03 – Alcohol and Drug Abuse Prevention and Treatment Programs,** any change in location from the building requires the program to notify the Department and submit required documents, thirty (30) days prior to the move, so the Department can inspect the new facility. Failure to do so renders the certificate of approval null and void, and the Department shall suspend it, pending submission of a new application and approval of the new facility.

RENEWAL APPLICANTS:
Complete the application as indicated. You are not required to submit policies and procedures manual.

In accordance with the **IDAPA 16.06.03 – Alcohol and Drug Abuse Prevention and Treatment Programs,** application for renewal of approval of an alcohol/drug treatment program shall be made to the State Alcohol/Drug Authority at least ninety (90) days prior to the expiration date on the current certificate.

APPLICATION REVIEW PROCESS FOR ALL APPLICANTS:
In accordance with **IDAPA 16.06.03 – Alcohol and Drug Abuse Prevention and Treatment Programs,** upon receipt of the **completed** application for approval or renewal, the Department will review and advise the applicant within thirty (30) days if the application meets the requirements.

REIMBURSEMENT FOR PUBLIC TREATMENT SERVICES:
Business Psychology Associates (BPA) is the Management Services Contractor (MSC) for the Department. You will need to complete their approval process prior to accepting clients for state reimbursement. You may contact Suzette Driscoll, Provider Network Management at (208) 947-1318.

SITE VISITS:
The Center for the Application of Substance Abuse Technologies (CASAT) handles applications for the Department. You may contact Mark Disselkoen, Certification Director at (208) 237-0508.

PLEASE SEND APPLICATION AND ONE COPY OF THE COMPLETE APPLICATION (INCLUDING ALL ATTACHMENTS) TO:

Sherry Johnson, 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 Sherry Johnson, Department of Health and Welfare at (208) 334-5934.

September, 2008

IDAHO DEPARTMENT OF

HEALTH & WELFARE

SUBSTANCE ABUSE TREATMENT PROGRAM APPROVAL APPLICATION

☐ **NEW FACILITY** ☐ **RENEWAL** ☐ **RELOCATION** ☐ **ADD SITE**

Name of Facility:_____

Name of Executive/Program 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:** _____

Number of facility sites to be approved:

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 an Alcohol/Drug Abuse Treatment Program Certificate of Approval. Any entity receiving public funds for the purpose of providing substance abuse treatment in Idaho must hold a current Alcohol/Drug Abuse treatment program approval to be reimbursed for services with public funds.

The Substance Abuse Treatment Program Approval 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 16.06.03 – Alcohol and Drug Abuse Prevention Treatment Programs 021. APPLICATION AND RENEWAL.

APPLICATION SUPPORTING DOCUMENTATION CHECKLIST

	NEW APPLICATION	NEW APPLICATION	RENEWAL RELOCATION ADDITIONAL SITE
Documentation	**Residential Facility**	**Outpatient Facility**	**Residential or Outpatient Facility**
a. Application for Approval	X	X	X
b. Disclosure of ownership.	X	X	Only if Change of Ownership
c. A copy of most recent annual report	X	X	X
d.i. Certificate of Occupancy	X	X	X
dii. Certificate of fire inspection	X	X	X
d.iii. Food service permit (if applicable)	X	X	X
d.iv. Child Care License – for facilities treating children 24-hours-per-day	X		X (Residential)
d.v. JCAHO Certification (If applicable)	X	X	X
d.vi. CARF Certification (If applicable)	X	X	X
e. Documentation that menus have been approved by a registered dietician within prior 12 months.	X		X (Residential)
f. Written plan for inventory of treatments	X	X	X
g. Lease/Rental Agreement/Title	X	X	X
h. Proof of insurance	X	X	X
i. Policies / Procedures (Preferably Electronic)	X	X	
j. Data and other info demonstrating the need for the services in the area, description of unmet needs, and a discussion of why the needs are currently satisfied	X	X	X
k. Resumes for Clinical Director, Program Administrator, Treatment Supervisor	X	X	X
l. One extra copy of the complete application and supporting documentation	X	X	X
m. Needs Assessment	X	X	X

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:_____

Facility(ies) to be approved:

Inpatient:☐ **Residential:**☐ **Outpatient:** ☐

Halfway House: ☐ **Detoxification:** ☐

Client population served: Adult:☐ **Adolescent:**☐

LIST OF EMPLOYEES FOR THIS LOCATION	POSITION OR JOB TITLE
	Executive Director
	Clinical Director
	Program Director
	Treatment Supervisor
OTHER EMPLOYEES:	

Please list additional staff on a separate sheet of paper.

Identified Program Activities related to substance abuse treatment: (Please list. Eg. Assessment, Intensive Outpatient track, Family Therapy, Individual Therapy, Women's Issues group, Ropes Course, Parents Group, Spanish language track/group)

Description of Services: Please attach. See IDAPA 06.03.040 Description of Services (rules page 17) for required items. Your application cannot be processed without this attachment.