

Division of Behavioral Health



Department Approval

Department Approval Requirements

Department Approvals are required for all Behavioral Health Service Providers (herein referenced as Providers):

1. Community behavioral health service providers (herein referenced as Grantee Providers); and
2. Non-publically funded private service providers (herein referenced as Private Providers).

Note: Mental Health Physician Clinics are not required to have Department Approval from the Division.

To achieve Department Approval by the Division, the Provider must be:

- Nationally accredited (JC, CARF, or COA); *or*
- Meeting the interim standards under 7AAC 70.200-260; *or*
- Becoming a new service provider.

Department Approval

The Department Approval will include authorization of:

- the Provider’s physical location(s)
- the Provider’s geographic service area(s); and
- The Provider’s service category(s).
(see next slide)

Department Approval Categories

Department Approval Service Categories include:

- behavioral health clinic services
- behavioral health rehabilitation services
- detoxification services
- residential substance use treatment services
- day treatment (for children in school; not substance use disorder treatment)

A Provider may be approved via Department Approval to provide services in one or a combination of the above service categories.

A Provider can only render services in their approved service category(s).

Department Approval Evaluation Types

- There are two types of Department Approval evaluations.
- The evaluation type is dependent upon if the Provider is accredited or not accredited.
- The evaluation process will take place offsite unless conducting the evaluation on the Provider's premises is otherwise warranted.

Department Approval Evaluation Process for ACCREDITED Providers

- The Division will notify a Provider when their Department Approval Evaluation Process is approaching.
- To achieve Department Approval, a Nationally Accredited Provider must:
 1. Complete and return a *Grantee Attestation Form* or a *Private Provider Attestation Form*.
 - The form will be included in the initial notification.
 2. Submit a copy of the current National Accreditation Survey Report and Certificate.
 3. Submit requested clinical record documentation.
 - The initial notification will include a list of clients. The Provider must copy the requested clinical records and mail them to the Division.
 - The clinical records will be evaluated based upon adherence to regulations.
 - Grantee Providers are held to Medicaid documentation standards found in regulations under 7AAC 105 & 135.
 - Private Providers are held to documentation standards found in regulation under 7AAC 70.130.
 - Private Providers that provide Residential Substance Use Treatment & Detoxification must be held to Medicaid documentation standards found in regulations 7AAC 105 & 135.

Department Approval Evaluation Process for NON-ACCREDITED Providers

- The Division will notify a Provider when their Department Approval Evaluation Process is approaching.
- To achieve Department Approval a Provider who is NOT Nationally Accredited must:
 1. Complete and return a *Grantee Attestation Form* or a *Private Provider Attestation Form*.
 - The form will be included in the initial notification.
 2. Submit the Provider's regular quality assurance reviews (7AAC 70.225(4))
 3. Submit the Provider's comprehensive medication management policy & procedures and evidence of periodic reviews of such policy & procedures.
 4. Complete and return the *Self-Evaluation Form*.
 - The form will be included with the initial notification.
 - The form requires a Provider to write a narrative summary of their adherence to the interim standards as defined in 7 AAC 70.200-260.
 5. Submit requested clinical record documentation.
 - The initial notification will include a list of clients. The Provider must copy the requested clinical records and mail them to the Division.
 - The clinical records will be evaluated based upon adherence to regulations.
 - Grantee Providers are held to Medicaid documentation standards found in regulations under 7AAC 105 & 135.
 - Private Providers are held to documentation standards found in regulation under 7AAC 70.130.
 - Private Providers that provide Residential Substance Use Treatment & Detoxification must be held to Medicaid documentation standards found in regulations 7AAC 105 & 135.

Department Approval Evaluation Continued

- The Division will review and score all of the submitted materials.
- The Division will issue a written report summarizing the findings.
- The Provider will receive a *Corrective Action Plan*, if warranted.
- Upon the Providers receipt of the *Corrective Action Plan*, the Provider will have a limited period of time to complete and return the details of their plan to correct the deficiencies that were identified.

Department Approval Outcomes

- The components of the Evaluation Process are scored and used to determine the final length of Department Approval; for up to a three year period of time.
- **Extension**: is the temporary extension of a Department Approval due to unforeseen circumstances that delayed the Department Approval evaluation process.

Department Approval Outcomes

There are Four different Department Approval outcomes:

1. **Department Approval**: is for up to a three year period of time contingent upon demonstration of substantial compliance with the applicable regulations; for those providers who are nationally accredited this approval outcome will align with the national accreditation expiration date.
2. **Provisional Department Approval**: is for a 1-2 year period of time to allow an existing Provider to demonstrate further progress toward substantial compliance with the regulations or for a new Provider to be approved for the first time.
3. **Probationary Department Approval**: is issued for one year or less pending completion of specified requirements because of substantial failure to comply with applicable regulations.
4. **Denial**: The Division has the right to deny Department Approval. The notice will include the reason(s) as well as the Provider's rights and responsibilities.

Department Approval Compliance

- 1. Substantial Compliance:** means a level of adherence to applicable regulations which, while not meeting one or more of the requirements, does not, in the determination of the Division:
 - Constitute a danger to the health or safety of any individual;
 - Constitute a willful or ongoing violation of the rights of recipients as set forth in regulations
- 2. Substantial Failure to Comply:** is used to mean the opposite of substantial compliance.

Department Approval Certificate

- The Provider can see what the Department Approval outcome is by looking at the Department Approval Certificate. See **red** arrow.
- The Provider can see what service categories they are approved to provide by looking at the **yellow** arrow.
- The Provider can determine the Length of Department Approval by looking at the **blue** arrow.



DEPARTMENT OF HEALTH & SOCIAL SERVICES BEHAVIORAL HEALTH

This is to certify that **[Insert Type of DA]** Department Approval is granted by the Department of Health and Social Services to:

[PROVIDER NAME]

Agency primary physical address located at:

[Provider Address]

for the provision of the following behavioral health services:

Residential Substance Use (High)

This certificate is effective **[Insert Start Date]** through **[Insert End Date]**, and is subject to the provisions of A.S. 47.37 Uniform Alcoholism Intoxication Treatment Act, A.S. 47.30.520-47.30.620 and 7 AAC 70.010-7 AAC 990 Behavioral Health Services. This certificate shall not be transferable and shall be subject to revocation at any time by the Department of Health and Social Services for failure to comply with the laws of Alaska or rules and regulations as provided under the Alaska Administrative Code. This approval is authorized by the Department of Health and Social Services, this __ day of __, 20__.

DO NOT COPY

Melissa Witzler Stone, Director
Division of Behavioral Health

Department Approval

Voluntary Surrender

Voluntary Surrender: When a program is discontinued, its current Department Approval is void immediately and the Department Approval certificate shall be returned to the Division.


A discontinued program is one which has terminated its services for which it has been approved. A program planning to discontinue services must:

- Notify the Division 60 days prior to a voluntary closure of a facility with written notice of how the Provider will comply with 42 CFR Part 2, Federal Confidentiality Regulations, regarding the preservation of all client records; and
- Provide clients 30 days written notice and shall be responsible for making reasonable efforts to obtain treatment placement of clients as appropriate.

Department Approval Disciplinary Actions

- 1. Revocation:** means the removal of authority for a Provider to provide certain services under a Department Approval.
- 2. Suspension:** means a temporary removal of authority for a Provider to conduct a service for a stated period of time or until the occurrence of a specified event under a Department Approval Corrective Action plan.

Request Additional Service Categories for an Existing Department Approval

- Use the *Department Approval Request Form* located on the DBH website.
- The form is labeled “Provider Letter 9.01.11 GD Provider Approval (Form PDF).; or click this link
- <http://www.hss.state.ak.us/dbh/bh-Regs.htm>
- Fill out the form completely and indicate which service category and the location the service is going to be provided. 

Department of Health & Social Services
Division of Behavioral Health
Request for Department Approval Form

Provider Name: _____ Date of Request: _____

Address of Primary Location: _____

Executive Director: _____

Are you nationally accredited? Yes No If Yes, accrediting body: _____

Physical Location: _____ Service Area: _____

Service Categories: Clinic Rehabilitation Detoxification Residential Substance Use Day Treatment

Level _____