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.
  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 are 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 are 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.
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 clink 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.