

# Division of Behavioral Health

## Program Approval Process



Training: Integrated Behavioral Health Regulations

-7 AAC Chapter 70

- 7AAC Chapter 135

August/ September 2011

# Purpose

The purpose of this training is to provide information on the integrated regulations regarding department approvals, national accreditation, and the interim standards for operation.

This training is an overview and not meant to take the place of service providers reading and understanding the Integrated Behavioral Health Service Regulations.

# Department Approval

Upon signature of the regulations, providers will receive a Request for Department Approval form from the Division. In order to ensure that all grantee providers will be authorized to operate and continue billing Medicaid, the Division will need this form returned within 15 days of the date the regulations are scheduled to go into effect. Failure to submit this form will result in a provider's inability to operate.

## Request for Department Approval Form:

- Information submitted must be a complete and accurate representation of the services provided by the organization, including all physical locations, all service areas and all service categories.
- By requesting a department approval, an organization acknowledges understanding of the regulations governing these services and certifies the organization is in full compliance with regulations to lawfully provide these services.
- The organization agrees to notify the Division in writing, using an addendum to this form, if the organization wants to add service categories, locations, or service areas.
- An instruction sheet will accompany the form to assist providers

Provider Name: [Click here to enter text.](#)

Date of request: [Click here to enter text.](#)

Address of primary location: [Click here to enter text.](#)

Executive Director: [Click here to enter text.](#)

Physical Location: [Click here to enter text.](#)

Service Area: [Click here to enter text.](#)

Categories:

Clinic  Rehabilitation  Detoxification  Residential Substance Use  Day Treatment

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Physical Location: [Click here to enter text.](#)

Service Area: [Click here to enter text.](#)

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Physical Location: [Click here to enter text.](#)

Service Area: [Click here to enter text.](#)

Categories:

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I hereby certify that the information provided in this document is a complete and accurate representation of the services provided by this organization, including physical locations, service areas and service categories. By requesting a department approval I acknowledge understanding of the regulations governing these services and certify this organization is in full compliance with regulations to lawfully provide these services.

I will notify the Department in writing, using an addendum to this form, if this organization wants to add service categories, locations, or service areas.

I affirm that these service locations, areas, and categories will be identified and evaluated under any present or future national accreditation body that this organization contracts with.

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

# Department Approval Cont.

Beginning on October 1, 2011, the Division will begin conducting evaluations for the purpose of granting service providers a department approval to operate under the new regulations. There will be two different types of evaluation, one for service providers with national accreditation and one for service providers that do not have national accreditation.

# Department Approval Cont.

The department will approve an agency to provide behavioral health services only if that agency is

- nationally accredited *or*
- working toward accreditation in accordance with 7 AAC 70.150. (interim standards)

A department approval will be for one or more of the following service categories:

- behavioral health clinic services
- behavioral health rehabilitation services
- detoxification services
- residential substance use treatment services

# Department Approval Evaluation

The following outlines the department approval evaluation process:

*Self-Evaluation:* Service provider will complete an evaluation form providing a narrative summary regarding their adherence to interim standards as defined in 7 AAC 70.200-260. *Applies to service providers that are not nationally accredited.*

*Quality Assurance Review:* DHSS will review the service provider's internal quality assurance reports as defined in 7 AAC 70.225. *Applies to service providers that are not nationally accredited.*

# Department Approval Evaluation Cont.

*Personnel Files:* DHSS will review a small sample of personnel files.  
*Applies to service providers that are not nationally accredited.*

*Fire Inspection Report:* DHSS will review service provider's fire inspection report. *Applies to service providers that are not nationally accredited.*

*Medication Management Policies and Procedures:* DHSS will review the service provider's medication management policies and procedures as defined in 7 AAC 70.230. *Applies to service providers that are not nationally accredited.*

# Department Approval Evaluation Cont.

*Clinical Records Review:* DHSS will pull a small sample of clinical records to review for adherence to Medicaid standards and review for medical necessity. *Applies to all service providers.*

*Grant:* DHSS will review service provider's adherence to grant requirements. *Applies to publically funded service providers.*

*Accreditation Report:* DHSS will review service provider's accreditation site review report. *Applies to nationally accredited service providers.*

# Department Approval Evaluation Cont.

- Evaluations will be conducted off-site unless an on-site evaluation is needed.
- Department approval will also include the identification of the geographic area(s) that a provider may deliver services, and the physical location(s) for their agency.
- Service providers will receive a written report and a corrective action plan (if needed), following the evaluation.
- The Department will issue a department approval for up to three years based on results of the evaluation and depending on the length of the providers national accreditation certification.

# National Accreditation

National Accreditation applies to:

- Community Behavioral Health Services Providers who receive public funds from the Division of Behavioral Health.

and

- Substance Use Treatment Providers who do not receive public funds from the Division of Behavioral Health. For example ASAP programs or programs operated by the Department of Corrections.

# National Accreditation

In order to continue doing business after July 1, 2015 all behavioral health services providers must have a department approval from the division and be must be accredited by one of the following accrediting agencies:

- The Joint Commission (JC)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA) *or*
- An alternative accreditation body approved by the department under 7 AAC 70.160.

# Alternative Accreditation

## Alternative Accreditation Approval (7 AAC 70.160.)

- Requires a written request that includes documentation necessary for DHSS/DBH to evaluate the alternative accreditation agency and their accreditation process.
- Alternative accreditation agencies must meet minimum standards outlined in 7 AAC 70.160.
- DHSS/DBH will evaluate all requests and notify providers of it's decision in writing .

# Interim Standards

*For the new Interim Standards, service providers will need or must have:*

## Provider Ethics

- *written ethical code of conduct to which all employees must adhere*

## Standards of Service

- *standardized, comprehensive, appropriate clinical documentation that documents medical necessity*
- *client orientation to services*
- *involvement of clients in treatment planning process*
- *clinical documentation completed in a timely manner*
- *provide culturally sensitive treatment*
- *make appropriate referrals and coordinate with other community providers for continuity of care*

# Interim Standards Cont.

*Service Providers will need or must have:*

## Internal Service Structure

- *written service description, service philosophy, service goals*
- *policy and procedures for crisis intervention, including screening clients for risk to self or others*
- *provide clinical supervision to all staff providing clinical or direct services to clients*
- *conduct regular quality assurance reviews*

## Medication Management

- *comprehensive policies and procedures covering all aspects of medication management*
- *review and evaluation of compliance with medication management policies and procedures*

# Interim Standards Cont.

*Service Providers will need or must have:*

## Infection Control

- *infection control program that reduces a staff or client's risk of infection*
- *periodic evaluation of infection control program for effectiveness*

## Performance Measures and Quality Improvement

- *promote a culture of excellence and quality improvement*
- *policies and procedures for identifying and analyzing critical incidents and sentinel events*
- *collect data for purpose of monitoring performance, managing risk, and improving service delivery*
- *show how data collected is used to implement changes that increase quality of care, manage risk, and decrease number of critical incidents or sentinel events*

# Interim Standards Cont.

*Service Providers will need or must have:*

## Leadership

- *policies and procedures for organizational governance*
- *an active governing body*
- *written description of leadership structure, including description of roles and responsibilities of each level of leadership*
- *demonstrate effective leadership by having leaders who: engage in short and long term strategic planning; communicate effectively with staff and clients; develop and implement policies and procedures that guide business and clinical operations; establish mission and direction of organization; responsible for ongoing performance improvement and achievement of outcomes; and solicit and value feedback.*
- *comply with all federal, state or local laws*
- *be financially solvent and adhere to established accounting practices*

# Interim Standards Cont.

*Service Providers will need or must have:*

## Human Resources

- *sufficient number of qualified staff*
- *provide initial staff orientation*
- *establish minimum qualifications for each job classification*
- *perform and document annual evaluations for all staff*
- *require personal accountability for work performance from all staff*
- *implement a system for managing staff caseloads to support high quality care*

# Interim Standards Cont.

*Service Providers will need or must have:*

## Physical Environment

- *maintain a safe, healthy, therapeutic environment*
- *monitor environment and make any necessary changes*
- *develop and implement an emergency management plan, including the conduct of practice drills*
- *develop and implement a risk management plan*

## Information System Management

- *ensure management information system is secure and protects privacy and confidentiality rights of clients*
- *maintain a complete and accurate clinical records system*

# Summary

1. Your agency must have National Accreditation or meet the interim standards.
2. After July 1, 2015 you must be accredited, no more interim standard option, (unless you are new provider).
3. Your agency must have a department approval in the service category that you are doing business. Clinic, Rehab, Detox or Residential.
4. Every Provider gets a clinical record review.