

Department of Health & Social Services

Division of Behavioral Health

Instruction Sheet for *Request for Department Approval Form*

One Department Approval will be issued per organization that will cover all locations, service areas, and service categories. All information submitted must be complete and accurate.

Question on Form	Description	Regulation
Provider name	Formal name of the organization (listed on business license)	
Address of primary location	Address for primary location of the organization	
Executive Director (ED)	Full name of ED or authorized representative for organization	
National Accreditation	Indicate if the organization is nationally accredited, and if so, by which accrediting body	70.030(2)
Physical Location	The physical location where services will be provided	70.030(b)(3)
Service Area	The service area is the region (see drop down box)	70.030(b)(2)
Service Category	Check all that apply for each location	7AAC 70.030(b)(1)
Clinic	For a complete list of clinic services and requirements for service delivery see referenced regulations.	7AAC 135.010(b)
Rehabilitation	For a complete list of rehabilitation services and requirements for service delivery see referenced regulations.	7AAC 135.010(c)
Detoxification	Please specify which level of Detoxification you will be providing: 1. Ambulatory (W/Extended On-site Monitoring) 2. Clinically Managed 3. Medically Monitored	7AAC 135.190 7AAC 70.110(b) 7AAC 70.110(c) 7AAC 70.110(d)
Residential Substance Use (SU)	Please specify which level of Residential SU service you will be providing: 1. Clinically Managed Low 2. Clinically Managed Med. 3. Clinically Managed High	7AAC 135.280 7AAC 135.120(f) 7AAC 135.120(g) 7AAC 135.120(h)
Day Treatment	For a definition and requirements for service delivery see referenced regulations.	7AAC 135.250

Once the form is completely filled out, listing all locations, service areas, and service categories, ***the form must be printed and signed*** by the Executive Director or an authorized representative for the organization. Please note that some organizations may need to complete and submit more than one form in order to document all physical locations. Each form will need to be printed and signed. The form(s) must be sent to DBH in one of the following three ways by September 15, 2011:

- The form(s) can be scanned and e-mailed to randall.madigan@alaska.gov
- The form(s) can be mailed to: 3601 C Street, Suite 878 Anchorage, Alaska 99503 Attn: Program Integrity
- The form(s) can be faxed to: Attn: Program Integrity @ 907-269-3623