



Division of Provider Services and Quality Assurance

**NOTIFICATION REGARDING CERTIFICATION
BEHAVIORAL HEALTH AGENCY**

- Check all that apply:
- Form 100 – Application for New Agency
 - Form 200 – Accreditation Release
 - Form 210 – Resource Summary
 - Form 220 – Notification of Site Change; Certification #
 - Form 230 – Application for Recertification; Certification #
 - Form 240 – Annual Report; Certification #
 - Form 250 – Adding New Site; Certification #

PROVIDER NAME: _____

PROVIDER ADDRESS: _____
Street City County State Zip Code

MAILING ADDRESS: _____
(if different) *Street City County State Zip Code*

CONTACT NAME: _____

CONTACT E-MAIL ADDRESS: _____ PHONE NUMBER: _____

TAXPAYER ID # (TIN or EIN): _____ HOURS OF OPERATION: _____

The applicant affirms receipt of the *Behavioral Health Agency Certification Manual* and agrees to comply with these standards, as indicated by the signature below:

Name of Applicant (print)

Signature of Applicant

Date

Completed forms should be submitted to DPSQA.ProviderApplications@dhs.arkansas.gov.



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Please remit with the form the following documents:

Form 100 – Application for New Agency:

- Completed W-9
- Complete Form 200 and Form 210
- Any required business license(s)
- Accreditation, specifically noting the site
 - On-site survey results
 - Governance standards for operations
 - Defines/describes all services or types of care intended
 - Evidence of compliance, measures of success, performance improvement plans, and any corrective action plans submitted
 - If associated with a hospital, accreditation is free-standing
- Copy of Family Involvement Policy (for clients under age 18)

Form 200 – Accreditation Release:

- I, _____, hereby consent to the exchange of information between our accrediting agency(ies) and the Arkansas Department of Human Services (DHS) for the specific purpose of obtaining or sharing information relevant to Behavioral Health Agency certification by DHS. I understand that the information I authorize for release may include sensitive information.

Signature of CEO

Date

Signature of Witness

Date

Form 210 – Resource Summary:

- Organization chart, to include identification of:
 - Chief Executive Officer/Executive Director, and contact information
 - Clinical Director, or functional equivalent, and contact information, reporting to the Chief Executive Officer
 - Corporate Compliance Officer, and contact information, reporting to the Chief Executive Officer
 - Medical Director, and contact information
 - Privacy Officer, and contact information, and is not the Chief Executive Officer
 - Quality Control Manager, and contact information, and is not the Chief Executive Officer
 - Grievance Officer, and contact information
 - Medical Records Librarian, and contact information



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NOTIFICATION REGARDING CERTIFICATION BEHAVIORAL HEALTH AGENCY

- Reporting structure and number of Mental Health Professionals positions
- Reporting structure and number of Qualified Behavioral Health Providers positions, including Certified Peer Support Specialists, Certified Youth Support Specialists, and Certified Family Support Partners
- Reporting structure and number of Licensed Psychologist, Licensed Psychological Examiner (LPE), or Licensed Psychological Examiner – Independent (LPE-I) positions
- Copy of current practitioner license(s) or certification(s) of Medical Director and consulting psychiatrist if differing persons
- Copy of current practitioner license/certification of Clinical Director as a Licensed Psychologist, Licensed Certified Social Worker, (LCSW), Licensed Psychological Examiner – Independent (LPE-I), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or an Advanced Practice Nurse or Clinical Nurse Specialist (APN or CNS) with a specialty in psychiatry or mental health
- Copy of resumes for:
 - Chief Executive Officer/Executive Director, demonstrating:
 - Education of a master's degree in behavioral health care, management, or a related field and experience
 - Meet any additional qualifications required by the provider's governing body
 - Other job- related education, experience, or both, may be substituted for all or part of these requirements upon approval of the provider's governing body
 - Clinical Director, demonstrating a minimum of two years clinical experience post master's degree
- Copy of existing contracts with professionals, agencies, and entities

Form 220 – Notification of Site Change:

- Site Transfer
 - Complete Form 200 and updated Form 210
 - Any required business license(s) for proposed location
 - Copy of documentation that provider notified the accrediting entity, and the accrediting entity has extended or will extend accreditation to the second site; or the accrediting entity has established an accreditation timeframe
 - Copy of notification to client/families, Medicaid Enrollment, and the accrediting organization that was sent at least 30 days before the transfer
- Site Closure
 - Complete Form 200
 - Duration; From _____ to _____
 - Copy of documentation that clients and families receive actual notice of the closure, the closure date, and any information and instructions necessary for the client to obtain transition services



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- Copy of public notice used at entry site, to include the name and contact information for all Behavioral Health Agencies within a fifty (50) mile radius of the site
- Copy of the transition plan
- Site Relocation
 - Complete closure section above
 - Complete Form 250

Form 230 – Application for Recertification:

- Complete Form 200 and updated Form 210
- Copy of correspondence related to the provider's request for reaccreditation
- Any required business licenses
- Accreditation, specifically noting the site
 - On-site survey results
 - Governance standards for operations
 - Defines/describes all services or types of care intended
 - Evidence of compliance, measures of success, performance improvement plans, and any corrective action plans submitted
 - If associated with a hospital, accreditation is free-standing
- Copy of Family Involvement Policy (for clients under age 18), if updated

Form 240 – Annual Report:

- Complete Form 200 and Form 210
- Copy of correspondences with accrediting agency(ies)

Form 250 – Adding New Site:

- Complete Form 200 and updated Form 210
- Any required business licenses
- Accreditation, specifically noting the site
 - On-site survey results
 - Governance standards for operations
 - Defines/describes all services or types of care intended
 - Evidence of compliance, measures of success, performance improvement plans, and any corrective action plans submitted
 - If associated with a hospital, accreditation is free-standing
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*Additional information may be requested and required upon review of application(s) for license.