

Application and Letter of Agreement

Provider Organization Click or tap here to enter text.
Address Click or tap here to enter text.
City, State, Zip Code Click or tap here to enter text.
National Accrediting Body or HCBS ID Click or tap here to enter text.

The above-named provider organization is requesting deemed status. Check the following that applies:

A. Organization

- ☐ Community Mental Health Center
- ☐ Community Supported Living Arrangements
- ☐ Mental Health Service Providers
- ☐ Case Management Providers
- ☐ Crisis Response Providers

B. Services

- ☐ Supported Community Living Services
- ☐ Intensive Outpatient/Day Treatment
- ☐ Outpatient Psychotherapy/Counseling Services
- ☐ Partial Hospitalization Services
- ☐ Emergency Services
- ☐ Evaluation Services
- ☐ Case Management Services
- ☐ Crisis Evaluation Services
- ☐ Crisis Stabilization Residential Services
- ☐ Mobile Response Services

- The organization will inform the Division immediately if their accreditation status has expired or been discontinued or modified by the national accrediting body.
- The organization understands that the Division staff may conduct surveys or reviews jointly with the national accrediting body or alone for initial accreditation, random sampling functions, or as the result of a complaint.
- The organization understands that all complaints that fall under Chapter 24 will be investigated by the Division. Findings of such investigations and actions taken will be reported to the national accrediting body.
- The organization understands they will be held responsible for meeting all state requirements specified in 441--Chapter 24, Iowa Administrative Code and all other state and federal regulations applicable to them.
- The organization understands that the Commission reserves the right to withdraw deemed status under the following circumstances:
 - When complaints have been founded,
 - When focused reviews find instances of noncompliance with Chapter 24 requirements,
 - When the organization's national accreditation status has expired, or
 - Is downgraded or withdrawn by the national accrediting body.
- The organization understands that programs and services deemed for accreditation must correspond to the programs and services as described in Chapter 24. Services provided but not accredited by the national body must be accredited by the Division.
- The organization understands that the Division may contact the national accrediting body for additional information if necessary.

Chief Executive Officer	Board Chair
Date Click or tap here to enter text.	

Return To:

Iowa Department Health and Human Services
 Division of Behavioral Health
 Lucas State Office Building
 321 E. 12th Street
 Des Moines IA 50319