

**TENNESSEE ACCESS TO RECOVERY II
APPLICATION TO PROVIDE
MATRIX INSTITUTE MODEL OF INTENSIVE OUTPATIENT TREATMENT
FOR METHAMPHETAMINE ABUSE/ADDICTION
EFFECTIVE 10/1/07**

Instructions: These services can only be provided by state licensed A&D treatment facilities. The following information must be submitted to Tennessee Access to Recovery II (TN-ATR II) and approved by this office before vouchers can be issued for TN-ATR II IOP services. The following format must be used. All requested information must be returned with your application. You must fully address all components as requested below. Be specific in the description of your program.

I. Return a copy of your A&D Non-residential Treatment Facility license for each location where TN-ATR II IOP services will be provided.

II. Document all clinical staff positions (FTEs) that will be providing services to consumers in your TN-ATR II IOP program and their training (or dates of planned training) in the Matrix Institute IOP Model. For each position, include dates of training, name of trainer, location of training, and copy of training certificate(s).

III. Document a program plan which must address each of the components below. Your program plan must address the criteria for TN-ATR II IOP as defined in the document “TN-ATR II Treatment and Recovery Support Services Definitions and Rates”.

A. Facility information: including the address of each location where TN-ATR II IOP will be provided and the facility’s hours of operation.

B. Population to be served: including community outreach and targeting efforts and admission criteria.

C. Community relations: including intra-agency agreements and source of referrals to your TN-ATR II IOP program.

D. Treatment programming and goals: including the treatment approach, strategies, types, procedures, and clinical interventions and modalities (as referenced in the document “Tennessee Alcohol and Drug Best Practice Guidelines” dated September 2001 which is on the web at www2.state.tn.us/health/A&D/providerinfo.htm) that will be used to accomplish the treatment goals. The use of drug testing must be addressed. Also, specify the treatment goals of your TN-ATR II IOP program.

E. Consumer weekly schedule of activities: Return a copy of the weekly schedule of consumer activities for the TN-ATR II IOP program.

F. Continuum of care: including screening, assessments including use of the ASI, placement in and movements between levels of care following ASAM PPC-2R criteria, discharge planning, and use of recovery support services.

IV. Document program goals and objectives which specifically address goals and objectives for developing TN-ATR II IOP Matrix Institute Model services and serving TN-ATR II eligible consumers in your TN-ATR II IOP program. Goals and objectives must be measurable, quantitative, and time-specific and should reflect the behavior, performance, process, and product of your planned efforts.

V. Specify the earliest date by which your TN-ATR II IOP program will be ready to accept admissions of TN-ATR II eligible consumers following approval by this office.

VI. Complete the following TN-ATR II IOP Program Coordinator Information

A. Name: _____

B. Address: _____

C. Phone #: _____

D. Fax #: _____

E. Email: _____

