

# **Tennessee Access to Recovery II**

## **Provider Application Packet**

**State of Tennessee  
Tennessee Department of Mental Health  
and Developmental Disabilities  
Division of Alcohol and Drug Abuse Services  
1<sup>st</sup> Floor, Cordell Hull Building  
425 5<sup>th</sup> Avenue North  
Nashville, TN 37243**

**Fax # 615-253-6221**

**Effective Date 10/1/07**

**TN-ATR II APPLICATION  
TO BECOME AN AUTHORIZED PROVIDER**

Instructions: Complete and return this form and the requested information by fax or mail if you wish to apply to become an authorized provider. Additional information may be requested by the Department before a decision can be made regarding your application. The decision to authorize a provider will be made based upon: 1) meeting provider eligibility criteria, 2) the completeness and quality of information submitted, and 3) the fulfilling of grant requirements including those for consumer choice and fiscal responsibility.

**I. Identifying Information**

Organization/agency name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

County: \_\_\_\_\_

**II. Please check below the services you want to provide (see TN-ATR II Service Definitions, Requirements, and Rates for further details):**

*Note: By checking below that you want to provide a particular ATR voucher service, you must have capacity to provide that voucher service to consumers who are assessed as needing that service and who choose to receive that service at your agency. If you are a treatment facility, this includes providing voucher services to consumers who may not be enrolled in your treatment programs. Assessments, Drug Testing, and Transportation may only be offered in conjunction with other ATR treatment and/or recovery support services.*

**Clinical Services**

- Assessments for Clinical Services (ASI and ASAM) (note: This service can only be provided by state licensed Alcohol and Drug Treatment Facilities or qualified Alcohol and Drug Personnel approved by the Department.)
- Matrix Model Intensive Outpatient (IOP) ASAM Level II.1 (note: This service can only be provided by state licensed Alcohol and Drug Treatment Facilities.)
- Continuing Care/Aftercare (note: This service can only be provided by state licensed Alcohol and Drug Treatment Facilities.)

**Recovery Support Services**

- Assessments for Recovery Support Services\*
- Basic Education
- Case Management (Care Coordination)\*
- Drug Testing\*
- Employment Skills
- Family Support
- Pastoral Support
- Recovery Skills
- Relapse Prevention
- Spiritual Support
- Transitional Housing
- Transportation

\* Note: These services are required to be provided by all authorized TN-ATR providers.

**III. Business Information**

A. Check the type of legal entity:

- Sole Proprietor  Partnership  Corporation  Limited Liability Company
- Government  Other \_\_\_\_\_

B. Legal Entity Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

C. Check one:  For Profit  Non-Profit

D. Does your organization provide services to individuals with co-occurring disorders (i.e., individuals with both a substance abuse/addiction and a mental health disorder)?  Yes  No  
If yes, what is your co-occurring program capability? (check one)  Basic  Intermediate  Advanced  
 Fully Integrated

E. Is your business minority owned or minority operated?  Yes  No

F. Have owners of the entity ever been denied a license or had a license suspended or revoked for a health care facility in Tennessee or any other state?  Yes  No

If yes, please provide detailed explanation and attach to your application.

G. Has the facility administrator ever been convicted of a crime involving injury or harm to person(s), or financial or business mismanagement (assault, battery, robbery, embezzlement, fraud, etc.)?  Yes  No  
If yes, please provide detailed explanation and attach to your application.

**IV. Faith-Based/Community-Based Status**

Faith-based is defined as an organization which identifies itself as founded upon or guided by religious convictions and beliefs.

Is your organization faith based or community-based? Please check one:  Faith-based  Community-based

If faith based, what is your organizations religious affiliation? \_\_\_\_\_

**V. Information To Send With Your Application**

- A. Treatment Providers must send a copy of your current State of Tennessee Alcohol and Drug Treatment Facility license with this application. No other documentation is required at this time.
- B. Recovery Support Service Providers that are not licensed treatment providers must send a copy of their national accreditation, **OR** they must send supporting documentation as specified in the Recovery Support Service Provider Documentation Packet. Additionally, you must send evidence of your organization being in operation as a recovery support service provider for at least one year prior to your application to Tennessee Access to Recovery II.

By signing below I certify that the information provided above or sent as attachment is correct and true to my knowledge.

\_\_\_\_\_  
(Signature of Applicant)                      (Title or Position)                      (Date)

Fax application to: (615) 532-2419

Mail Application to: Tennessee Department of Mental Health and Developmental Disabilities  
Division of Alcohol and Drug Abuse Services  
Attention: April Stewart, Director TN-ATR II  
1<sup>st</sup> Floor, Cordell Hull Building  
425 5<sup>th</sup> Avenue North  
Nashville, TN 37243