

Tennessee Access to Recovery II
Recovery Support Services
Provider Documentation Packet

State of Tennessee

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

Effective Date 10/1/07

**Tennessee Access to Recovery II
Recovery Support Services Provider Documentation Packet**

Instructions for Submitting Documentation

- If your agency is accredited by a nationally recognized organization for the specific TN-ATR II services you want to provide, submit a copy of the current accreditation. Examples of appropriate accreditation are: CARF (Commission on Accreditation of Rehabilitation Facilities) and JCAHO (Joint Commission on Accreditation of Health Care Organizations). This is the only required documentation to be submitted at this time.
- If your agency is state licensed as an A&D treatment facility, submit a copy of your current license. This is the only required documentation to be submitted at this time.
- If your organization is NOT accredited by a nationally recognized organization and is NOT state licensed as an A&D treatment facility, please submit **Appendix A** along with the supporting documentation. Place a checkmark beside each item submitted. **Appendix B** (Eligibility Checklist) is a detailed description of the required documentation needed to complete your TN-ATR II application. You must submit each item requested. If you do not have the required policies and procedures, **Appendices C-O** are samples that you may use or adapt for your organization.

(APPENDIX A)

**Tennessee Access to Recovery II
Required Documentation
Summary**

**Organization
Name** _____

Submit this form with the following documentation.

- 1. Application to Become an Authorized Provider (3 pages)
- 2. Registration with the Secretary of State's office
- 3. Evidence your organization has been in operation as a recovery support services provider for at least one year prior to this application
- 4. Description of Recovery Support Services or Recovery Support Checklist (**Appendix C**) (**p. 7-10**)
- 5. Mission Statement
- 6. Organizational Chart (**Appendix D**) (**p. 11-12**)
- 7. 2 Financial Statements or most recent third-party audit
- 8. List of Board of Directors
- 9. Accounting Checklist (**Appendix E**) (**p. 13**)
- 10. Data Collection Statement (**Appendix F**) (**p. 14**)
- 11. Description of computer system (**Appendix G**) (**p. 15-16**)
- 12. Facilities Checklist (**Appendix H**) (**p. 17-18**)
- 13. Fire Evacuation Map
- 14. Policies and Procedures (**Appendices I-L**) (**p. 19-25**)
- 15. Policy and Procedure Statement (**Appendix N**) (**p. 26**)
- 16. Liability Insurance

(APPENDIX B)

**Tennessee Access to Recovery II
Recovery Support Provider
(Unlicensed Facilities only)
Eligibility Checklist**

Organization Name _____

1. Is your agency accredited by a nationally recognized organization for the specific TN-ATR II services you want to provide? Yes No
- *Example of appropriate accreditation:* CARF (Commission on Accreditation of Rehabilitation Facilities) and JCAHO (Joint Commission on Accreditation of Health Care Organizations)

If the answer to #1 is “Yes,” submit a copy of the current accreditation.

If the answer to #1 is “No,” proceed with submitting the following documentation.

2. Recovery Support Providers who are not accredited by a nationally recognized organization must minimally submit the following documentation.

Instructions:

- ***The following documentation must be submitted. This is the minimum that is required. The Division of Alcohol and Drug Abuse Services suggests that you submit additional information that supports your application and describes the organization’s program.***
- ***Policies and procedures are attached. You may use these as provided (completing your specific information), adapt to meet your organization’s needs, or continue to use documentation that the organization currently is using.***
- ***Please submit the documentation in the order and format listed.***

A. Documentation of registration with the Secretary of State’s office.

- Submit a copy of the organization’s registration with the Secretary of State.

B. Recovery support services offered are clearly differentiated from professional clinical treatment services.

- Submit a brief description of the Recovery Support Services that the organization is applying to provide. The description can be submitted in one of the following ways:
- Provide your current description
 - or**
 - Complete the “Recovery Support Services Checklist” (**Appendix C**).

- Submit a copy of the organization’s Mission Statement. If the organization does not have a Mission Statement, a document is attached that will assist in developing a meaningful Mission Statement (**Appendix N**).

C. The provider has the governance and fiscal infrastructure to accept, apply, and account for TN-ATR II funds and follows good business practices.

- Submit a copy of a staffing Organizational Chart that indicates how the program’s governing body, management, staff, and volunteers of the organization is structured. The Organizational Chart can be submitted in one of the following ways:
 - Provide your current Organizational Chart
 - or**
 - Complete the attached Organizational Chart. If all blocks are not needed, place an “X” in the block (**Appendix D**).
- Submit the organization’s two (2) most recent financial statements, or the most recent third-party audit. If the organization does not have financial statements, follow the format in **Appendix O** and submit the financial statements.
- Submit a list of the current Board of Directors or governing body, including names and their position titles.
- Complete and submit the attached “Accounting Checklist,” indicating if the accounting system is electronic or manual (**Appendix E**).

D. The provider has the appropriate infrastructure to collect and report required TN-ATR II data, including Government Performance and Results Act (GPRA) data.

- Complete and submit the “Data Collection” statement (**Appendix F**).
- Submit a description of the organization’s computer system to be used for electronic reporting. Attached is a document that specifies the minimum and desired specifications (**Appendix G**).

E. The provider meets all required federal, state, and/or local zoning, codes, and other regulations.

- Complete and submit the attached “Facilities Checklist” and policy and procedure (**Appendix H**).
- Submit a “Fire Evacuation Map” by drawing a floor plan of the facilities that consumers will use. Indicate where the exits are located and draw arrows from each room to the nearest exit. This exit map must be posted at each location in an easily visible area. The floor plan can be computer generated or hand-drawn. It does not need to be drawn to scale.

F. The provider has the ethical framework for guiding employees, volunteers, and consumer interactions that addresses roles, boundaries, supervision, training, consumer rights, and that services offered are safe and there is a plan in place to protect participants from harm.

Providers must have, at a minimum, the following policies/procedures, including forms, and must be implemented prior to issuing vouchers.

- “Emergency Plan” indicating, at a minimum, the plan for fire, tornado, flood, extreme heat/cold temperatures, and power outages. **(Attachment I)**
 - “Consumer Rights and Responsibilities” **(Attachment J)**
 - “Consumer Grievance” **(Attachment K)**
 - “Employee/Volunteer Ethics” **(Attachment L)**
- You may implement the policies/procedures and forms in one of the following ways:
- Use your current policies/procedures and forms,
or
 - Modify the attached policies/procedures and forms to be specific for your program,
or
 - Use the attached policies/procedures and forms, filling in the appropriate areas
- Sign and submit the form agreeing to implement the policy prior to issuing vouchers (Appendix M).**

G. The provider has a risk management strategy including adequate insurance to cover risks.

- Submit a copy of the organization’s current business liability insurance. **The policy must include coverage on the facility and the staff.**

H. Your organization has been in operation as a recovery support services provider for at least one year prior to the date of this application to TN-ATR II.

- Submit documentation such as a dated copy of organizations’ Charter or registration with the Secretary of State’s Office, etc.

Please submit the following documents, if available:

- Copy of organization’s 501(c)3 document
- Employee Handbook
- Volunteer Handbook
- Policy and Procedure Manual
- Newspaper articles about the organization or program
- Letters of support (up to 3)

(APPENDIX C)

(Name of Organization)
Recovery Support Services

The following Recovery Support Services will be offered by the organization as approved by the Division of Alcohol and Drug Abuse Services.

Please check each item that the organization intends to provide. Some services are required of all approved providers and others are optional. Use the blank spaces to add additional services within each category.

Assessments for Recovery Support Services (Required of all approved providers)

- This service must be provided by all TN-ATR II approved providers if the consumer is receiving Recovery Support Services only.

Basic Education (Optional) will include the following:

- GED preparation
- Tutoring
- Literacy classes
- Work skills training
- _____
- _____
- _____

Case Management (Care Coordination) (Required of all approved providers) will include the following:

- Assessing consumer's needs to maintain sobriety and live successfully in the community.
- Developing Service Plans outlining the plan to achieve the goals.
- Linking consumers to appropriate community providers to meet the consumer's needs.
- Monitoring consumer's engagement with services and determining if consumer's needs are being met.
- Advocating on behalf of and with the consumer to obtain needed services.
- Case manager will meet face-to-face with the consumer a minimum of 1 time per month.
- _____
- _____
- _____

Drug Testing (Required of all approved providers) will include the following:

- Random drug screens must be provided to TN- ATR II consumers and a maximum of 4 screens are available through the voucher during the consumer's enrollment in TN-ATR II recovery support services.

Employment Skills (Optional) will include the following:

- Individual sessions
- Groups sessions
- Resume writing
- Completing an application
- Interviewing skills
- Maintaining employment
- _____
- _____
- _____

Family Support (Optional) will include the following:

- Individual/family sessions
- Group sessions
- Recovery support skills and information for family members of TN-ATR consumers
- _____
- _____
- _____

Pastoral Support (Optional) will include the following:

- Individual sessions
- Group sessions
- Family sessions which includes the consumer
- Understanding specific religious or faith teachings and practices that support recovery
- _____
- _____
- _____

Recovery Skills (Optional) will include the following:

- Individual sessions
- Group sessions
- Parenting
- Anger Management
- Budgeting
- Job-related skills (resume writing, interviewing, job placement, appropriate clothing, etc.)
- _____
- _____
- _____

Relapse Prevention (Optional) will include the following:

- Individual sessions
- Group sessions
- Understanding early signs of relapse
- Understanding triggers that lead to relapse
- Developing plans to address these issues when they arise

- _____
- _____
- _____

Spiritual Support Groups (Optional) will include the following:

- Provide skills to develop spiritual practices
- Provide skills to establish or re-establish a connection with a higher power
- Understanding the role of prayer and meditation
- Using spiritual writings for support
- Identifying a sense of purpose and mission in a consumer's life

- _____
- _____

Transitional Housing (Optional) will include the following:

- Provide safe and drug free housing for 30 days while consumer participates in TN-ATR recovery support
- Provide safe and drug free housing for 90 days while consumer participates in TN-ATR treatment services
- Monitor residents on a regular basis

- _____
- _____
- _____

Transportation (Optional) services will include the following:

- Use of agency owned or leased vehicle
- Use of individual vehicles approved by organization's governing body

- _____
- _____
- _____

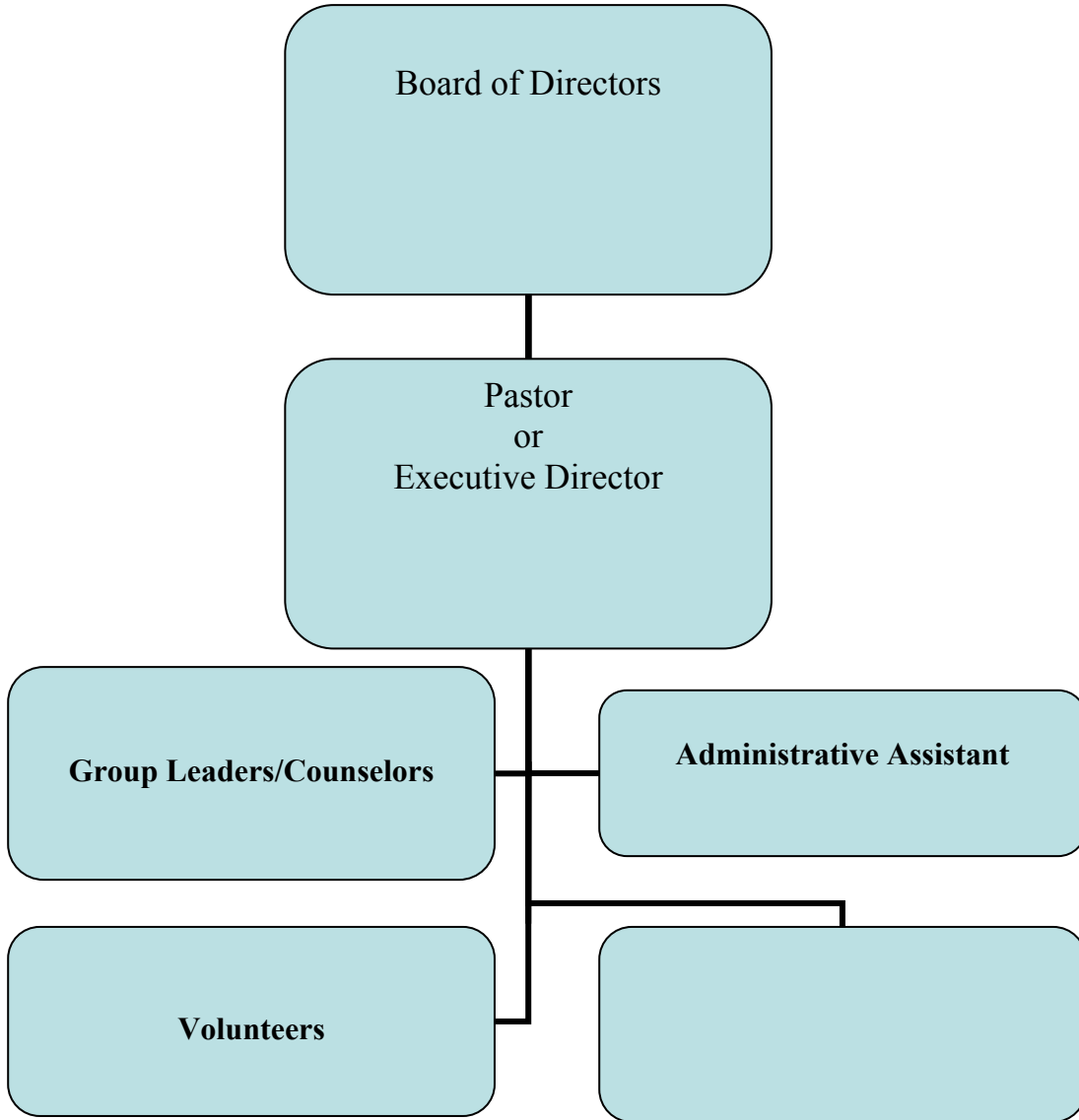
Signature

Date

(APPENDIX D)

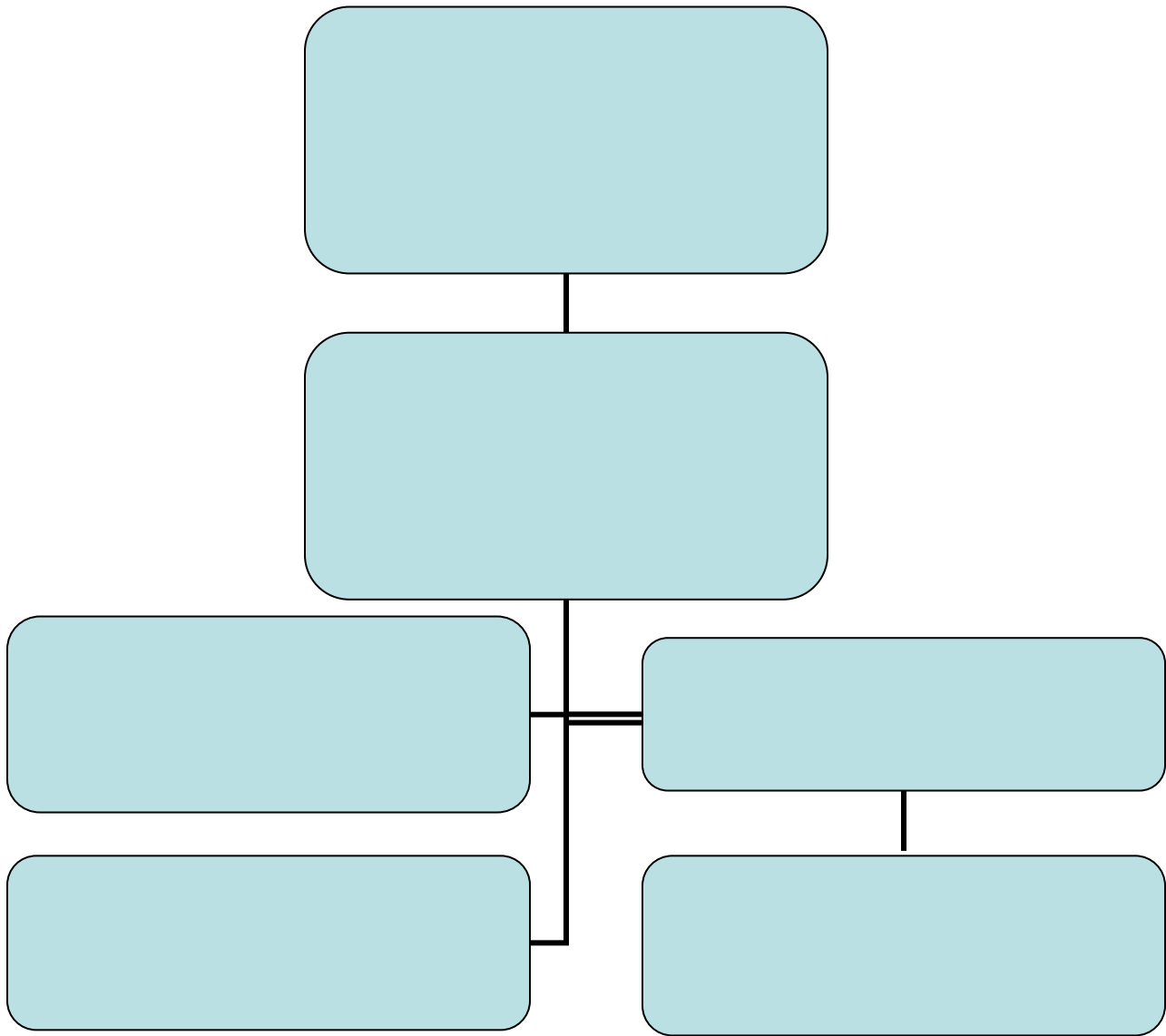
Example

(Name of Organization)
ORGANIZATIONAL CHART



(APPENDIX D)

(Name of Organization)
ORGANIZATIONAL CHART



(APPENDIX E)

(Name of Organization)
ACCOUNTING CHECKLIST

Person responsible for finances _____
(Give person's name and credentials and outline their responsibilities)

- Bank account is able to receive direct deposits.
- Ability to store financial records for five (5) years.
- Ability to keep financial records locked.
- Electronic accounting system? Is so, name of the system? _____
- If not electronic, are the following processes in place to account for the receipt of and distribution of funds?
 - Money received from
 - Date received
 - Amount received
 - Original amount billed
 - Amount due
 - Money distributed to
 - Date distributed
 - Amount distributed

Signature

Date

(APPENDIX F)

(Name of Organization)
DATA COLLECTION

Please complete this form and submit with the TN-ATR II application.

(Name of person) _____ *(Position)* will be responsible for
collecting data required by the Tennessee Access to Recovery program at the required
timeframes and submit to the Division of Alcohol and Drug Abuse Services in a timely
manner.

Signature

Date

(APPENDIX G)

**TENNESSEE ACCESS TO RECOVERY
INFORMATION SYSTEM REQUIREMENTS**

TN-ATR II uses a web-based database named TN-WITS for enrolling consumers for services, issuing vouchers, reporting service encounters, generating invoices, and reporting required data. An adequate computer system is required prior to issuing vouchers.

The following are needed to connect to TN-WITS.

ITEM	MINIMAL REQUIREMENTS	DESIRED REQUIREMENTS
PC-compatible computer	Pentium 3 processor running at 500 megahertz	Pentium 4 processor running at 1.4 gigahertz or faster
Operating system	Windows 98	Windows 98 or later
Memory	64 Meg	256 Meg or higher
Modem	56K baud dialup	DSL phone connection or DSL broadband
ISP (internet service provider)	Any ISP compatible with connection	Any ISP compatible with connection
Internet browser	Internet Explorer V 6.0 or later	Internet Explorer V 6.0 or later

For a minimal system, any computer running Windows 98 with Internet Explorer 6 or later should be able to meet the computing needs to the Web. The only other factor to consider is the type of connection to the Web. A 56 K baud, dialup modem may work but will be VERY slow. DSL and cable connections will be much more satisfactory especially for anything but a very minimal consumer load.

(APPENDIX G)

(Name of Organization)

INFORMATION SYSTEM SPECIFICATIONS

ITEM	SPECIFICATIONS
PC-compatible computer	
Operating system	
Memory	
Modem	
ISP (internet service provider)	
Internet browser	

(APPENDIX H)

(Name of Organization)
Facilities Inspection Checklist

Check if operational	Inspected Item	If corrections are needed, date to be completed	Comments (including date when the correction was made)
	Exit signs are posted at each exit and easily visible		
	All outside lights are operational		
	All hallways are cleared of objects		
	No space heaters on premises		
	Flashlights are operational		
	First Aid kits are fully stocked		
	All fire extinguishers are fully charged		
	Smoke detectors are operational		
	Exit map(s) posted		
	HVAC filters are clean		

Signature

Date of inspection

(APPENDIX H)

(Name of Organization)
**Facilities Inspection Checklist
Policy and Procedure**

POLICY:

Facilities will be inspected regularly to assure safety of participants.

PROCEDURE:

1. Each facility will be inspected on a monthly basis.
2. The inspection will be conducted on the _____
of each month.
(date inspection will be conducted each month)
3. The inspection will be conducted by _____.
(list person or position responsible for inspection)
4. Corrections will be completed within 14 days.
5. The completed forms will be filed in _____.
(where will it be filed – office, etc.)

(APPENDIX I)

(Name of Organization)
EMERGENCY PLAN

Fire Drills/Evacuation

1. Fire drills will be randomly conducted on a monthly basis and documented.
2. Participants and staff will meet at _____ to assure that all are accounted for.
3. Person in charge of the event will determine if all are accounted for.

Tornado Watch or Warning

1. If there is a tornado watch or warning, a decision will be made by program leader regarding the cancellation of program and will inform participants.
2. In the event of a tornado watch or warning, person in charge of the event will determine when occupants need to follow procedure.
3. Participants and staff will meet at _____ to maximize safety and to account for all.
4. Flashlights will be stored in the evacuation location.

Flood

1. In the event of a flood, the organization will designate a predetermined safe location for participants to gather.
2. If flood renders the facility unusable, organization will determine a location where consumers will receive services.
3. Program will be cancelled in advance if flooding occurs in an area where program is conducted.

Extreme Heat/Cold Temperatures

1. In the event that the temperature is excessively high or low, a decision by the program leader regarding the cancellation of program and will inform participants.
2. If heating/cooling system is not operable and it would place consumers in harm's way, a decision by the program leader will cancel the program.

Power Outages

1. In the event of a power outage, the program leader will cancel the program.
2. If a power outage occurs while participants are safe, the program leader will ensure that consumers can safely leave the building and return home.
3. Operable flashlights will be kept at program location.

(APPENDIX J)

(Name of Organization)

**CONSUMER RIGHTS AND RESPONSIBILITIES
POLICY AND PROCEDURE**

POLICY:

Consumers will be informed of their Rights and Responsibilities while participating in the program.

PROCEDURE:

1. At intake, consumers will receive a copy of the “Consumer Rights and Responsibilities” form.
2. The consumer will read the form, or the form will be read to the consumer when needed.
3. If the consumer has questions, answers will be given at the time.
4. The consumer and staff member will sign the form.
5. The form will be filed in the consumer’s chart.

(APPENDIX J)

(Name of Organization)

CONSUMERS RIGHTS AND RESPONSIBILITIES

Consumer Rights

1. Consumers have a right to be treated with dignity, respect, courtesy and professionalism.
2. Consumers have a right to a prompt assessment and to have the results shared in a timely manner.
3. Consumers have a right to participate in the development of a plan for services and to have copies of it.
4. Consumers have a right to file a grievance if it is felt that harm or neglect, in any form, has been displayed.
5. Consumers have a right to have their grievance settled in a timely manner, and in a manner that is consistent with the grievance.
6. Consumers have a right to inspect and receive a copy of their confidential records.
7. Consumers have a right to question staff about services being delivered, and to have the questions addressed in a timely manner.
8. Consumers have the right to change providers during the course of the services being offered.

Consumer Responsibilities

1. Consumers have a responsibility for participating in the services agreed upon.
2. Consumers have a responsibility to communicate to program staff/volunteer concerns they are having about the services offered.
3. Consumers have a responsibility to inform program staff/volunteers of any change in their circumstance or desire to change providers.
4. Consumers have a responsibility to actively participate in their recovery from alcohol or drug abuse or addiction.
5. Consumers have a responsibility to not be under the influence of alcohol or drug while attending a service, and to inform program staff/volunteer if under the influence.

Consumer Signature

Date

Staff/Volunteer Signature

Date

(APPENDIX K)

(Name of Organization)
**CONSUMER GRIEVANCE
POLICY AND PROCEDURE**

Consumers are entitled to participate in the activities without undue stress and conflict. Should a conflict, irresolvable difference, or confrontation occur with an employee and/or volunteer, consumers are encouraged to take the following steps:

1. The consumer will complete a grievance form within 24 hours of the incident and verbally contact _____ to outline the grievance(s). The staff member will attempt to resolve the concern and document the outcome.
2. If consumer is not satisfied with the resolution, he/she will contact _____ to discuss the grievance and consider a resolution.
3. If consumer remains dissatisfied, he/she will discuss the grievance with _____ who will investigate the concern and issue a final decision.
4. The consumer, employee, and/or volunteer will be informed in writing of the final decision.
5. The completed grievance form will be filed in a confidential locked file.
6. The reporting and investigation of a grievance will be confidential and only involve the persons necessary to complete a full investigation.

(APPENDIX K)

(Name of Organization)
CONSUMER GRIEVANCE FORM

Date of completion of form _____ Date of incident _____

Person(s) involved in the incident _____

Description of incident (including location, time, and witnesses)

How would you like this to be resolved?

Consumer signature _____ Date _____

Return this form to _____

* * * * *

TO BE COMPLETED BY STAFF:

Describe process of resolving the grievance:

(APPENDIX L)

(Name of Organization)

**ETHICAL STANDARDS OF EMPLOYEE/VOLUNTEER CONDUCT
POLICY AND PROCEDURE**

POLICY:

Employees and volunteers will conduct themselves in an ethical manner.

PROCEDURE:

1. When an employee is hired or a volunteer begins delivering services, the employee/volunteer will receive the “Employee/Volunteer Ethics” form.
2. The employee/volunteer will read the form and, if needed, the form will be read to the employee/volunteer by the staff member.
3. The employee/volunteer and staff member will sign and date the form.
4. The form will be filed in the employee/volunteer personnel file.

(APPENDIX L)

(Name of Organization)

ETHICAL STANDARDS OF EMPLOYEE/VOLUNTEER CONDUCT

Employees and volunteers shall agree upon appointment to abide by the ethical standards of employee and volunteer conduct as described below. Employees and volunteers shall sign the statement of acknowledgment and acceptance of such standards and shall be subject to disciplinary action in the event these rules of conduct are violated. These standards shall serve as guiding principles for all employees and volunteers and shall be communicated in writing to each person served as well as to each employee and volunteer.

ETHICAL STANDARDS OF EMPLOYEE/VOLUNTEER CONDUCT

1. Employees or volunteers shall not display favoritism or preferential treatment to one consumer or group of consumers over others.
2. Employees and volunteers shall not interact with any consumer except in a professional relationship which supports the approved goals of the program. Specifically, staff members and volunteers shall not accept for themselves or any member of their family any personal gift (tangible or intangible), favors, or services from a consumer or from any consumer's family or close associate. Additionally, staff or volunteers shall not give any gifts, favors, or services to consumers, their families, or close associates, other than those services which are an approved part of the program.
3. Employees or volunteers shall not enter into any business or contractual relationship with consumer or their families (e.g., selling, buying, loaning or trading personal property).
4. Employees or volunteers shall not have outside contact (other than incidental contact) with a consumer, his/her family, or close associate, except for those activities which are an approved, integral part of the program or the employee's or volunteer's job description.
5. Employees or volunteers shall not enter into an inappropriate emotional and/or social relationship with consumers during the course of services, and for a period of two years following their service discharge.
6. Employees or volunteers shall not engage in any form of physical or psychological abuse with any consumer. This includes sexual abuse, physical punishment, sexual harassment, or any other action intended to humiliate, threaten, or exploit a consumer.
7. Employees or volunteers shall not engage in business practices or personal behavior that are criminal in nature or that would bring discredit upon the organization.
8. Professional staff shall adhere to all ethical standards of their profession in accordance with applicable certification and/or licensure rules, and all staff and volunteers shall adhere to the confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA) and of 42 CFR Part 2.
9. Management staff shall ensure that all marketing and informational materials are factual, truthful and present an accurate portrayal of the organization's programs and practices.
10. Employees and volunteers shall report to _____ any violation or attempted violation of the standards of employee or volunteer conduct who shall investigate the allegations and take appropriate action. There shall be no reprisal whatsoever for reporting suspected violations of ethical standards.

I have read, understand and agree to abide by the ethical standards of employee and volunteer conduct stipulated above. I understand that violations of the standards will result in an investigation and possible disciplinary action up to, and including, termination.

Employee/Volunteer Signature

Date

Supervisor's Signature

Date

(APPENDIX M)

(Name of Organization)

POLICIES AND PROCEDURES AGREEMENT

I agree to implement the following policies and procedures prior to issuing vouchers through the Tennessee Access to Recovery program.

I understand that I am subject to an audit from the State of Tennessee, Department of Mental Health and Developmental Disabilities and/or the Division of Alcohol and Drug Abuse Services and will provide the documentation and implementation of the policies and procedures upon request.

Check each item, indicating that each policy and procedure has been implemented.

Submit this signed and dated agreement with the Tennessee Access to Recovery application to the Division of Alcohol and Drug Abuse Services.

- Facilities Checklist**
- Emergency Plan**
- Consumer Rights and Responsibilities**
- Consumer Grievance**
- Employee/Volunteer Ethics**

Signature

Date

Mission Statement

A Mission Statement should

- express your organization's purpose in a way that inspires support and ongoing commitment
- motivates those who are connected to the organization
- be articulated in a way that is convincing and easy to grasp
- use proactive verbs to describe what the organization does
- be short enough so that anyone connected with the organization can readily repeat it or those reading it will receive a quick understanding of the organization
- be written in the present tense

Writing a Mission Statement

1. What are the opportunities or needs that will be addressed? (the purpose of the organization)

2. What are we doing to address these needs? (the business of the organization)

3. What principles or beliefs guide your work? (the values of the organization)

Example 1:

The mission of Big Brothers/Big Sisters of America is to make a positive difference in the lives of children and youth, primarily through a professionally-supported, one-to-one relationship with a caring adult, and to assist them in achieving their highest potential as they grow to become confident, competent, and caring individuals, by providing committed volunteers, national leadership, and standards of excellence.

- **The purpose:** to make a positive difference in the lives of children and youth so that they will achieve their highest potential
- **The business:** providing and supporting committed volunteers who have one-to-one relationships with children and youth
- **The values:** individuals who are confident, competent, and caring; leadership; standards of excellence

Example 2:

The National Conference, founded in 1927 as the National Conference of Christians and Jews, is a human relations organization dedicated to fighting bias, bigotry and racism in America. The National Conference promotes understanding and respect among all races, religions and cultures through advocacy, conflict resolution, and education.

- **The purpose:** to fight bias, bigotry, and racism in America
- **The business:** advocacy, conflict resolution, and education
- **The values:** understanding and respect among all races, religions, and cultures

Example 3:

We believe that substance abuse is destructive to individuals, families, and communities. Therefore, Tennessee Access to Recovery is building partnerships with faith communities to support a common purpose of fostering wholeness through recovery.

- **The purpose:** build partnerships with faith communities
- **The business:** to support a common purpose of fostering wholeness through recovery
- **The values:** substance abuse is destructive to individuals, families, and communities

(APPENDIX O)

(Name of Organization)
Financial Statement
Month/Year

Beginning Balance:

Income:

(List income from each source with dollar amount)

Examples:

Rent

Grant

Donations

Other

Expenses:

(List expenses from each source with dollar amount)

Examples:

Office Depot

Mortgage Company

Insurance Company

Salaries

Other

Ending Balance: