



**Provider Application Packet**  
**Criminal Justice Treatment Programs**

**Administered by the  
Tennessee Department of Mental Health and Substance Abuse Services  
(TDMHSAS)  
Division of Substance Abuse Services  
(DSAS)  
5<sup>th</sup> Floor, Andrew Jackson Building  
500 Deaderick Street  
Nashville, TN 37243**

**Phone: 615-741-1921  
Fax # 615-532-2419**

**Application to Become an Authorized Provider**

**Instructions:**

To become a provider with the Criminal Justice Treatment Programs:

1. Agency must have a State of Tennessee Treatment Facility License from the Office of Licensure to provide substance abuse treatment services.
2. Agency must submit proof of the license with your application.
3. If the agency has a 501(c) 3 non-profit status, you must submit proof of this status with your application.
4. Agency must be licensed, operational, and providing treatment services for at least one year.
5. Agency must have a registered Edison number with the Office of Finance and Administration.
6. Agency must use evidence-based practice for treatment such as the Hazelden's Co-Occurring Disorders Program Curriculum, Motivational Interviewing, or Cognitive Behavioral Treatment. You can find these and a list of other evidence-based practice treatment modules at the NREPP website.

Once these requirements have been met, complete and return this application along with the requested information by email, fax or U.S. Mail to apply to become an authorized provider. **Submission of your application does not guarantee your acceptance into the provider network. The decision to authorize a provider will be made based upon meeting provider eligibility criteria and the completeness and quality of the information submitted. Provider acceptance is also based on geographic location, available funding, and need for specific levels of care.**

Additional information may be requested by DSAS regarding the application. Upon acceptance into the provider network, the agency's clinical staff will be required to attend TN-WITS webinar training prior to accepting clients into the agency.

Program Contact: Ellen Abbott  
Director, Office of Criminal Justice Services

**I. Identifying Information**

<b>Organization/Agency Name:</b>	
<b>Contact Name and Title:</b>	
<b>Mailing Address:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	
<b>County(ies) of Service:</b>	

**II. Please check below the services the agency will provide (Contact DSAS if further explanation of Treatment Service Guidelines is required).**

*Note: By checking below, this confirms the agency's capacity to provide indicated services to include appropriate alcohol and drug treatment license(s) from TDMHSAS to provide the particular treatment service to service recipients who are assessed as needing that service and who are referred to receive that service at the agency.*

**Clinical Services**

<sup>1</sup>Assessments for Clinical Services (ASI and ASAM)

<sup>1</sup> To auto check the boxes electronically, place cursor in box, right click, and select "Properties", then under default value select "Checked".

- Outpatient Treatment-Individual ASAM Level I
- Outpatient Treatment-Group ASAM Level I
- Intensive Outpatient (IOP) ASAM Level II.1
- Low Intensity Residential (Halfway House) ASAM Level III.1
- Medium Intensity Residential ASAM Level III.3
- High Intensity Residential ASAM Level III.5
- Medically Monitored Residential Inpatient ASAM Level III.7
- Social Setting Detoxification ASAM Level III.2.D **(CTC only)**
- Medically Monitored Detoxification Services ASAM Level III.7.D **(CTC only)**

**III. Business Information**

1.

<b>FEI Number (Tax ID):</b>	
<b>Edison Number:</b>	

2. Check the type of legal entity:

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

3.

<b>Legal Entity Name:</b>	
<b>Mailing Address:</b>	
<b>Phone Number:</b>	

4. Check one:  For Profit       Non-Profit

5. Does the agency currently receive funding for alcohol and drug treatment services from the TDMHSAS?

- Yes       No

If yes, indicate which treatment programs the agency is funded to provide (check all that apply)?

- Community Treatment Collaborative (CTC)
- Alcohol and Drug Addiction Treatment (ADAT)
- Supervised Probation Offender Treatment (SPOT)
- Substance Abuse Prevention and Treatment (SAPT) Block Grant
- Addiction Recovery Program (ARP)

6. Is the agency minority owned or minority operated?  Yes       No

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

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



4. Include the address and county for each agency location where treatment services will be provided. Please indicate if the agency location is within 1000 feet of a school or childcare facility.
5. Provide a program plan that addresses each of the components below.
  - A. **Treatment programming and goals:** Describe the agency's approach to evidence-based treatment with individuals involved in the criminal justice system, including specific strategies, procedures, clinical interventions and modalities. Please provide proof that clinical staff has been trained on the evidence-based treatment module you have chosen for your treatment program.
  - B. **Service Recipient weekly schedule of activities:** Provide a copy of the weekly schedule of service recipient activities.
  - C. **Continuum of care:** Include screening, assessment (including use of the ASI), placement in, and movement between and among levels of care following ASAM PPC- 2R criteria, discharge planning, and use of recovery support services. Please provide proof that clinical staff has been trained on how to complete the ASI and ASAM Assessment Tools.

**VI. Specify the earliest date by which your agency will be ready to accept referrals of eligible service recipients following approval of this application.**

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**VII. Who will coordinate treatment services for your agency and will serve as the primary point of contact?**

<b>Name:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	

By signing below I certify that the information provided above and any attachments are correct and true to my knowledge.

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

Email application to: [Ben.Yarbrough@tn.gov](mailto:Ben.Yarbrough@tn.gov) or [David.W.Linens@tn.gov](mailto:David.W.Linens@tn.gov)

Fax application to: (615) 532-2419 or

Mail Application to: Tennessee Department of Mental Health and Substance Abuse Services  
 Division Substance Abuse Services  
 Attention: Ellen Abbott, Director of Criminal Justice Services  
 5<sup>th</sup> Floor, Andrew Jackson Building  
 500 Deaderick Street  
 Nashville, TN 37243