Department of
Mental Health &
Substance Abuse Services

Administrative and Service Provision Guide

FY26

Andrew Jackson Building, 5th Floor
500 Deaderick St.
Nashville, TN 37243
Effective 7/01/19

TABLE OF CONTENTS

CONTACTS

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

DIVISION OF SUBSTANCE ABUSE SERVICES (DSAS)

Taryn Sloss	Assistant Commissioner	615-684-0294
Bev Fulkerson	Deputy Assistant Commissioner	615-922-8169
Linda McCorkle	Director of Treatment and Recovery Services	615-944-8246
Rebekah Provost-Emmons	Director of Criminal Justice Services	615-924-2484
Anthony Jackson, Jr.	Director of Prevention Services	615-881-5057
Ira Lacy	Director of Opioid Central Registry	615-532-7802
Rachel Ward	Assistant to Commissioner and Deputy Assistant Commissioner	615-684-0294

Jill Barrett	Recovery Court Administrator	615-418-3232
Clarissa Callis	Budget Contracts Manager	615-879-9359
Sharnea Culbreath	Prevention Program Manager	615-917-2758
Hilary Daugherty	Treatment Program Manager	629-204-2759
Ashley Leopard	Prevention Program Manager	615-613-2518
Dave Farmer	Administrative Assistant/Receptionist	615-927-5688
Cate Faulkner	SOR Prevention Program Manager	615-840-0382
Sheba Green	TN Opioid SBIRT Program Manager	615-714-3237
Carlita Harrington	Prevention Program Manager	615-655-4528
Ken Horvath	Treatment Program Manager	615-490-2966
La'Tray Jeffers	TN-WITS Coordinator, Trainer	615-945-6357
Tracy Jennette	Data Systems Training Specialist	615-663-8223
Donathan Knowles	Treatment Program Manager	615-927-1161
Rachel Leath	SOR Treatment Program Manager	615-417-6096
Stacey Lee	Mental Health Court Administrator	615-805-3249
David Linens	Criminal Justice Program Manager	615-571-6450
Lane Llanusa	Prevention Program Manager	615-917-4133
Ardana Miller-Foxx	Criminal Justice Program Manager	615-571-6117
Jennifer Nguyen	Prevention Program Manager	615-878-1452
Aileen Pamintuan	Recovery Court Program Manager	615-487-4683
Horace Pulse	Assistant Director of Prevention Services	615-418-1746
Krystle Raglin	Treatment Program Manager	615-927-0051
Tiffani Robertson	Opioid Central Registry and CAP Program Specialist	615-202-1044
Melvin Smith	Assistant Director Treatment and Recovery Services	615-917-8178
Jessica Stephens	Statistical Research Specialist	615-478-5210
Jackie Talley	Treatment Program Manager	615-917-8177
Jennifer Walsh	Recovery Court Program Manager	615-961-3368
Ben Yarbrough	Criminal Justice Program Manager	615-587-0689

INTRODUCTION

The Division of Substance Abuse Services composed these Administrative and Service Provision Guidelines to provide clarification and additional details on the requirements specified in the Grant Contract Scopes of Service and Delegated Authority Terms and Conditions. This information is essential to supporting the service delivery to the populations of focus in your contractual agreement(s). Please read and share with those individuals who are responsible for providing services at your agency.

I. GENERAL PROGRAM GUIDELINES

1. All agencies that are contractually required will develop, implement, and maintain written, organized policies and procedures, which shall be contained in a uniform policy and procedures manual, and shall include, at a minimum, the following criteria:

    1. Documentation signifying that the Contract Guidelines (CG) and Scopes of Services (located in agency contracts) has been annually reviewed by all relevant program staff, including but not limited, to Program Directors, Coordinators and all direct care staff affiliated with Division funded programs.

    2. There shall be assurances and procedures that shall ensure compliance with **Title VI of the Civil Rights Act of 1964,** and that no person, on the grounds of sex, religion, handicap or disability, or age, shall be excluded from participation in, or denied benefits of, or otherwise subjected to discrimination in the performance of contracted services. Each agency must:

        a) Develop policy and procedures, which require Title VI education/training for all new staff and conduct the same;
        b) Develop policy and procedures for documenting annual Title VI education/training for new staff. Documentation must contain the following elements:
            i. Date and duration of each training/staff development activity;
            ii. Description of the training/staff development activity;
            iii. The name(s) of the presenter(s)/facilitators; and
            iv. The name(s) of the person(s) receiving the training/staff development activity.
        c) Develop policy and procedures, which address provider notification of the TDMHSAS-Office of Consumer Affairs of any complaints filed against the agency; and
        d) Post legal notices of non-discrimination in conspicuous places, available to personnel and applicants/service recipients;
        e) Annually complete and submit to the State a Title VI self-survey. The self-survey shall be supplied to the Grantee by the State along with information on completion, submission, and what to do in the event another department of the State of Tennessee is also requiring the completion and submission of a Title VI self-survey. **All Title VI information will be submitted to and monitored by TDMHSAS Fiscal Services.**

    3. Staffing and Personnel Policies and Procedures:

        a) Organizational chart that includes the relationship of Program Director to Executive Director, Board of Directors, governing body, as relevant;
        b) At a minimum, personnel records shall include: job title, verification employee meets minimum job description requirements and licensure/certification documentation (when applicable). Organizations providing direct service must provide a description of position titles for direct care staffing positions, including qualifications, licenses, and other such proof of credentials.
        c) Be appropriately staffed to provide the services described herein and submit to the State, in writing, the name and professional credentials of the Clinical Supervisor (i.e. LCSW, LPC, LMFT,
        Ph.D., M.D., with HSP) that provides support for all staff regarding COD issues and how often, and in what format, is clinical supervision taking place, and a description of position

titles for direct care staffing positions, including qualifications, licenses, and other such credentials. Proof of all credentials and licenses shall be submitted upon request of the State.

d) Ensure that all treatment personnel and program volunteers have received annual COD training, and maintain documentation of such training;
e) Ensure that all personnel and program volunteers providing direct care treatment services to service recipients will be screened and tested for TB as prescribed by the Division's Tuberculin (TB) Skin Test Guidelines (see attachment 3).

4. Develop, implement, and maintain written organized policies and procedures; and create and maintain a written Policies and Procedures Manual. The Policies and Procedures Manual shall be available upon request of the State and include policies and procedures on, but not limited to, the following:

   i. Establishing and maintaining a waiting list in the State's data system with assurances that the Grantee will notify, in writing, the State's Director of Addictions Treatment and Recovery Services when ninety percent (90%) capacity to admit individuals has been reached;

   ii. Addressing Infection Control procedures by the Centers for Disease Control (CDC) by referring to the CDC's guidelines available at their website;

   iii. Assuring priority preference for admission and, if necessary, placement on the waiting list to treatment programs following the admission. Priority preference is as follows: First Priority: Pregnant injecting drug abuser; Second Priority: Pregnant substance abuser; Third Priority: Injecting drug user; Fourth Priority: Medically Monitored Crisis Detoxification admissions; Fifth Priority: All others;

   iv. Quality improvement and program evaluation;

   v. Service recipient grievance in regards to fraud, waste, and abuse; and

   vi. Screening and assessment for trauma and ensuring that treatment meets the needs of those identified as having experienced trauma.

   vii. Psycho pharmacological interventions, including how clients are assisted in obtaining medication, take the medication and learn about the purpose of taking a specific medication for a co-occurring mental disorder (COD).

   viii Crisis management for service recipients during treatment (COD).

   ix Family involvement and education (COD).

   x. Discharges, routine and unplanned; and transition planning (COD).

5. Meet and comply with all licensure requirements, if applicable (facility and personnel) and reporting requirements adopted by the State; and state and federal laws, rules, and regulations governing alcohol and drug prevention or treatment programs funded in whole or in part under this Grant Contract. Proof of licensure and credentials shall be submitted upon request of the State.

6. Charitable Choice Regulations. If applicable, a Grantee that qualifies as a "religious organization" as defined in the United States Code of Federal Regulations (CFR) at 42 CFR §54.2(b) shall comply with the Charitable Choice regulations as set forth in 42 CFR §§ 54.1 et seq. with regards to funds provided directly to pay for substance abuse prevention and treatment services. Charitable Choice regulations include but are not limited to:

   i. The Grantee shall give notice to each service recipient and potential service

recipient of his/her right to receive alternative services from another provider and right to be referred to alternative services that reasonably meet the requirements of timeliness, capacity, accessibility and equivalency as set forth in the Federal regulations, 42 CFR §§ 54.8 and 54a.8.

ii. The Grantee shall make referrals to alternative providers. To make the referrals, it is recommended that the Grantee use the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's (SAMHSA's) Substance Abuse Treatment Facility Locator (the "Locator") to identify suitable alternative providers. The Locator is accessible at http://dasis3.samhsa.gov;

iii. The Grantee shall maintain a record of referrals made pursuant to these regulations and shall provide the information regarding such referrals to the State on an annual survey as requested;

iv. The Grantee shall not, in providing program services or engaging in outreach activities, discriminate against a service recipient or potential service recipient on the basis of religion, a religious belief, or a refusal to actively participate in a religious practice; and

v. The Grantee shall not use any funds provided through this Grant Contract for inherently religious activities such as worship, religious instruction, or proselytization.

8. Procedures to comply with Drug Free Workplace which shall, as a minimum, include:

a) A policy that states the rules pertaining to drugs in the workplace and;

b) Documentation must contain the following elements:

c) Date and duration of each training/staff development activity;

d) Description of the training/staff development activity;

e) The name(s) of the presenter(s)/facilitators; and

f) The name(s) of the person(s) receiving the training/staff development activity

II. PREVENTION SERVICES

1. Coalitions

    a. Policies and Procedures Manual: Agency Policies and Procedures and the written Policies and Procedures Manual should be reviewed, at a minimum, annually, updated as necessary to comply with Grant Contract requirements, and submitted to the state.

    b. Travel Pre-approval: All out-of-county travel paid for under the Grant Contract must be pre-approved in writing by the State.

        i. Any travel requiring lodging must be pre-approved in writing at least thirty (30) days in advance of the anticipated travel date.

        ii. In-state lodging and meal rates follow State Travel Policy 8: https://www.tn.gov/finance/rd-doa/fa-travel.html.

        iii. Per Diem Meals and Incidentals will only be reimbursed for travel requiring overnight lodging.

        iv. If a meal(s) is provided, the meal rate must be subtracted from the total amount requested for reimbursement.

    c. Required Training: In addition to the minimum required prevention trainings specified in the Grant Contract, new Coalition staff members are expected to complete the annual Substance Abuse Prevention Skills Training (SAPST) provided by the Division of Substance Abuse Services.

    d. Regional TN Prevention Advisory Council (TN PAC) Meetings:

i. Regional Representatives and Alternates: All regions are required to have both a representative and an alternate.

1. The representative/alternate is responsible for attending the quarterly state-wide TN PAC meetings.

2. If neither the representative nor the alternate is available, another person from the region must be designated to attend as a representative for the region.

3. If a new representative or alternate is voted in, the State must be notified within ten (10) business days.

4. It is the representative/alternate's responsibility to take detailed minutes at the state-wide TN PAC meeting and provide updates at the regional meetings.

5. It is the representative/alternate's responsibility to ensure that each prevention agency in the region is represented at the regional meeting.

6. The expectation is that all attendees will be active participants during the regional meetings.

ii. Regional Meetings: All regional TN PAC meetings for the fiscal year should be scheduled during the first meeting of the year.

1. Regional meetings should occur *after* the state-wide meetings.

2. Regional meeting dates should be provided to the State at least one (1) month in advance.

3. Detailed minutes should be taken at the regional meetings and distributed to all members of the region.

iii. Prevention Trainings: Prevention trainings must be provided at regional meetings.

1. Trainings must be pre-approved by the Division of Substance Abuse Services (DSAS) Director of Prevention and the TN Certification Board for Certified Prevention Specialist (CPS) for participants to receive contact hours.

2. To schedule a training, provide the Tennessee Association for Alcohol, Drug and Other Addiction Services (TAADAS) with the following information at least six (6) weeks in advance:

a. A paragraph description of the training topic;
b. Three learning objectives; and
c. A brief description/biography about the trainer/facilitator.

e. Participation in Other Activities as Prescribed and Authorized by the State: Coalitions shall participate in other activities as prescribed and authorized by the State, including, but not limited to, the following:

i. Bi-annual Prescription Drug Take Back Events;
ii. Great American Smoke Out/Kick Butts Day;
iii. Red Ribbon Week
iv. National Drug and Alcohol Facts Week
v. International Overdose Awareness Day
vi. Fentanyl Awareness Day
vii. SAMHSA National Prevention Week
viii. Promotion of the Tennessee Department of Health Tobacco Quit Line;
ix. Promotion of the Tennessee REDLINE for referral to addiction treatment;
x. Promotion of Tennessee Suicide Prevention Network materials

xi. Attend all trainings provided by the state Partner with Regional Overdose Prevention Specialist and Care Coordinators
xii. Partner with local Health Educator/Health Council
xiii. Attend and actively participate in Bi-Monthly Peer Sharing Calls
xiv. Support Day of Hope initiatives

f. Annual State-wide Provider Meeting: At least two (2) people, the Director and another representative, from each Coalition shall attend the annual state-wide provider meeting.

g. Coalition Meetings: Coalitions should hold meetings, at a minimum, on a quarterly basis.

i. A copy of the meeting agenda, minutes, and sign-in sheet shall be made available to the State upon request.

h. Media Approval Process: All media for public consumption purchased with *any* DSAS funding must be submitted to assigned Program Manager for approval before distribution. Media should not include scare tactics, fear-based messaging, active substance use, or depictions of illegal drug paraphernalia in any media. Communications should promote prevention through positive, factual, and respectful messaging. Media should align with respective funding source.

i. General Approval Process: All curriculums and supplies over $500 must be submitted for review and receive prior approval before purchase or use. Materials will be evaluated for alignment with program goals, accuracy, and appropriateness for the intended audience and funding source. Furniture and technology purchases including but not limited to phones, laptops, tablets, TVs, printers, etc. must be approved by the State prior to purchase.

j. Line-Item Budget Revisions: Line-item budget revisions must be approved by the State before submitting monthly invoices for reimbursement and must adhere to the following guidelines:

i. Salaries and Benefits/Professional Fees Limit: Salaries and Benefits and/or Professional Fees should not exceed eighty (80) percent of the overall contract amount.

ii. Travel Line-Item Limit: The combined line-item budgets for “Local Travel” and “Training and Conferences Attended by Staff” should not exceed $4,000.00 or five (5) percent of the overall contract amount, whichever is greater.

iii. Indirect/Administrative Costs: Indirect/Administrative Costs should not exceed fifteen (15) percent of the overall contract amount, unless pre-approved in writing by the State. A cost allocation plan is required in order to claim indirect/administrative costs.

k. Quarterly Report Guidelines: Please remember the "Who, What, When, Where, Why, How Many" when completing quarterly reports.

l. Promotional Items/Swag: Unallowable costs include the following -
    i. Costs of meetings, conventions, convocations, or other events related to other activities of the entity, including:
        1. Costs of displays, demonstrations, and exhibits;
        2. Costs of meeting rooms, hospitality suites, and other special facilities used in conjunction with shows and other special events; and
        3. Salaries and wages of employees engaged in setting up and displaying exhibits, making demonstrations, and providing briefings;
    ii. Costs of promotional items and memorabilia, including models, gifts, and souvenirs, shirts, cups, pens;
    iii. Costs of advertising and public relations designed solely to promote the non-Federal entity.

m. Strategic Prevention Framework-Partnerships for Success (SPF-PFS): Coalitions who receive funding for the SPF-PFS program shall follow the following additional guidelines:

    i. Training: Ensure that all staff members or contracted consultants acting as staff to the Coalition whose salary is funded in whole or in part under this Grant Contract satisfactorily completes training regarding e-cigarettes, marijuana, and mental health as follows: 1) at least five (5) prevention courses to include one (1) on e-cigarettes, one (1) on marijuana, and one (1) on mental health that are pre-approved by the State; and 2) at least one (1) of the required courses must be completed in the first six (6) months of this Grant Contract term and the remaining required courses must be completed by the end of this Grant Contract term. Other prevention-specific training may be substituted with advance written approval from TDMHSAS Office of Prevention.

    ii. Project Implementation: Facilitate or support the Coalition's members to have a current implementation plan approved by the State no later than December 1. Implementation plans must be reviewed at least annually and must reflect current data trends. Implement the plan or facilitate the Coalition's members and members of the Workgroup in implementing the plan, in accordance with the five (5)-step SPF model, as prescribed in the federal grant, and as approved by the State.

    iii. Reports; Presentations; and Documentation: Facilitate or support the Coalition's members and members of the Workgroup in submitting the following reports in a format and timeframe established by the State:

        1. Bi-weekly reports of National Outcome Measures (NOMs) submitted via the State's data system, excluding the last two weeks of a quarter, which are due no later than the fifteenth (15th) of the month following the end of each quarter.
        2. Quarterly project reports due no later than the tenth (10th) of the month following the end of the quarter. Revisions required by the State will be due no later than 5 working days after receipt of feedback from the State.
        3. An end-of-year project activities quarterly report is due no later than the tenth (10th) day of the month following the end of the Grant Contract term.
        4. Activity status updates on the SPF-PFS project management platform at least bi-weekly.

2. Tennessee Prevention Network

a. Transfer of Funds: Prevention agencies will submit a transfer of funds request to assigned program specialist when redistributing funds no later than the tenth (10^{th}) of each month. Funds will be redistributed no more than four (4) times throughout the fiscal year, unless approved by assigned Program Manager.

b. Regional TN Prevention Advisory Council (TN PAC) Meetings:
    i. Regional Representatives and Alternates: All regions are required to have both a representative and an alternate.

1. The representative/alternate is responsible for attending the quarterly state-wide TN PAC meetings

2. If neither the representative nor the alternate is available, another person from the region must be designated to attend as a representative for the region.

3. If a new representative or alternate is voted in, the State must be notified within ten (10) business days.

4. It is the representative/alternate's responsibility to take detailed minutes at the state-wide TN PAC meeting and provide updates at the regional meetings.

5. It is the representative/alternate's responsibility to ensure that each prevention agency in the region is represented at the regional meeting.

6. The expectation is that all attendees will be active participants during the regional meetings.

ii. Regional Meetings: All regional TN PAC meetings for the fiscal year should be scheduled during the first meeting of the year.

1. Regional meetings should occur *after* the state-wide meetings.

2. Regional meeting dates should be provided to the State at least one (1) month in advance.

3. Detailed minutes should be taken at the regional meetings and distributed to all members of the region.

iii. Prevention Trainings: Prevention trainings must be provided at regional meetings.

1. Trainings must be pre-approved by the Division of Substance Abuse Services (DSAS) Director of Prevention and the Tennessee Certification Board for Certified Prevention Specialist (CPS) contact hours.

2. To schedule a training, provide the Tennessee Association for Alcohol, Drug and Other Addiction Services (TAADAS) with the following information at least one (1) month in advance:

a. A paragraph description of the training topic;
b. Three learning objectives; and
c. A brief description/biography about the trainer/facilitator

c. Annual State-wide Provider Meeting: At least one (1) person from each prevention agency shall attend the annual state-wide provider meeting.
d. Contingency Plan on how to render services if an unforeseen circumstance occurs, e.g., COVID-19.

3. Higher Education Initiative

a. Policies and Procedures Manual: Agency Policies and Procedures and the written Policies and Procedures Manual should be reviewed, at a minimum, annually and updated as necessary to comply with Grant Contract requirements.
b. In-state Travel Regulations: In-state lodging and meal rates follow the CONUS rates for Tennessee.
   i. All travel/trainings for Director shall be approved by the Program Manager prior to travel.
c. Quarterly Report Guidelines:
   Coalition Director shall speak with assigned Program Manager once every quarter to discuss quarterly reports for prevention.
d. State-wide Meetings:
   i. Coalition Director shall attend and be an active participant at all state-wide Tennessee Prevention Advisory Council (TN PAC) meetings.

ii. At least one (1) person from Coalition shall attend the annual state-wide provider meeting.

e. Campus/University Prevention Plans: Campus/university prevention implementation plans must be submitted to Program Manager for review before academic school year begins.

i. Tertiary Prevention

a. Media Approval Process: All media for public consumption purchased with *any* DSAS funding must be submitted to assigned Program Manager for approval before distribution. Media should not include scare tactics, fear-based messaging, or depictions of drug paraphernalia in any media. Communications should promote prevention through positive, factual, and respectful messaging. Media should align with respective funding source.

b. General Approval Process: All curriculums and supplies over $500 must be submitted for review and receive prior approval before purchase or use. Materials will be evaluated for alignment with program goals, accuracy, and appropriateness for the intended audience and funding source. Furniture and technology purchases including but not limited to phones, laptops, tablets, TVs, printers, etc. must be approved by the State prior to purchase.

c. Travel Pre-approval: All travel out of catchment area paid for under the Grant Contract must be pre-approved in writing by the State.

i. Any travel requiring lodging must be pre-approved in writing at least thirty (30) days in advance of the anticipated travel date.

ii. In-state lodging and meal rates follow State Travel Policy 8: https://www.tn.gov/finance/rd-doa/fa-travel.html.

iii. Per Diem Meals and Incidentals will only be reimbursed for travel requiring overnight lodging. If a meal(s) is provided, the meal rate must be subtracted from the total amount requested for reimbursement.

III. TREATMENT AND RECOVERY SERVICES

Some key points to remember regarding group size, duration of group, ASAM reviews and IPP timeframes:

Adult Outpatient Services ASAM Level 1 **(Nonresidential)**	**Groups:** Minimum 2 & Maximum 12 Minimum 60 minutes, **Individual:** Minimum 45 minutes	**Valid Unit of Service:** Only 1 outpatient service per day per service recipient	**Update ASAM:** At least every 90 calendar days	**Individualized Program Plan:** Developed within 30 days of admission or by end of the 3rd face to face treatment, whichever comes first	**Narrative Summary Review:** Must be completed every 90 days
Adult Intensive Outpatient Services ASAM Level II.1 **(Nonresidential)**	**Groups:** Minimum 2 & Maximum 12 9-19 hours a week	**Valid Unit of Service:** Minimum of 3 hours per day	**Update ASAM:** Every 4th session or every 14 calendar days, whichever comes first	**Individualized Program Plan:** Developed within 30 days of admission or by end of the 3rd face to face treatment, whichever comes first	**Narrative Summary Review:** Must be completed every 90 days
Adult Partial Hospitalization Services ASAM Level II.5 **(Nonresidential)**	**Groups:** Minimum 2 & Maximum 12 20 or more hours a week	**Valid Unit of Service:** Minimum of 4 hours per day	**Update ASAM:** At least every 7 calendar days	**Individualized Program Plan:** Developed within 30 days of admission or by end of the 3rd face to face treatment, whichever comes first	**Narrative Summary Review:** Must be completed every 90 days
Adult Clinically-Managed Low-Intensity Residential Services (Halfway House) ASAM Level III.1 **(Residential)**		**Valid Unit of Service:** Minimum of 1 counseling contact and 1 educational lecture/seminar per week	**Update ASAM:** At least every 30 calendar days	**Individualized Program Plan:** Developed within 7 days of admission	**Narrative Summary Review:** Must be completed every 60 days
Adult Clinically-Managed Medium-Intensity Residential Services ASAM Level III.3 **(Residential)**		**Valid Unit of Service:** Minimum of 5 counseling contacts and 5 educational lectures/seminars per week	**Update ASAM:** At least every 7 calendar days	**Individualized Program Plan:** Developed within 7 days of admission	**Narrative Summary Review:** Must be completed every 7 days
Adult Clinically-Managed High-Intensity Residential Services ASAM Level III.5 **(Residential)**		**Valid Unit of Service:** Minimum of 5 counseling contacts and 5 educational lectures/seminars per week	**Update ASAM:** At least every 7 calendar days	**Individualized Program Plan:** Developed within 7 days of admission	**Narrative Summary Review:** Must be completed every 7 days
Adult Clinically-Managed Intensive Residential Services ASAM Level III.7 **(Residential)**		**Valid Unit of Service:** Minimum of 5 counseling contacts and 5 educational lectures/seminars per week	**Update ASAM:** At least every 3 calendar days	**Individualized Program Plan:** Developed within 7 days of admission	**Narrative Summary Review:** Must be completed every 7 days
Adult Clinically-Managed Detoxification Services ASAM Level III.2-D **(Residential) (Social Detox)**		**Valid Unit of Service:** 7 days a week, 24 hours a day residential social setting detox	**Update ASAM:** At calendar day 3, at calendar day 5 if the client is still in Detox, and then at discharge from Detox.		

Adult Medically-Monitored Detoxification Services & Medically Monitored Crisis Detoxification ASAM Level III.7-D **(Residential) (Medical Detox)**		**Valid Unit of Service:** 7 days a week, 24 hours a day residential social setting detox	**Update ASAM:** At calendar day 3, at calendar day 5 if the client is still in Detox, and then at discharge from Detox.		
Adult Medically-Managed Detoxification Services ASAM Level IV-D **(Inpatient)**		**Valid Unit of Service:** 7 days a week, 24 hours a day inpatient social setting detox	**Update ASAM:** Daily		**Narrative Summary Review:** Must be completed every 7 days
Adolescent Outpatient Services (ages 13-18) **(Nonresidential)**	**Groups:** Minimum 2 & Maximum 12 Minimum 60 minutes, **Individual:** Minimum 45 minutes	**Valid Unit of Service:** Fewer than 9 hours a week and only 1 outpatient service per day per service recipient		**Individualized Program Plan:** Developed within 30 days of admission or by end of the 3rd face to face treatment, whichever comes first	**Narrative Summary Review:** Must be completed every 90 days
Adolescent Day/Evening Services (ages 13-18) **(Nonresidential)**	**Groups:** Minimum 2 & Maximum 12 Minimum 60 minutes, **Individual:** Minimum 45 minutes	**Valid Unit of Service:** Treatment service is a structured treatment program which operates 3 or more hours per day (exclusive of school activities), a minimum of 4 days a week for after school/evening programs and 5 days a week for day programs		**Individualized Program Plan:** Developed within 30 days of admission or by end of the 3rd face to face treatment, whichever comes first	**Narrative Summary Review:** Must be completed every 90 days
Adolescent Residential Services (ages 13-18) **(Residential)**		**Valid Unit of Service:** Service shall include educational instruction required by the State Department of Education. Therapy must include a minimum of 5 counseling contacts per week and minimum of 5 lecture/seminars per week		**Individualized Program Plan:** Developed within 7 days of admission	**Narrative Summary Review:** Must be completed every 7 days

Women's Services Information

Family Services Requirement– "Assess the need and provision or referral for family centered services. Provide documentation in the client's treatment plan."

Outreach Requirement- "Publicize the availability of services to pregnant women and the fact that pregnant women receive preference for admission. In the event that the Grantee has insufficient capacity for admitting pregnant women seeking treatment, the Grantee shall attempt to place the pregnant woman at a facility with capacity. If the Grantee is unable to locate a facility, the Grantee shall notify the State's Director of Addiction Treatment and Recovery Services or designee, and the State will attempt to place the pregnant woman at a facility with capacity. If the State is unsuccessful in placing the pregnant woman at another treatment facility, the Grantee shall place the pregnant woman on a waiting list,

with the highest admission priority, and the Grantee must provide interim services within forty-eight (48) hours after such request (for pregnant users who inject drugs) and 14 days (non-pregnant users who inject drugs)

Trauma Requirement- "The Trauma Screener in the state's data system is completed on all clients being assessed with the ASI." If trauma is indicated the agency should make every effort to address during clinical treatment.

Recovery Support

1. Complete the Simple Screening Instrument for Alcohol and Other Drug (AOD) Abuse.
2. Based on the Simple Screening Instrument results, complete the Recovery Support Services Assessment Summary and Service Plan.

   The Recovery Support Services Assessment and Service Plan must be completed for all TN-ARP clients who are receiving recovery support services except for those who have an ASI/ASAM completed for the current episode of care.

   The Screening Tool and Recovery Support Services Assessment Summary and Service Plan must be filed in the service recipient's chart.

3. A TN-ARP Referral does not require submission of the Screening Instrument and Screening Tool or Prior-approval. Recovery Support Service Assessment; (unless service recipient is receiving treatment services within the same Episode of Care.
   Service Plan; (unless service recipient is receiving treatment services within the same Episode of Care)

The TN Recover App is a tool through which Alcohol and Drug Use and Abuse Treatment and Recovery service providers; and Tennessee Recovery Courts shall receive access to a recovery application which will enhance recovery and provide support to individuals who are enrolled in Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) funded clinical alcohol and drug use treatment and recovery services; and/ or are enrolled in a Tennessee Recovery Court as described in this Scope of Services. TDMHSAS requires that all funded substance abuse treatment and recovery providers offer enrollment with this app to clients either upon discharge from residential or while in outpatient treatment or recovery support services.

Service Descriptions, Rates, and Maximum Units/Sessions

Service Description	Rate and Maximum Units/Sessions
SCREENING - TN-ARP screening is used to determine whether individuals meet basic service recipient eligibility criteria for TN-ARP services. The providers must use the Division's brief screening instrument. The provider's staff must be trained on TN-ARP eligibility criteria and use of instrument. **This must be completed by all TN-ARP providers.**	Screenings are not a reimbursable service.
RECOVERY SUPPORT SERVICES ASSESSMENT - This consists of the TN-ARP screening tool and the TN-ARP Recovery Support Services Assessment Summary and Service Plan. **This service must be offered by all non-licensed TN-ARP providers.**	Recovery support services assessments are reimbursable at $30.00 per assessment for a maximum of one (1) assessment per service recipient.
CASE MANAGEMENT - This service involves coordination of care services which assist a service recipient in identifying, accessing, and coordinating resources that are supportive in achieving the service recipient's treatment and recovery goals. Services may be delivered face-to-face or by telephone. Time spent in direct contact with the service recipient, or with collateral on behalf of the service recipient, is reimbursable. The staff performing this service must be trained and qualified according to the agency's governing body. **This service must be offered by all TN-ARP providers.**	Case management is reimbursable at $25.00 per 15 minutes.

Service Description	Rate and Maximum Units/Sessions
DRUG TESTING - Random drug testing is used to determine the presence of substances. This service is not a stand-alone service; service recipients must be enrolled in another ARP service.	Drug testing is reimbursable at $15.00 per screen for recipients receiving recovery support services.
EMPLOYMENT SKILLS – This service can be utilized to teach the transferable skills needed by an individual to make them employable. A component of SAMHSA's definition of Recovery is purpose which includes obtaining a job. Recovery Skills is designed to assist the service recipient in obtaining the necessary skills to be a successful and productive member of the community and offers skill building topics such as budgeting, personal growth and responsible decision making, interviewing skills, resume writing, career exploration & job retention skills.	Employment Skills is reimbursable at $30.00 per session (individual) and $18.00 per person (group).
HEALTH/WELLNESS- These activities promote confidence and a positive outlook, which helps to maintain abstinence and overall wellbeing. These can include tobacco cessation, healthy eating, exercise and fitness support as well as mindfulness activities such as painting etc. These activities should always include a staff member.	Health/Wellness is reimbursable at $18.00 per hour.
RECOVERY ACTIVITIES – Recovery activities are activities that involve discovering new opportunities to have fun without using substances. They could include museums, picnics, parks, local events, etc. These activities should always include a staff member.	Recovery Activities is reimbursable at $18.00 per hour.
RECOVERY SKILLS - This service is designed to assist the service recipient in obtaining the necessary skills to be a successful and productive member of the community and offers skill building topics such as budgeting, parenting, personal growth, responsible decision making, etc. If performed in a group setting, group size must be a minimum of 2 service recipients and no more than 12 service recipients. The staff facilitating this service must be trained and qualified according to the agency's governing body. Individual sessions are 50 minutes and group sessions are 60 minutes in duration.	Recovery Skills is reimbursable at $30.00 per session (individual) and $18.00 per person (group).
RELAPSE PREVENTION - This service is designed to assist the service recipient in developing skills to recognize early signs that may lead to relapse and to develop methods to counteract these triggers. If performed in a group setting, group size must be a minimum of 2 service recipients and no more than 12 service recipients. Staff must be trained and qualified according to the agency's governing body. Individual sessions are 50 minutes, and group sessions are 60 minutes in duration.	Relapse prevention is reimbursable at $30.00 per session (individual) and $18.00 per person (group).

Service Description	Rate and Maximum Units/Sessions
TRANSITIONAL HOUSING - This is housing that is required on a transitional basis to support the service recipient during their treatment and/or recovery phase. The housing must be community based, safe, and drug free. This service must be governed or staffed to assure a safe and drug free environment. The agency must meet all local housing codes and have adequate liability insurance. The staff providing this service must be trained and qualified according to the agency's governing body. **This service is not a stand-alone service; service recipients must be enrolled in another ARP service.**	Transitional housing is reimbursable at $30.00 per day for service recipients receiving recovery support services.
TRANSPORTATION - Transportation is reimbursable based on the following: This service provides transportation for service recipients for the purpose of accessing treatment recovery services or any other activity that supports a service recipient's recovery. The vehicle used must be owned or leased by the TN-ARP authorized provider agency or agency staff may use their personal vehicles. The agency must have full vehicle insurance coverage for agency owned vehicle use on file and staff must have full vehicle insurance coverage for personal vehicle use on file. Staff must at least have a class D license with F endorsement. The vehicle driver(s) must have the appropriate chauffeur's or commercial driver's license. 3 criteria: 1) there is no other payment source for this service, and 2) the service recipient has no other reliable transportation alternative, and 3) If there is no public transportation or its use would create a hardship on the service recipient. **This service is not a stand-alone service; service recipients must be enrolled in-another ARP service.**	Transportation is reimbursable at $18.00 per trip not to exceed $36.00 per day for service recipients receiving recovery support services.

IV. CRIMINAL JUSTICE SERVICES

Please reference Treatment and Recovery Services outline for clinical services.

V. SUBRECIPIENT MONITORING

Pursuant to both state and federal requirements, each grantee who is a subrecipient of either state or federal funds must be monitored at least once every four (4) years and monitored more frequently if the grantee is determined to be "high- risk," per Department of General Services' Central Procurement Office Policy 2013-007. A grantee may be determined to be "high-risk" based upon a variety of factors including: the grantee's risk of noncompliance with federal statutes, regulations, and an award's terms; the level of programmatic or financial risk to the State; whether the grantee has been monitored in the past four (4) years; and whether the grantee has had prior findings indicating serious deficiencies.

The subrecipient monitoring process involves a review of both fiscal and programmatic components and is designed to determine a grantee's compliance with requirements of state and/or federal programs, applicable laws and regulations, and stated results and outcomes, as well as a review of a grantee's financial management and accounting system to determine if such management and system is adequate to account for program funds in accordance with state and/or federal requirements. The subrecipient monitoring process also allows for the Department to provide guidance, education, and technical assistance to grantees who demonstrate a need for such guidance throughout the monitoring process.

The Process

1. At least once every four (4) years, a grantee will receive notice from TDMHSAS to schedule fiscal and programmatic monitoring visits. Monitoring visits will include visits from fiscal monitors and program monitors and may be held in-person or remotely.
2. Monitors will communicate in advance the expectations and required documents necessary for review. Monitors will provide a list of documents needed from the grantee both prior to the site visit and during the site visit. If a grantee is unsure what the monitor means when requesting particular documents, the grantee should reach out to the monitor to ask for more information.
3. During an in-person or remote site visit, fiscal and program monitors will review a physical location, program records, and individual service recipient files to determine compliance, as well as ensure that other requirements of the grant contract are being adhered to. Please note reviews may be conducted on-site or conducted as a desk review at TDMHSAS direction.
4. Each site visit will begin with an entrance conference and end with an exit conference.
5. After both fiscal and program monitoring is complete, the Department will send one, final monitoring report outlining any finding of non-compliance by the agency. This report will be issued to the grantee, TDMHSAS management, and the Comptroller of the Treasury, Division of Audit. The monitoring report will also provide information about how a grantee can correct any findings of non-compliance.
6. If the final monitoring report contains findings, the grantee must file a Corrective Action Plan with the Department addressing the finding documented in the Department's monitoring report. All Corrective Action Plans should include all necessary information to ensure a finding will not occur in the future, including the individual responsible for implementing any corrective actions, and should be signed by an agency's President, Executive Director, or CEO.
7. The Department will either approve, reject, or request additional information and/or revisions to the Corrective Action Plan.
8. Once the Corrective Action Plan is approved, a grantee must ensure compliance with this plan and both program and fiscal monitors will schedule a follow-up assistance within sixty (60) business days (including a site review if necessary) to determine compliance.
9. The Department may provide technical assistance, as needed or requested, to help a grantee correct any findings.

Expectations

1. The Department expects that all agencies scheduled for a monitoring visit will be prepared and have the necessary information and documentation available for review.
2. The Department expects that all agencies will work with fiscal and program monitoring in scheduling a site visit at the requested time.
3. The Department expects that all agencies scheduled for a monitoring visit will have the appropriate people present for the site visit to be conducted.
4. The Department expects that all grantees will timely implement any measures outlined in a Corrective Action Plan.

Sanctions and Termination of Funding

If at any time, either during a grant contract or after the expiration of a grant contract, the Department determines that a grantee has failed to comply with the terms and conditions of the grant contract or fails to comply with the monitoring process and expectations (including providing documentation of corrective actions), the Department may take one or more of the following actions:

1. Temporarily withhold cash payments pending correction of the deficiency by the grantee;
2. Disallow all or part of the cost of the activity for non-compliance;
3. Wholly or partially suspend or terminate the contract; and/or
4. Withhold further contracts for the project or program.

Other Available Resources

If you have questions or concerns about any of the items listed within the manual, please feel free to contact our Department directly. Please also be aware of the following available resources:

- Department of General Services' Central Procurement Office Policy 2013-007 https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html

- Department of Finance and Administration Policy 08 Comprehensive Travel Regulations https://www.tn.gov/content/dam/tn/finance/images/doa-images/accounting-job-aids/3065_001.pdf

- Department of Finance and Administration Subrecipient Resources https://www.tn.gov/finance/grants-information-sharing/grants-information-sharing/subrecipient-resources.html

- Department of Mental Health and Substance Abuse Services Grants Management Webpage https://www.tn.gov/behavioral-health/for-providers/grants-management.html

- Department of Mental Health and Substance Abuse Services For Providers Webpage https://www.tn.gov/behavioral-health/for-providers.html

VI. PROGRAM, FISCAL, AND DATA REPORTING GUIDELINES

INTRODUCTION

A. The primary purpose of this Section, as referenced in all Division Grant Contracts, is to provide uniformity in the reporting of and improve control over costs associated with the delivery of services by contract agencies receiving Federal and State grant funds.

To remain in compliance with state and federal reporting requirements, each provider must submit:

1. A Program Plan specifying the intended use of funds allocated for their specific program(s);
2. Separate fiscal budgets for each program plan;
3. A cost allocation plan as defined in Grant Contract;
4. Quarterly Department of Finance and Administration Uniform Reporting Requirements and Cost Allocation Plans for Sub-recipients for Federal and State Grant Monies Report showing actual expenditures for each program;
5. Program report(s) showing outcomes as required by Division program directors; and
6. Individual service recipient transactions for the Division's management information system**.**

The requirements mentioned in the following pages include, but are not limited to, other State of Tennessee reporting obligations.

A. Program Reporting Requirements

REPORT	FREQUENCY	APPLICABLE TO	SUBMITTED TO	DATE DUE	COMMENTS
Program Plans	Annually or as requested	SA Treatment Service Providers, Problem Gambling, HIV/EIS Providers, Addiction Recovery Program Tennessee Workforce Development Prevention	Director of Treatment and Recovery Services Director of Prevention Services	Providers will be notified of the exact date prior to processing the next fiscal year.	Program plans must be reviewed and approved prior to executing the new or amended contracts.
HIV/AIDS Early Intervention Services Report	Monthly	HIV/AIDS Early Intervention Service Providers	Director of Treatment and Recovery Services	The 15th of the month.	Invoice payments may be withheld if monthly reports are not submitted within the Appropriate time period.
Problem Gambling Initiative Report	Quarterly	Problem Gambling Initiative Providers	Director of Treatment and Recovery Services	The 15th of the month following the end of the state fiscal quarter.	Invoice payments may be withheld if reports are not submitted within the appropriate time period.
Prevention Programs Quarterly Reports	Quarterly	Prevention Service Providers	Director of Prevention Services	The 15th of the month following the end of the state fiscal quarter.	Invoice payments may be withheld if quarterly reports are not submitted within the appropriate time period.
Tennessee Workforce Development Program Report	Quarterly	Tennessee Workforce Development Program Provider	Director of Prevention Services	The 15th of the month following the end of the each state fiscal quarter.	Invoice payments may be withheld if quarterly reports are not submitted within the appropriate time period.

B. Fiscal Reporting Requirements

REPORT	FREQUENCY	APPLICABLE TO	SUBMITTED TO	DATE DUE	COMMENTS
Program Budgets	Annually or As requested	All Providers	Director of Treatment and Recovery Services Director of Prevention Director of Criminal Justice Services	Providers will be notified of the exact date prior to processing the next fiscal year.	Program budgets must be reviewed and approved prior to processing the new or amended contracts.
Invoices for Reimbursement	Cost Reimbursement: upon receipt Unit Rate Reimbursement : twice monthly	All Providers	TDMHSAS Fiscal Services	Ongoing	Cost Reimbursement: Ten (10) days from the date of receipt of invoices will be paid. Unit Rate Reimbursement: Invoices received by the tenth (10th) of the month will be paid by the twentieth (20th) of the month. Invoices received by the twentieth (20th) of the month will be paid by the thirtieth (30th) of the month.
Quarterly/Final Financial Reports	Quarterly Or As Specified in Section C 7. of the Grant Contract	All Providers	TDMHSAS Fiscal Services	As Specified in Section C 7. of the Grant Contract	A. Invoice payments may be withheld if quarterly reports are not submitted within the appropriate time period. B. Final financial report must be received and approved prior to processing the new or amended contract.
Cost Allocation Plan	Annually	Cognizant Providers with More Than One Program	TDMHSAS Fiscal Services	July 1	APG See Glossary
Annual Report and Audited Financial Statements	Annually	All Providers	As specified in Section D.15 of the Grant Contract	As specified in Section D 15 of the Grant Contract	Invoice payments may be withheld if Annual Report and Audited Financial Statements are not submitted as stated in Section D.15 of the Grant contract.
National Survey of Substance Abuse Treatment Services (N-SSAT)	Annually	All Treatment Providers	Mathematical Policy Research	Annually by March 31st	

C. Data Reporting Requirements

REPORT	SUBMITTED TO	APPLICABLE TO	DATE DUE	COMMENTS
Individual Service Recipient Transactions for TN-WITS	TN-WITS	Enrollment Process	Within 7 days of admission	Individual Service Recipient Transactions for TW: 1. ASI, T-ASI, & ASAM 2. Admissions 3. Corrections 4. Discharges 5. Discharges ASI 6. Continued Stay ASI 7. Encounters or written notification of no activity (issued to relevant program manager) 8. Wait list (if applicable)
		Adult Continuum of Care	Encounters batched and submitted by the 10th of the month for services provided.	
		Medically Monitored Crisis Detoxification	Cost Reimbursement invoice submitted to Division of Fiscal Services	
		Woman's Intensive Outpatient Pregnant Women's Services Wrap Around Services		
		Adolescent Outpatient Adolescent Day Treatment Adolescent Residential Rehabilitation		
		Problem Gambling Community Outreach Program Development Initiative Regional Training Priority Training Training, Education, and Technical Assistance HIV EIS		
		Referral	At the time of referral need is identified	

IV. GLOSSARY

Addiction Severity Index (ASI), (DSM-5-TR) - A standardized multi-focused screening/assessment tool used to collect information regarding the nature and severity of problems which adult substance abusers often have. An ASI is valid for up to 45 days from date it is completed, in TN-WITS.

Provider agencies will conduct an ASI Assessment at admission and

discharge. The Division may conduct a follow-up ASI Assessment at 6

months post discharge.

Aftercare Services and Aftercare Plan - A written plan developed by a staff person and the service recipient who specifies the activities and objectives that will enable the service recipient to sustain recovery-oriented lifestyle. Services are offered on an outpatient basis and may include group counseling, individual counseling and/or self-help group participation.

American Society of Addiction Medicine, ASAM Criteria for Patients with Addiction & Co-occurring Conditions - A clinical guide used in matching patients to appropriate levels of care.

ASAM PPC-2R Criteria Case Review - Documentation by dimension of the reasoning for admission, continued stay, step up/step down or discharge for a specific patient.

Case Management - Monitoring, tracking and providing support to a service recipient throughout the course of treatment and after. Planning and coordinating a package of health and social services that is individualized to meet a particular service recipient's need.

Charitable Choice (see Attachment 1)

Providers that qualify as "religious organizations" under 42 CFR 54.2(b) shall comply with the Charitable Choice Regulations as set forth in 42 CFR 54.1 et seq. with regard to funds provided directly to pay for substance abuse prevention and treatment services under 42 U.S.C. 300x-21 et seq.; 42 U.S.C. 290aa, et seq.; and 42 U.S.C. 290cc-21 to 290cc-35.

Such providers shall give notice to each service recipient and potential service recipient of his/her right to receive alternative services from another provider and right to be referred to alternative services that reasonably meet the requirements of timeliness, capacity, accessibility and equivalency as set forth in 42 U.S.C 300x-65 and 42 C.F.R. 54.8(b) and 54.8(c)(4). It is recommended that the "model notice" set forth in Attachment 1 be used.

Such providers shall make referrals to alternative providers as set forth in 42 U.S.C 300x-65 and 42 C.F.R. 54.8(b) and 54.8(c)(4). In making such referrals, providers shall use the SAMHSA Treatment Facility Locator to identify suitable alternative providers (accessible at http://www.findtreatment.samhsa.gov/facilitylocatordoc.htm).

Such providers shall maintain a record of referrals made pursuant to these regulations and shall provide the information regarding such referrals to the Division on an annual survey as requested.

The provider shall not, in providing program services or engaging in outreach activities, discriminate against a client or potential client on the basis of religion, a religious belief or a refusal to actively participate in a religious practice.

The provider shall not use funds provided hereunder for inherently religious activities, such as worship, religious instruction or proselytization.

COD Co-Occurring Disorder – for purposed of this Grant Contract, is a primary diagnosis of a substance use disorder and a secondary diagnosis of a psychiatric disorder, as those terms are defined herein.

COD-C – Co-occurring Disorders Capable program. For purposed of the Grant Contract, is a treatment program that addresses a COD as that term is defined herein, in service provider policies and procedures, assessment, treatment planning, program content, and discharge planning. Even where such programs are geared primarily toward treating substance use or psychiatric disorders, staff are able to address the interaction between psychiatric and substance-related disorders and their effect on the consumer's readiness to change – as well as relapse and recovery environment issues – through individual and group program content. This program treats service recipients with less severe psychiatric disorders and more severe substance use disorders.

COMPASS EZ is an instrument that assesses a provider's program's capability to provide COD services.

Cost Allocation Plan - is a means of distributing to various programs, costs which benefit more than one program. Each sub-recipient must prepare a narrative describing in detail the methods used to allocate costs to various programs. The cost allocation plan should include an organizational chart, documents, and schedules to support the allocation methods. These documents must be submitted for review and approved by the Division of Administrative Services. If DADAS approves program additions or changes that result in modifications to the previously approved allocations, a revised plan and other related documents must be submitted for review and approved by the Division of Administrative Services.

DSM-5-TR – The current version of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, a handbook for mental health professionals listing different categories of mental disorders and the criteria for diagnosing them.

Interim Services - Services provided until an individual is admitted to a substance abuse treatment program for the purpose of reducing the adverse consequences of such abuse, of promoting the health of the individual, of reducing the risk of transmission of disease, and for engaging the individual to receive services.

As a minimum, interim service for IV drug abusers must include:

a. Counseling and education about HIV and TB;
b. Counseling about the risks of needle sharing;
c. Counseling about the risks of HIV transmission to sexual partners and infants;
d. Steps to ensure HIV and TB transmission does not occur; and
e. Referral for HIV and TB treatment services if necessary.

As a minimum, interim services for pregnant women must include (1) thru (5) above and the following:

1. Counseling on the effects of alcohol and drug use on the fetus and
2. Referrals for prenatal care.

Means Testing - an investigation into the financial position of a person to determine eligibility for financial assistance.

Outreach - Services designed to improve awareness and identification of the treatment program's targeted population. Services to be provided will include identification and recruitment of service recipients, treatment referral and public awareness and family intervention including alcohol and drug education and prevention.

Qualified Alcohol and Drug Abuse Treatment Personnel - Persons who meet the criteria described in items 1, 2 and 3 as follows:

1. Currently meet one (1) of the following conditions:

    a. Licensed or certified by the State of Tennessee as a physician, registered nurse, practical nurse, psychologist, psychological examiner, social worker, substance abuse counselor, teacher, professional counselor, associate counselor or marital and family therapist, or if there is no applicable licensure or certification by the State, has a bachelor's degree or above in a behavioral science or human development related area; or

    b. Actively engaged in a recognized course of study or other formal process for meeting criteria of part (a) of item (1) above, and directly supervised by a staff person who meets criteria in part (a) of item (1) above, who is trained and qualified as described in items (2) and (3) below, and who has a minimum of two (2) years of experience in his/her area of practice;

2. Are qualified by education and/or experience for the specific duties of their position.

3. Are trained in alcohol, tobacco and/or other drug abuse specific information or skills. (Examples of types of training include, but are not limited to, alcohol or other drug abuse specific in-services, workshops, substance abuse schools, academic coursework and internships, field placement or residences).

Sliding Fee Scale - scale that determines the percentage of the full charge for a service that an individual will be assessed based on their adjusted income and family size.

Teen–Addiction Severity Index (T-ASI)– A standardized multi-focused screening/assessment tool used to collect information regarding the nature and severity of problems which adolescent substance abusers often have. A T-ASI is valid for up to 45 days from date it is completed.

Provider agencies will conduct a T-ASI at admission and discharge.

The Division may conduct a follow-up T-ASI at 6 months post discharge.

Time Frame for Completion of the ASAM PPC-2R continued stay Criteria Case Review form (Attachment 2) - The form will be completed upon admission, discharge and/or when referred to another treatment provider according to the following treatment level schedule and kept in the service recipient's record.

I	Outpatient	Every 4th session or every 14 calendar days, whichever comes first.
II.1	Intensive Outpatient	At least every 14 calendar days
II.5	Partial Hospitalization	At least every 7 calendar days
III.1	Clinically-Managed Low-Intensity Residential	At least every 30 calendar days
III.3	Clinically-Managed Medium-Intensity Residential	At least every 7 calendar days
III.5	Clinically-Managed High-Intensity Residential	At least every 7 calendar days
III.7	Medically-Monitored Intensive Residential	At least every 3 calendar days
III.2-D	Clinically-Managed Detoxification	At calendar day 3, at calendar day 5 if the client is still in Detox, and then at discharge from Detox.
III.7-D	Medically-Monitored Detoxification	At calendar day 3, at calendar day 5 if the client is still in Detox, and then at discharge from Detox.

Time Frames Specified in the Licensure Requirements -

1. Individual Program Plans (IPP)

    a. For non-residential treatment facilities, treatment plans developed within thirty (30) days of admission or by the end of the third face-to-face treatment contact with qualified alcohol and other drug abuse personnel, whichever occurs first.
    b. For residential rehabilitation and halfway house treatment facilities, treatment plans developed within seven (7) days of admission.

2. Narrative Summary Reviews of Individual Program Plans:

    a. For non-residential treatment facilities, a narrative summary review must be completed every ninety (90) days.

    b. For residential rehabilitation treatment facilities, a narrative summary review must be completed every seven (7) days.

    c. For halfway house treatment facilities, a narrative summary review must be completed every sixty (60) days.

Tennessee Web Information Technology System (TN-WITS) - The Division's online records management system

Tuberculosis Services - Those services that may be provided to an alcohol and/or other drug abuse service recipient receiving treatment.

Tuberculin Skin Test -

1. It is mandatory that **ALL** direct care staff members in the Alcohol and Drug Treatment provider agencies be tested upon initial employment as prescribed in Attachment 3 of the TB Guidelines.

2. It is mandatory that **ALL** service recipients receiving any alcohol and drug treatment service be tested as prescribed in Attachment 3 of the TB Guidelines.

Waiting List - A document identifying individuals seeking services for substance abuse treatment when appropriate treatment services are not available. It is to be initiated and maintained in TN-WITS by a substance abuse treatment program whenever program capacity has been reached. The document identifies individuals who are actively seeking treatment and meet program screening and eligibility criteria for services with the admission priority being:

1. Pregnant injecting drug abuser;

2. Pregnant substance abuser;

3. Injecting drug user; and

4. Medically Monitored Crisis Detoxification Program;

5. Referred by the Tennessee Board of Probation and Parole; and

6. All other.

Attachment 1: Charitable Choice Sample Posting

Notice to Individuals Receiving Substance Abuse Services

No provider of substance abuse services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief or a refusal to actively participate in a religious practice.

If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of the substance abuse services to which you have no religious objection. The referral and your receipt of alternative services must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

Attachment 2: ASAM Criteria Case Review

ASAM CRITERIA CASE REVIEW

Admission = Continued Stay = Discharge =

_____ _____
Client Name Social Security Number

I. Presenting Problem(s): _____
_____

II. Indicate Key - Placement Criteria:

1. Dimension 1. Severity Rating _____ Acute Intoxication and/or Withdrawal Potential:
_____
_____
_____

2. Dimension 2. Severity Rating _____ Biomedical Conditions and Complications:
_____
_____
_____

3. Dimension 3. Severity Rating _____
Emotional/Behavioral Conditions and Complications:
_____
_____
_____

4. Dimension 4. Severity Rating _____ Treatment Acceptance/Resistance:
_____
_____
_____

5. Dimension 5. Severity Rating _____ Relapse/Continued Use Potential:
_____
_____
_____

6. Dimension 6. Severity Rating _____ Recovery Environment:
_____
_____

III. ASAM Criteria Level of Care Recommendations

_____Level II-D Partial Hospitalization
_____Level III.2-D Social Detoxification
_____Level III.7-D Medically Monitored Detoxification
_____Level IV-D Medically Managed Intensive Inpatient Detoxification

_____Level I Outpatient Services
_____Level II.1 Intensive Outpatient
_____Level II.5 Partial Hospitalization
_____Level III.1 Halfway House
_____Level III.3 Medium Intensity Residential Services
_____Level III.5 High Intensity Residential Services
_____Level III.7 Medically Monitored Inpatient Services
_____Level IV Medically Managed Inpatient Services

Comments/Referrals:

Discharge/Aftercare Plans:_

Discharge Date: _____

Discharge Address:_ _____ Phone #: _____
(halfway house or place of residence)

City:_____ Zip: _____ County _____

_____ _____
(Clinician Signature) (Patient Signature)

Agency: _____ Date: _____

Attachment 3: TB Control Guidelines for Alcohol and Drug Abuse Treatment Programs (Revised10/2024)

1. **Purpose:**

   This policy provides guidance and instruction to identify and prevent active tuberculosis (TB) disease and TB infection (TBI) among employees, volunteers, and service recipients in alcohol and drug (A&D) treatment programs.

2. **Requirements:**

   2.1 Screening, testing, and medical evaluation (if indicated) to determine the presence or absence of active TB disease or TBI in employees and volunteers of alcohol and drug treatment programs and recipients of alcohol and drug treatment services must align with the state and local recommendations.

   2.2 A&D treatment facilities must provide baseline screening of all new employees and new volunteers for symptoms of active TB disease and appropriate testing for TBI prior to employment or provision of volunteer services. Public health departments in Tennessee can provide testing for employment or volunteer purposes.

   2.3 A&D treatment facilities must ensure that all employees and volunteers who provide direct care services are screened annually for signs and symptoms of active TB disease and appropriately tested for TBI.

   2.4 A&D treatment facilities must counsel all employees and volunteers annually regarding the signs and symptoms of active TB disease.

   2.5 Any A&D treatment program employee or volunteer with symptoms suggestive of active TB disease must be referred immediately for appropriate medical evaluation and cleared by a licensed medical provider prior to return to work in the facility or provision of direct care services.

   2.6 Any A&D treatment program employee or volunteer reported by a health care provider to the health department as having suspected or confirmed active TB disease must be excluded from the facility and from provision of direct care services until the employee or volunteer is determined to be non-infectious by the local health department.

   2.7 All A&D treatment facilities must screen all prospective service recipients for signs and symptoms suggestive of active TB disease prior to each admission for A&D treatment services.

   2.8 Prospective service recipients presenting with signs and/or symptoms suggestive of active TB disease must be referred immediately for appropriate medical evaluation and cleared by a licensed medical provider prior to admission for A&D treatment services.

   2.9 Any service recipient reported by a health care provider to the health department as having suspected or confirmed active TB disease must be excluded from services until the service recipient is determined to be non-infectious by the local health

department.

Prospective recipients of all A&D treatment services who present without symptoms of active TB, and have no documentation of a previous positive TB test (for infection (tuberculin skin test or blood test) and have no documentation of testing for TBI within the past six (6) months must be appropriately tested for TBI within five (5) business days of initiation of A&D treatment services. The exceptions for testing are Outpatient ASAM Levels 1, 2.1 and 2.5; however, all service recipients must be screened for symptoms of active TB disease.

2.10 A&D treatment facilities must counsel all service recipients about the signs and symptoms of active TB disease during each admission for A&D treatment services.

2.11 All A&D treatment facilities must provide case management activities to ensure that employees, volunteers, and service recipients diagnosed with TBI receive appropriate medical evaluation, counseling about the risk of TBI progressing to active TB disease, and TBI treatment if such treatment is recommended to and accepted by the employee, volunteer, or service recipient.

2.12 Testing for TBI may be conducted by qualified medical personnel at an A&D treatment facility or by referral to a licensed medical provider.

2.13 All TB screening and testing records of employees, volunteers, and service recipients are considered personal medical information protected by HIPAA and must be archived accordingly.

3. Procedure/Responsibility:

General Procedures:

3.1 The Division of Substance Abuse Services must offer training on administration of the "TB Symptom Screening Tool" at least annually.

3.2 Only trained A&D treatment personnel or medical personnel are permitted to administer the "TB Symptom Screening Tool" to program employees, volunteers, or service recipients.

3.3 A copy of the completed "TB Symptom Screening Tool" with the results of the screening must be maintained in the file of the employee, volunteer, or service recipient, as applicable.

3.4 Testing for TBI may be conducted using either the standard Mantoux method of the TST or by an interferon-gamma release blood assay (IGRA) according to guidelines established by the federal Centers for Disease Control and Prevention (CDC).

Specific Procedures: Employees and Volunteers

3.5 All new employees and volunteers must be screened with the "TB Symptom Screening Tool" prior to beginning employment or providing volunteer services, and all new employees and volunteers who provide direct care services appropriately tested for TBI

within three (3) business days of beginning employment or providing volunteer services.

a. A new employee or volunteer with symptoms of active TB as documented on the "TB Symptom Screening Tool" should be referred immediately to a licensed medical provider for evaluation, and shall not report to work until written clearance is provided by the licensed medical provider.

3.6

a. A new employee or volunteer who provides direct care services without symptoms of active TB and without documentation of a previously positive test should be tested within three (3) business days for latent TB infection (TBI) utilizing the two-step Mantoux method.

1) A new employee or volunteer who will provide direct care services with a positive initial TST (consistent with CDC guidelines) should be referred either to his/her medical provider or to the local health department for further evaluation of TBI, including a chest radiograph.

2) A new employee or volunteer who will provide direct care services with a negative initial TST should be re-tested within seven to fourteen (7-14) days of the initial test, unless the employee or volunteer provides documentation of a negative TST within the past twelve (12) months.

3) A new employee or volunteer who will provide direct care services with a negative second TST should receive education about signs and symptoms of active TB.

4) A new employee or volunteer who will provide direct care services with a positive second TST should be referred to either his/her medical provider or to the local health department for further evaluation of TBI, including chest radiograph.

b. A new employee or volunteer who will provide direct care services and has no symptoms of active TB and presents documentation of a previous positive TST result in millimeters (mm) should not be tested with either the TST, but rather referred within five (5) business days of beginning employment or volunteer services to his/her medical provider or to the local health department for further evaluation of TBI, including a chest radiograph.

c. All new employees and volunteers who will provide direct care services should receive education about signs and symptoms of active TB disease within three (3) business days of beginning employment or provision of direct care services.

3.7 All employees or volunteers providing direct care services must be screened annually for signs and symptoms of active TB disease and appropriately tested with follow-up as described under item 3.5 above, except that TB skin testing of previously TST-negative employees and volunteers should be performed by the one-step Mantoux method.

3.8 Documentation of all TB symptom screening and TB skin testing for TBI must be treated as personal medical information and archived according to HIPAA guidelines.

Specific Procedures: Service Recipients

3.9 All recipients of residential A&D treatment services must be screened with the "TB Symptom Screening Tool" prior to enrollment in an A&D treatment program. Recipients must be appropriately tested for TBI with a TST or IGRA within five (5) business days of receiving A&D treatment services.

a. A prospective recipient of residential A&D treatment services with symptoms of active TB as documented on the "TB Symptom Screening Tool" should be referred immediately to a licensed medical provider for evaluation, and shall not be admitted into an A&D treatment program until written clearance is provided by the medical provider.

b. A prospective service recipient of residential A&D treatment services without symptoms of active TB, and:

1) Without documentation in millimeters (mm) of a previously positive TST or IGRA, or without documentation of a negative TST or IGRA within the past twelve (12) months, must be tested with a TST or IGRA within five (5) business days for TB infection (TBI).

2) With a positive TST or IGRA (consistent with CDC criteria) should be referred within five (5) business days to a licensed medical provider or the local health department for further evaluation of TBI, including a chest radiograph.

3) Presenting documentation of a previous positive test should not be tested with either the TST or an IGRA but referred within five (5) business days to a licensed medical provider or to the local health department for further evaluation of TBI, including a chest radiograph.

c. All new service recipients of residential A&D treatment services must receive education about the signs and symptoms of active TB disease with three (3) business days of beginning A&D services, regardless of receipt of such services within the past year.

3.10 Documentation of all TB symptom screening and TB testing for TBI of service recipients must be treated as personal medical information and archived according to HIPAA guidelines.

4. Statutory Authority:

4.1 States shall require any entity receiving amounts from the Grant, for operating a program of treatment for substance abuse to follow procedures developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the Director of the Tuberculosis Elimination Program, Tennessee Department of Health, pursuant to 45 C.F.R. 96.127(b).

4.2 The results of the TB screening and testing conducted in accordance with the State's Licensure Rules 0940-5-41 through 0940-5-47.

Tuberculosis Control Guidelines were developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the Director of the Tuberculosis Elimination Program, Tennessee Department of Health.

Department of Mental Health & Substance Abuse Services

DECLARATION OF INCOME AND RESIDENCY

CLIENT NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

INCOME DECLARATION STATEMENT

I,_____, declare that my income
(PLEASE PRINT APPLICANT NAME)

was $_____in the last 30 days.

_____ _____
Applicant Signature **Date**

_____ _____
Staff Signature **Date**

CITIZENSHIP AND RESIDENCY DECLARATION STATEMENT

I,_____, declare that I am a United States citizen or a legal alien of the United States.

I,_____, declare that I am a resident
(PLEASE PRINT APPLICANT NAME)
of Tennessee or am homeless in Tennessee.

_____ _____
Applicant Signature **Date**

_____ _____
Staff Signature **Date**

Department of Mental Health and Substance Abuse Services/Andrew Jackson • Building, 6th Floor • 500 Deaderick St. • Nashville, TN 37243
Tel: 615-532-6700 • tn.gov/behavioral-health