



TENNESSEE
ADDICTIONS RECOVERY PROGRAM
(TN-ARP)

FOR TENNESSEE FISCAL YEAR 2019-20
JULY 1, 2019 - JUNE 30, 2020

Tennessee Department of Mental Health and Substance Abuse Services
Division of Substance Abuse Services

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1. TN-ARP GENERAL INFORMATION

- 1.1. **Purpose.** Tennessee Addictions Recovery Program (TN-ARP) is a way Tennessee shows commitment to provide alcohol and drug recovery support services to more individuals in need.
- 1.2. **Goals.** Goals of the TN-ARP are:
 - 1.2.1. To provide consumer access to addictions recovery support services, and
 - 1.2.2. To assure consumer choice of provider and services.
- 1.3. **Authorized Provider Requirements.** All State and Federal requirements will be specified in the contract which all providers will sign following acceptance as an authorized provider. In addition to the requirements specified in the contract, a TN-ARP authorized provider shall meet these requirements:
 - 1.3.1. Following the application and approval process, sign the contract;
 - 1.3.2. Participate in all TN-ARP trainings and meetings;
 - 1.3.3. Offer consumers a genuine, free, and independent choice as to service provider;
 - 1.3.4. Screen consumers to assure they meet the TN-ARP eligibility requirements;
 - 1.3.5. Assure all consumers have received an Addictions Recovery Support Assessment per TN-ARP requirements;
 - 1.3.6. Enroll consumers for services, and report service encounters via the web-based information management system;
 - 1.3.7. Follow all TN-ARP program requirements in managing the program and in delivering services to consumers;
 - 1.3.8. Maintain strict confidentiality of consumer records and comply with the Health Insurance Portability and Accountability Act (HIPAA), Confidentiality of Alcohol and Drug Abuse Patient Records (42 Code of Federal Regulations (CFR) Part 2) and Tennessee Code Annotated (TCA) Title 33 requirements regarding the electronic transmission of consumer information;

1.3.9. Maintain written records for all consumers served through TN-ARP per program requirements; and

1.3.10. Develop a strengths-based case management model for use with all TN-ARP consumers.

1.4. **TN-ARP Service Provider Eligibility Criteria.**

1.4.1. Eligibility criteria for licensed treatment providers is to be licensed by the Tennessee Department of Mental Health (TDMHSAS) as an Alcohol and Drug Treatment provider.

1.4.2. Eligibility criteria for non-licensed addictions recovery support service providers:

1.4.2.1. The provider must be registered with the Tennessee Secretary of State's Office or be a sole proprietor;

1.4.2.2. The provider must provide evidence of being in operation as an addictions recovery support services provider for at least (1) year prior to the date of application to the TN-ARP;

1.4.2.3. Addictions recovery support services offered are clearly differentiated from professional clinical treatment services;

1.4.2.4. The provider has the governance and fiscal infrastructure to accept, apply, and account for the TN-ARP funds and follows good business practices;

1.4.2.5. The provider has the appropriate infrastructure to collect and report the required TN-ARP data via the web-based information management system;

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

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

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

- 1.5. **Consumer Eligibility Criteria for TN-ARP Services.** All consumers must meet **all** of the following criteria:
- 1.5.1. Be a resident of Tennessee and age eighteen (18) years or older; and
 - 1.5.2. Meet the one hundred thirty-three percent (135%) federal poverty guideline as set by the United States Department of Health and Human Services (see Section 1.6.); and
 - 1.5.3. Have an initial screening indicating past or current substance abuse or dependence requiring addictions recovery support services provided through TN-ARP; and
 - 1.5.4. Have an assessment indicating the severity of problems and which TN-ARP services are appropriate; and
 - 1.5.5. Currently require addictions recovery support services to maintain their recovery and/or prevent a relapse.
- 1.6. 2019 United States Department of Health and Human Services Guidelines – One Hundred Thirty-Three percent (135%):

Size of Family Unit	135% Federal Poverty Guideline
1	\$14,380.00 or below
2	\$19,460.00 or below
3	\$24,540.00 or below
4	\$29,620.00 or below
5	\$34,700.00 or below
6	\$39,780.00 or below
7	\$44,860.00 or below
8	\$49,940.00 or below
9	\$55,020.00 or below
10	\$60,100.00 or below
For each additional person, add \$5,080.00	

2. **TN-ARP SERVICES AND RATES.** The following chart shows the services and rates, effective July 1, 2019:

Service	Maximum Rate
<p>Screening. TN-ARP screening is used to determine whether individuals meet basic consumer eligibility criteria for TN-ARP services. The providers must use the Tennessee Department of Mental Health’s brief screening instrument. The provider’s staff must be trained on TN-ARP eligibility criteria and use of the screening instrument.</p>	<p>Screening is <u>not</u> a reimbursable service.</p>
<p>Addictions Recovery Support Services Assessment. This consists of the TN-ARP intake screening tool and the TN-ARP Assessment Summary and Service Plan. This service must be offered by all TN-ARP providers.</p>	<p>\$25.00 per assessment for a maximum of one (1) assessment per service recipient.</p>
<p>Case Management. This service involves coordination of care services which assist a consumer in identifying, accessing, and coordinating resources that are supportive in achieving the consumer’s addictions treatment and addictions recovery goals. Services may be delivered face-to-face or by telephone. Time spent in direct contact with the consumer, or with a collateral on behalf of the consumer, 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.</p>	<p>Case management is reimbursable at \$25 per fifteen (15) minute.</p>
<p>Drug Testing. Random drug testing is used to determine the presence of substances. Drug testing is <u>not</u> a stand-alone service and must be done in conjunction with other TN-ARP services.</p>	<p>Drug testing is reimbursable at \$15.00 per screen for service recipients receiving recovery support services.</p>

Service	Maximum Rate
<p>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.</p>	<p>Employment Skills is reimbursable at \$25.00 per session (individual) and \$15.00 per person (group).</p>
<p>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.</p>	<p>Health/Wellness is reimbursable at \$15.00 per hour.</p>
<p>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.</p>	<p>Recovery Activities is reimbursable at \$15.00 per hour.</p>
<p>Recovery Skills. This service is designed to assist the consumer 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, and responsible decision making. If performed in a group setting, group size must be a minimum of two (2) consumers and no more than twenty (20) consumers. The staff facilitating this service must be trained and qualified according to the agency’s governing body. Individual sessions are fifty (50) minutes and group sessions are sixty (60) minutes in duration.</p>	<p>Recovery Skills is reimbursable at \$25 per session (individual); \$15 per person (group).</p>
<p>Relapse Prevention. This service is designed to assist the consumer 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 two (2) consumers and no more than twenty (20) consumers. The staff facilitating this service must be trained and qualified according to the agency’s governing body. Individual sessions are fifty (50) minutes and group sessions are sixty (60) minutes in duration.</p>	<p>Relapse prevention is reimbursable at \$25.00 per session (individual) and \$15.00 per person (group).</p>

Service	Maximum Rate
<p>Spiritual/Pastoral Support. This service includes a variety of addictions recovery support services which incorporate faith <u>and</u> specific religious beliefs and convictions in the addictions recovery process, as well as spiritual practices based on universal spiritual principles and practices. This service is designed to assist the consumer in developing their spirituality and religious practices as an integral part of their addictions recovery and may cover practices and principles such as establishing a relationship with a higher power, identifying a sense of purpose and mission in one’s life, achieving serenity and peace of mind, balancing one’s body, mind, and spirit, utilizing spiritual practices such as prayer, scripture, meditation, and yoga. Examples of this service include a consumer meeting with a minister, priest, rabbi, iman, monk, or other qualified person to study the application of a religion’s beliefs, convictions, and scripture to addictions recovery, for support during a crisis, or to determine an addictions recovery plan.</p> <p>If performed in a group setting, group size must be a minimum of two (2) consumers and no more than twenty (20) consumers. The staff facilitating this service must be trained and qualified according to the agency’s governing body. Individual sessions are fifty (50) minutes and group sessions are sixty (60) minutes in duration.</p>	<p>Spiritual support is reimbursable at \$25 per session (individual); \$15 per person (group).</p>
<p>Transitional Housing. This is housing that is required on a transitional basis to support the consumer during their addictions treatment and/or addictions recovery phase. The housing must be community based, safe, and drug/alcohol free. This service must be governed or staffed to assure a safe and drug free environment. The agency must meet all local housing codes, TDMHSAS licensure rules (if applicable), and have adequate liability insurance. The staff providing the service must be trained and qualified according to the agency’s governing body.</p>	<p>Transitional housing is reimbursable at \$20 per day for service recipient receiving recovery support services.</p>

Service	Maximum Rate
<p>Transportation. This service provides transportation for consumers for the purpose of accessing addictions treatment and/or addictions recovery services or any other activity that supports a consumer’s addictions recovery. Transportation is <u>not</u> offered as a stand alone service and consumers must be enrolled in another TN-ARP service. The vehicle must be owned or leased by the TN-ARP authorized provider agency. The agency must have proper vehicle insurance coverage. Agency staff may use their personal vehicles if <u>all</u> of the following conditions are met: 1) driver must have a class D license, F endorsement; and 2) staff must have copy of current full coverage automobile insurance on file at agency. The vehicle driver(s) must also have the appropriate chauffeur’s or commercial driver’s license. Transportation is reimbursable based on the following three (3) criteria: 1) there is no other payment source for the service; and 2) the consumer has no other reliable transportation alternative; and 3) there is no public transportation or its use would create a hardship on the consumer.</p>	<p>Transportation is reimbursable at \$12 per day for service recipients receiving recovery support services.</p>

3. APPLICATION TO BE A TN-ARP SERVICE PROVIDER

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

3-A
APPLICATION TO BE A TN-ARP SERVICE PROVIDER

I. Identifying Information

Organization/agency name: _____

Contact name: _____

Mailing address: _____

Phone number: _____

Fax number: _____

Electronic mail (e-mail) address: _____

County: _____

Duns
Number: _____ N/A _____

II. Please check below the services you intend to provide (see TN-ARP Services and Rates (Section 2.) for details):

Note: By checking below that you want to provide a particular TN-ARP service, you must have capacity to provide that service to consumers who are assessed as needing that service and who choose to receive that service at your agency. See Consumer Eligibility Criteria for TN-ARP Services (Section 1.5.). Assessments, Drug Testing, Transportation, and Transitional Housing may only be offered in conjunction with other TN-ARP services.

Addictions Recovery Support Services

Assessments for Recovery Support Services*

Case Management*
Drug Test
Employment Skills
Health/Wellness
Recovery Activities

Recovery Skills
Relapse Prevention
Spiritual/Pastoral
Transitional Housing
Transportation



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

III. Business Information

A. Check the type of legal entity:

Sole Proprietor Partnership Corporation Limited Liability Company

Government Other _____

B. Legal Entity Name _____

Mailing Address _____

Phone Number _____

C. Check one: For Profit Non-Profit

D. Has the facility administrator ever been convicted of a crime involving injury or harm to person(s), or financial or business mismanagement (assault, battery, robbery, embezzlement, fraud, etc.)? Yes No

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

IV. Faith-Based/Community-Based Status

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

Is your organization faith based or community-based?

Please check one: Faith-based Community-based

V. Information to Send With Your Application

- A. Providers currently licensed by the Tennessee Department of Mental Health (TDMHSAS) as an Alcohol and Drug Treatment Facility must send a copy of the current State of Tennessee Alcohol and Drug Treatment Facility license with this application. No other documentation is required at this time.
- B. Addictions Recovery Support Service Providers that are not licensed by the TDMHSAS as an Alcohol and Drug Treatment Facility must send supporting documentation as specified in the TN-ARP Service Provider Documentation (Section 4). Additionally, you must send evidence of your organization being in operation as an addictions recovery support service provider for at least (1) year prior to your application to TN-ARP.

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

(Signature of Applicant)

(Title or Position)

(Date)

Fax application to Melvin Smith at (615) 532-2419, or

E-mail a scanned copy of completed application with signatures and supporting documentation to Melvin.Smith@tn.gov, or

Mail Application to: Tennessee Department of Mental Health and Substance Abuse Services
Attention: Melvin Smith
Division of Substance Abuse Services
500 Deaderick Street
Nashville, TN 37243

4. TN-ARP SERVICE PROVIDER DOCUMENTATION

4.1. Instructions for Submitting Documentation.

- 4.1.1. If your agency is licensed by the Tennessee Department of Mental Health (TDMHSAS) as an Alcohol and Drug Treatment Facility, submit a copy of your current license along with the Application to be a TN-ARP Service Provider (see 3-A). This is the only required documentation to be submitted at this time.
- 4.1.2. If your organization is not licensed by the TDMHSAS as an Alcohol and Drug Treatment Facility, please submit the Application to be a TN-ARP Service Provider (see 3-A) as well as **Appendix A** along with the supporting documentation.
- 4.1.2.1. On **Appendix A**, place a checkmark beside each item submitted.
- 4.1.2.2. **Appendix B** (Eligibility Checklist) is a detailed description of the required documentation needed to complete the Application to be a TN-ARP Service Provider (see 3-A). **You must submit each item requested.**
- 4.1.2.3. If you do not have the required policies and procedures, **Appendices C-J** are samples that you may use or adapt for your organization.

APPENDIX A
Page 1 of 1

REQUIRED DOCUMENTATION SUMMARY

(Name of Organization)

Submit this form with the following documentation:

- 1. Application to become a TN-ARP Authorized Provider
- 2. Registration with the Tennessee Secretary of State's Office
- 3. Evidence your organization has been in operation as an addictions recovery support services provider for at least (1) years prior to this application
- 4. Description of Addictions Recovery Support Services or Addictions Recovery Support Checklist (**Appendix C**)
- 5. Mission Statement
- 6. Two (2) Financial Statements or most recent third-party audit
- 7. List of Board of Directors
- 8. Accounting Checklist (**Appendix D**)
- 9. Computer system requirements and Contact information (**Appendix E**)
- 10. Facilities Inspection Checklist (**Appendix F**)
- 11. Fire Evacuation Map and Emergency Plan (**Appendix G**)
- 12. Consumer Rights and Responsibilities (**Appendix H**)
- 13. Consumer Grievance (**Appendix I**)
- 14. Ethical Standards of Employee/Volunteer Conduct (**Appendix J**)
- 15. Liability Insurance

APPENDIX B

**ELIGIBILITY CHECKLIST
(For Unlicensed Facilities Only)**

(Name of Organization)

1. Addictions Recovery Support Providers who are not licensed by the Tennessee Department of Mental Health (TDMHSAS) as an Alcohol and Drug Treatment Facility must minimally submit the following documentation.

Instructions:

- 1.1. *The following documentation must be submitted. This is the minimum that is required. It is recommended that you submit additional information that supports your application and describes the organization's program.*
- 1.2. *Sample requirements 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.*
- 1.3. *Please submit the documentation in the order and format listed.*

A. Documentation of registration with the Tennessee Secretary of State's Office.

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

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

- Submit a brief description of the Addictions Recovery Support Services that the organization is applying to provide. The description can be submitted in one of the following ways:

- B.1. Provide your current description

Or

- B.2. Complete the "Addictions Recovery Support Services" (**Appendix C**)

- Submit a copy of the organization's Mission Statement.

**ELIGIBILITY CHECKLIST
(For Unlicensed Facilities Only)**

(Name of Organization)

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

- Submit the organization's two (2) most recent financial statements, or the most recent third-party audit.
- 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 D**).

D. The provider has the appropriate infrastructure to collect and report required TN-ARP data.

- Submit completed document (**Appendix E**) certifying minimal computer requirements and data contact.

(Appendix E specifies the minimum and desired specifications)

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

- Complete and submit the attached "Facilities Inspection Checklist" and policy and procedure (**Appendix F**).
- 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.

**ELIGIBILITY CHECKLIST
(For Unlicensed Facilities Only)**

(Name of Organization)

G. Providers must have, at a minimum, the following program requirements, including forms, and must be implemented prior to entering provider network.

- “Emergency Plan” indicating, at a minimum, the plan for fire, tornado, flood, extreme heat/cold temperatures, and power outages. **(Appendix G)**
- “Consumer Rights and Responsibilities” **(Appendix H)**
- “Consumer Grievance” **(Appendix I)**
- “Employee/Volunteer Ethics” **(Appendix J)**

You may implement the program requirements and forms in one of the following ways:

G.1. Use your current program requirements and forms,

Or

G.2. Modify the attached program requirements and forms to be specific for your program,

Or

G.3. Use the attached program requirements and forms, filling in the appropriate areas

H. 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.**

I. Your organization has been in operation as an addictions recovery support services provider for at least (1) year prior to the date of this application to TN-ARP.

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



ADDICTIONS RECOVERY SUPPORT SERVICES

(Name of Organization)

The following Addictions Recovery Support Services (see TN-ARP Services and Rates, Section 2, for information about the services) will be offered by the organization as approved by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS).

Please check each item that the organization intends to provide. Some services are required of all approved providers and others are optional.

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

This service must be provided by all TN-ARP approved providers.

Case Management (Required of all approved providers):

This service must be provided by all TN-ARP approved providers.

Drug Testing (Optional):

Employment Skills (Optional)

- Individual sessions
- Group sessions

Health/Wellness (Optional)

Recovery Activities (Optional)

- Individual sessions
- Group sessions

Recovery Skills (Optional)

- Individual sessions
- Group sessions

Relapse Prevention (Optional)

- Individual sessions
- Group sessions



Spiritual/Pastoral (Optional)

- Individual sessions
- Group sessions

Transitional Housing (Optional) (must be enrolled in another TN-ARP service):

Transportation (must be enrolled in another TN-ARP service):

**APPENDIX C
Page 2 of 2**

ADDICTIONS RECOVERY SUPPORT SERVICES

(Name of Organization)

Signature

Date

APPENDIX D
Page 1 of 1

ACCOUNTING CHECKLIST

(Name of Organization)

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 E
Page 1 of 1

INFORMATION SYSTEM REQUIREMENTS

(Name of Organization) _____

TN-ARP uses a web-based database 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 the web-based database.

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 connect to the web-based database. 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.

** I certify that my organization's computer system meets minimal system requirements. The organization's contact for the web-based database will be:

Name: _____

Phone: _____

Email: _____

Signature

Date

APPENDIX F
Page 1 of 2

FACILITIES INSPECTION CHECKLIST

(Name of Organization)

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 F
Page 2 of 2

FACILITIES INSPECTION CHECKLIST

(Name of Organization)

Facilities will be inspected regularly to assure safety of participants.

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 fourteen (14) calendar days.
5. The completed forms will be filed in _____.
(Where will it be filed – office, etc.)

Signature

Date

EMERGENCY PLAN

(Name of Organization)

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.

CONSUMER RIGHTS AND RESPONSIBILITIES

(Name of Organization)

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

1. At intake, consumers will receive a copy of the “Consumer Rights and Responsibilities” form (see Appendix H, Page 2 of 2 for an example).
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.

CONSUMER RIGHTS AND RESPONSIBILITIES

(Name of Organization)

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

(Name of Organization)

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 twenty-four (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.

(Name of Organization) _____

Date of incident _____

Date of completion of form _____

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:

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ETHICAL STANDARDS OF EMPLOYEE/VOLUNTEER CONDUCT

(Name of Organization)

Employees and volunteers will conduct themselves in an ethical manner.

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.

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ETHICAL STANDARDS OF EMPLOYEE/VOLUNTEER CONDUCT

(Name of Organization)

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 all federal and state privacy, security and confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA), Title 42 of the Code of Federal Regulations (CFR) Part 2, and the Tennessee Code Annotated, Titles 33 and others as applicable.
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.

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ETHICAL STANDARDS OF EMPLOYEE/VOLUNTEER CONDUCT

(Name of Organization)



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