

City of Albuquerque
Department of Family & Community Services
Division of Health & Human Services

**Substance Abuse Treatment
Provider Voucher Program
FY-2014 APPLICATION PACKET**

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**CITY OF ALBUQUERQUE
SUBSTANCE ABUSE TREATMENT AND PREVENTION SERVICES**

PROVIDER APPLICATION INSTRUCTIONS

PURPOSE

The Division of Health and Human Services is accepting applications to become a City of Albuquerque Substance Abuse Treatment Provider for FY-2014. It is the intent of the City to continue the development of a Substance Abuse Treatment Network able to provide high quality, ethical, comprehensive, and evidence-based substance abuse treatment. The City desires to develop a full continuum of treatment services and to ensure that all agencies are theoretically sound, clinically appropriate, and culturally relevant to meet the needs of persons in treatment.

The City Division of Health and Human Services has an open application process to become a member of the City’s Substance Abuse Treatment Network. Applicants will have to score a minimum of 160 points (80%) to receive a contract. First-time applicant treatment agencies receiving a score less than 160 can choose re-apply throughout FY-2014. Treatment agencies already contracting with the City to provide substance abuse treatment will not be eligible to reapply until the next fiscal year (FY-2015), and will need to submit a plan of action to their assigned program specialist detailing how current clients will be transitioned to other voucher agencies to continue their treatment beyond June 30, 2013.

Applications that received a score of 180 or above in Fiscal Years 2012 or 2013 only need to complete the reapplication for FY-2014.

The City will not issue a contract for FY-2014 to any agency with outstanding debt(s) to the City.

APPLICATION FORMS AND INSTRUCTIONS

There is one application for both Adult and Adolescent treatment services. Please mark the appropriate box. In developing your application, be sure to answer **all** questions with **complete** and **thorough** responses.

Applications must be **in 12-point font**. Each narrative response should be concise, complete, and must not be more than **three (3) pages** in length. Applications should also be numbered and clearly labeled.

APPLICATION REVIEW

Applications will be reviewed by the Division of Health and Human Services based on the following criteria. A Technical Review will be conducted prior to scoring: incomplete applications will not be accepted. Applications missing documentation will also not be accepted. A minimum score of 160 is required to receive a contract for FY-2014.

	Maximum Score For Current Providers	Maximum Score For New Providers
1. Past Performance based on Clinical and Administrative Reviews (for current providers)	25	N/A

2. Substance Abuse Treatment Program	70	80
3. Clinical Supervision/Staff Credentials	25	30
4. Case Management Services	20	20
5. Vouchered Services	15	15
6. Service Mix and ASAM Criteria	45	55

PROVIDER APPLICATION GUIDES

Please refer to the *Albuquerque Minimum Standards for Substance Abuse Treatment*, the *Administrative Requirements for Contracts Awarded Under the City of Albuquerque*, and the additional information contained within this FY-14 Application Packet prior to developing your applications responses.

SUBMITTING YOUR APPLICATION

One complete copy of your application(s) with **ORIGINAL SIGNATURES** must be submitted to the Division of Health & Human Services and received no later than **4:00 p.m., Friday, April 5, 2013. Any applications received after that date and time may not be reviewed until after July 1, 2013.** Mail or hand-deliver your Application Package to the appropriate address shown below:

Hand Deliver:

City of Albuquerque
 Dept. of Family & Community Services
 Div. of Health & Human Services
 400 Marquette Avenue N.W.
 Fifth Floor; Suite 504
 Albuquerque, NM 87102
 Attn: Jeanné Padilla

Mailing Address:

City of Albuquerque
 Dept. of Family & Community Services
 Div. of Health & Human Services
 P.O. Box 1293, Suite 504
 Albuquerque, NM 87103
 Attn: Jeanné Padilla

One completed electronic copy of your application must also be submitted **via email** to jcpadilla@cabq.gov(.) The electronic copy does not need to include any attachments.

Applications may be posted on the Division of Health and Human Services website after contracts have been awarded.

ASAM PATIENT PLACEMENT CRITERIA

Level 0.5 - Early Intervention

Early Intervention is an organized service designed to explore and address problems that appear to be related to substance use and to help the individual recognize the harmful consequences of inappropriate substance use. This level is appropriate for individuals who demonstrate problems and risk factors that appear to be related to substance use but do not meet the diagnostic criteria for Substance-Related Disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

Length of Service

Length of Service at Level 0.5 varies according to: (a) an individual's ability to comprehend the information provided and user of that information to make behavior changes and avoid problems related to substance use or (b) the appearance of new problems that require treatment at another level of care.

Required Support Systems

Level 0.5 requires the following Support Systems:

1. Referral for ongoing treatment of substance abuse or dependence;
2. Referral for medical, psychological or psychiatric services, including assessment; and,
3. Referral for community social services or in-house case management.

Staff

Level 0.5 staff are trained and knowledgeable about biopsychosocial dimensions of substance use and dependence, the recognition of substance related disorders, alcohol and other drug education, motivational counseling, and the legal and personal consequences of inappropriate substance use.

Interventions

Interventions at this level can include individual, group or family counseling, as well as planned educational experiences that focus on helping the individual and to avoid harmful or inappropriate substance use.

Level I - Outpatient Treatment

Level I encompasses organized outpatient treatment services in which addiction treatment staff, including addiction-credentialed physicians, provide professionally directed evaluation, treatment and recovery services. Such services are provided in regularly scheduled sessions of (usually) fewer than nine contact hours a week. The services follow a defined set of policies and procedures or clinical protocols.

Level I services are tailored to each client's level of clinical severity and are designed to help the client achieve changes in his or her alcohol or other drug-using behaviors. Treatment thus must address major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals of treatment or to impair the individual's ability to cope with major life tasks without the non-medical use of substances.

Level I services are appropriate in several different situations:

- Level I may be the initial level of care for a client whose severity of illness warrants this intensity of treatment. Such a client should be able to complete professionally directed addiction treatment at this level, thus using only one level of care, unless (a) an unanticipated event causes a change in his or her level of functioning, leading to a reassessment of the appropriateness of this level of care, or (b) there is recurring evidence of the client's inability to use this level of care (such as repeated episodes of drinking or non-medical drug use even after the treatment plan has been reviewed and revised).
- Level I may represent a "step down" from a more intensive level of care for a client whose progress warrants such a transfer, assuming that he or she meets Level I placement criteria.
- Level I may be used for a client who is in the early stages of change and who is not yet ready to commit to full recovery (Dimension 4 issues). For such a client, placement in a more intensive level of care is apt to lead to increased conflict, passive compliance or even leaving treatment.

The relationship between the severity of illness and the intensity of treatment is more clearly seen in Dimensions 1, 2, and 3. On the other hand, increasing the intensity of services solely because of Dimension 4 issues may be counterproductive. An alternative approach is to use Level I services to engage the resistant individual in treatment. If this approach proves successful, the client may no longer require a higher intensity of service, or may be able to better use such services.

Length of Service

Duration of treatment varies with the severity of an individual's illness and his or her response to treatment.

Co-Occurring Mental and Substance Related Disorders

Level I services are appropriate for clients with co-occurring mental and substance related disorders if:

1. The clients' disorders are of *moderate severity* (dimension three is very stable or the client is receiving concurrent mental health monitoring) and have responded to more intensive treatment services. The mental disorders have resolved to an extent that addiction treatment services are assessed as potentially beneficial. However, ongoing monitoring of the client's mental status is required.
2. The clients' disorders are of *high severity* (Dimension 4 indicates a high resistance to change but client is stable in the other dimensions) and are persistent but have stabilized to such an extent that integrated mental health and addiction treatment services are assessed as potentially beneficial. Clients who have severe and persistent mental disorders may not have been able to achieve sobriety or to maintain abstinence for a significant period of time (months) in the past; nevertheless, they are appropriately placed at Level I because they need engagement strategies and intensive Case Management Services.

Required Support Systems

Level I require the following support systems:

1. Referral, consultation, or onsite medical, psychiatric, psychological, laboratory and toxicology services. Medical and psychiatric consultation should be available in a time frame appropriate to the severity and urgency of the situation;

2. Direct affiliation with, or close coordination through referral to, more intensive levels of care and medication management, and
3. Emergency services available by telephone 24 hours a day, 7 days a week.

Staff

Level I treatment agencies are staffed by appropriately credentialed treatment professionals, who assess and treat substance-related disorders. Staff are able to obtain and interpret information regarding the client's biopsychosocial needs, and are knowledgeable about the biopsychosocial dimensions of alcohol and other drug disorders, including assessment of the client's stage of readiness to change. Staff are capable of monitoring stabilized mental health problems and recognizing any instability of clients with co-occurring mental health problems.

Interventions

Interventions at this level involve skilled treatment services, which may include individual and group counseling, motivational enhancement, opioid substitution therapy, family counseling, educational groups, occupational and recreational therapy, or psychotherapy. For clients with mental health issues, the issues of psychotropic medication, mental health treatment and their relationship to substance use disorders are addressed as the need arises.

Level II - Intensive Outpatient Treatment

Level II encompasses intensive outpatient treatment services, which may be delivered in a wide variety of outpatient settings. Such treatment may be offered during the day, before or after work or school, in the evening or on a weekend. For appropriately selected clients, Level II agencies provide essential education and treatment services, and allow clients to apply their newly acquired skills in "real world" environments.

Level II agencies have the capacity to arrange for medical and psychiatric consultation, psycho-pharmacological consultation, medication management, and 24-hour crisis services. They provide comprehensive biopsychosocial assessments and individualized treatment plans that are developed in consultation with the client. Such plans include problem formulation, treatment goals and measurable treatment objectives. In addition, the agencies have active affiliations with other levels of care and can help the client access support services such as childcare, vocational training and transportation. Beyond the essential services, many Level II agencies provide psychopharmacological assessment and treatment and have the capacity to effectively treat clients who have complex co-occurring mental and substance-related disorders.

The City's Substance Abuse Treatment Voucher covers that cost of Intensive Outpatient (Level II.1) Treatment.

Level II.1: Intensive Outpatient Treatment. Intensive outpatient agencies (IOP's) generally provide nine (9) or more hours of structured programming per week, consisting primarily of counseling and education about substance-related and mental health problems. The client's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the client is stable and requires only maintenance monitoring. Services provided outside the primary agency must be tightly coordinated.

Length of Service

Duration of treatment varies with the severity of the client's illness and his or her response to treatment.

Co-Occurring Mental and Substance-Related Disorders

The services of a Level II treatment agency are appropriate for clients with co-occurring mental and substance-related disorders if the mental health and addiction treatment services are integrated into the intensive outpatient agency. Such clients require active mental health services, which should be delivered through Level II.1 Dual Diagnosis Capable or Dual Diagnosis Enhanced Programs.

Required Support Systems

Level II requires the following support systems:

1. Referral, consultation, or onsite medical, psychiatric, psychological, laboratory and toxicology services. Medical and psychiatric consultation should be available in a time frame appropriate to the severity and urgency of the situation;
2. Direct affiliation with, or close coordination through referral to, more intensive levels of care and medication management;
3. Emergency services available by telephone 24 hours a day, 7 days a week; and
4. Agencies offering Level II.1 services must be staffed to treat clients with co-occurring disorders.
Minimum staff licensure requirements are LMHC, LMSW or the equivalent, with the appropriate clinical supervision.

Staff

Level II treatment agencies are staffed by appropriately credentialed treatment professionals, who assess and treat substance-related disorders. Staff is able to obtain and interpret information regarding the client's biopsychosocial needs, and are knowledgeable about the biopsychosocial dimensions of alcohol and other drug disorders. Staff is capable of and trained to understand the signs and symptoms of mental disorders and to understand and explain the uses of psychotropic medications and their interactions with substance-related disorders.

Interventions

Interventions at this level involve skilled treatment services, which may include individual and group counseling, motivational enhancement, opioid substitution therapy, family counseling, educational groups, occupational and recreational therapy, psychotherapy or other therapies. For clients with mental health issues, the issues of psychotropic medication, mental health treatment and their relationship to substance use disorders are addressed as the need arises.

REQUIRED SERVICE MIX

Early Intervention (Level .5) Early Intervention/Education level of care is to explore and address problems or risk factors that are related to substance use and to help the client recognize the harmful consequences of inappropriate substance use. Each agency that offers Early Intervention/Education needs to use an established and recognized curriculum. Services are intended to run at least 90 days in length for the average client. Each agency serving clients appropriate for Level .5 services should, *at a minimum*, adhere to the schedule shown below.

- (1) Initial Service Plan.** Each client shall have an initial service plan created at the time of intake. The service plan shall be reviewed, signed, and dated by the counselor, client and clinical supervisor. The client must be provided with an Initial Service Plan within 30 calendar days of admittance into the agency, and then updated as clinically indicated.
- (2) Early Intervention Session.** Each client shall participate in a minimum of one education group per week, but services are not limited to education groups. If fewer sessions are clinically indicated for a client, this must be justified and documented in the client record.
- (3) Case Management Services.** Each client shall have access, as clinically indicated, to appropriate education, vocational, health, and social services as indicated through the ASI, and Initial Service Plan. If a client is in need of Case Management services, as evidenced by the ASI and Initial Service Plan, the agency must then provide the non-counseling services on site, or through facilitated referrals. Services and/or facilitated referrals shall be documented in accordance with the Minimum Standards.
- (4) Discharge Planning.** The agency must demonstrate Discharge Planning has occurred with clients prior to termination of treatment to put closure on the treatment process and plan for aftercare support needed to maintain stability and sobriety. Services are provided by the agency after the voucher has expired, including aftercare, as necessary.
- (5) Discharge Summary.** The agency shall complete a Discharge Summary for each client upon discharge from Early Intervention Services.

Outpatient Treatment Agencies (Level I) Outpatient Treatment Agencies (Level I) provide individual, group or family counseling for an average period of 90 to 120 days that addresses major lifestyle, attitudinal and behavioral issues that have the potential to result in addiction or substance abuse or to impair the individual's ability to cope with major life tasks without the non-medical use of substances; clients are seen by appointment during scheduled operating hours with an emphasis on assessment, treatment, and Case Management; services are provided in regularly scheduled sessions of usually fewer than nine (9) contact hours per week, but not less than once a week; if fewer or more sessions are clinically indicated for a client, this must be justified and documented in the client record. Each agency serving clients appropriate for Level I services should, *at a minimum*, adhere to the schedule shown below.

- (1) Treatment Plan.** An individualized Treatment Plan shall be developed within 30 calendar days of admission. The Treatment Plan shall be reviewed and signed, by the counselor, client and clinical supervisor. The Treatment Plan shall be reviewed, updated and signed by the counselor, client and clinical supervisor not less than quarterly.
- (2) Counseling Session.** Each client shall participate in a minimum of one individual, group or family Counseling Session not less than once a week, with a minimum of two individual sessions per month. If fewer sessions are clinically indicated for a client, this must be justified and documented in the client record.
- (3) Case Management Services.** Each client shall have access, as clinically indicated, to appropriate education, vocational, health, and social services as indicated through the ASI, Individualized Treatment Plan, and Case Management assessment or service plan. If a client is in need of Case Management Services, as evidenced by the ASI, Individualized Treatment Plan, and Case Management assessment or service plan, then the agency must provide the non-counseling services on site, or through facilitated referrals. Services and/or facilitated referrals shall be documented in accordance with the Minimum Standards.
- (4) Discharge Planning.** The agency must demonstrate Discharge Planning has occurred with clients prior to termination of treatment to put closure on the treatment process and plan for aftercare support needed to maintain stability and sobriety. Services are provided by the agency after the voucher has expired, including aftercare, as necessary.
- (5) Discharge Summary.** The agency shall complete a Discharge Summary for each client upon discharge from treatment.

Intensive Outpatient Treatment Agencies (Level II.I). Intensive Outpatient Treatment Agencies (Level II.I) provide individual, group or family counseling and education about substance-related and mental health problems, with an intensity of nine (9) or more hours of structured programming being offered per week and the client receiving six (6) or more hours of services per week, and a frequency of not less than three (3) times per week for an average of 60 days; once the client reaches the point that Level II.I services are no longer appropriate, the change in service level must be documented in the client's record. Clients are seen by appointment during scheduled operating hours with an emphasis on assessment, treatment, and Case Management Services; Level II.I services have the capacity to arrange for medical and psychiatric consultation, psychopharmacological consultation, medication management, and 24-hour crisis services. The client's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the client is stable and requires only maintenance monitoring. Level II.I agencies must have licensed mental health clinicians on staff or contract to see Level II.I clients. If fewer or more sessions are clinically indicated for a client, this must be justified and documented in the client record.

- (1) Staffing.** Agencies offering Level II.1 services must be staffed to treat clients with co-occurring disorders. Minimum staff licensure requirements are LMHC, LMSW or the equivalent, with the appropriate clinical supervision.
- (2) Treatment Plan.** An individualized Treatment Plan shall be developed within 30 calendar days of admission. For Level II.1 clients the treatment plan shall be reviewed, and signed, by the client, counselor, and clinical supervisor. The Treatment Plan shall be reviewed, updated and signed by the counselor, client and clinical supervisor not less than quarterly.
- (3) Counseling Session.** Each client shall participate in a minimum of one individual, group or family Counseling Session three times per week, with a minimum of one (1) individual session per week, and two (2) group sessions per week. If fewer sessions are clinically indicated for a client, this must be justified and documented in the client record.
- (4) Case Management Services.** Each client shall have access, as clinically indicated, to appropriate education, vocational, health, and social services as indicated through the ASI, Individualized Treatment Plan, and Case Management assessment and/or service plan. If a client is in need of Case Management Services, as evidenced by the ASI, Individualized Treatment Plan, and Case Management assessment and/or service plan, then the agency must provide the non-counseling services on site, or through facilitated referrals. Services and/or facilitated referrals shall be documented in accordance with the Minimum Standards.
- (5) Discharge Planning.** The agency must demonstrate Discharge Planning has occurred with clients prior to termination of treatment to put closure on the treatment process and plan for aftercare support needed to maintain stability and sobriety. Services are provided by the agency after the voucher has expired, including aftercare, as necessary.
- (6) Discharge Summary.** The agency shall complete a Discharge Summary for each client upon discharge from treatment.

Agency Name: _____

CHECKLIST FOR APPLICATION - FY-2014

In addition to the documentation listed below, please submit this completed checklist and the application(s) that follows. Please indicate that you have submitted the documentation by placing an "X" on the line next to the number. If you will not be submitting one of the documents, indicate "NA" on the line next to the number. **All lines must be completed.**

___ 1. Application Summary and Certification Form

___ 2. Insurance Certificates:

___ All agencies not covered by New Mexico Tort Claims Act shall provide original certificates of insurance with the City of Albuquerque named as Additional Insured. (Attached is an example of the form properly completed by your insurance agency verifying your coverage.) The form sent from your agent must look like the example.

___ The Certificate must identify "Risk Manager, City of Albuquerque" as the certificate holder, and indicate 30 days for the Cancellation Notice.

___ Under the Description of Operations section, you must also add, "City of Albuquerque is named as additional insured."

Coverage must include the following:

- Commercial General Liability Insurance with combined limits of liability for bodily injury or property damage as follows:
 - \$1,000,000 Per Occurrence
 - \$1,000,000 Policy Aggregate
- Automobile liability, if applicable, with liability limits in amounts not less than \$1,000,000 combined single limit of liability for bodily injury, including death, and property damage in any one occurrence. (A Waiver of Automobile Insurance Request is included for your signature if you are requesting an automobile insurance waiver.)
- Professional Liability Insurance in an amount not less than \$1,000,000 combined single limit of liability per occurrence with a general aggregate of \$1,000,000.
- Workers' Compensation Insurance for employees/contractors in accordance with the provisions of the Workers' Compensations Act of the State of New Mexico (A Workers' Compensation Statement form is included for signature if you are not required to carry Workers' Compensation Insurance because you do not employ three or more people). If Workers' Compensation is not provided for contractors, then submit signed statements from all contracts that indicate contractors provide their own Workers' Compensation Insurance.

___ 3. Proof of registration with the New Mexico Taxation and Revenue Department for the payment of gross receipts tax or proof of an exemption from payment of federal income tax pursuant to the Internal Revenue Code of 1954 [26 U.S.C. Section 501 (c) (3)] must be included in the application. Please provide your "Location Code" number as identified in the New Mexico Gross Receipts Tax Schedule. **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this document with your application, unless this status has changed since the previous application.)**

___ 4. Copies of all applicable business licenses including, but not limited to, current City of Albuquerque Business Registration Receipt, Bernalillo County, etc.

___ 5. Verification of Substance Abuse Licensure for all current clinical staff/contractors in compliance with the State of New Mexico Substance Abuse Counselor Act, chapter 61, Laws of 1996, HB 790: Article 9A of the New Mexico Counseling and Therapy Practice Act: section 61-9A-14.2 Substance Abuse Intern, requirements for licensure; 61-9A-14.3 Alcohol and drug abuse counselor, requirements for licensure; and 61-9A-16 Temporary licensure.

- ___ 6. A letter of assurance regarding current compliance with all applicable rules and regulations of the Americans with Disabilities Act of 1990, PL 101-336 (42 U.S.C. Section 12101, et seq.) (see <http://www.ada.gov> and <http://www.access-board.gov/ada/>) for additional information) and Section 504 of the Rehabilitation Act (29 U.S.C. Section 794) (see <http://www.hhs.gov/ocr/civilrights/resources/factsheets/504.pdf> for additional information) which are imposed directly on the Provider or which would be imposed on the City as a public entity. **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this document with your application, unless this status has changed since the previous application.)**
- ___ 7. Certification of Non-Profit Incorporation **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this document with your application, unless this status has changed since the previous application.)**
- ___ 8. Articles of Incorporation **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this document with your application, unless this status has changed since the previous application.)**
- ___ 9. Current Bylaws **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this document with your application, unless this status has changed since the previous application.)**
- ___ 10. Listing of Current Board Members (non-profit and government agencies only)
- ___ 11. Organization Chart **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this document with your application, unless this status has changed since the previous application.)**
- ___ 12. Accounting Policies and Procedures **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this document with your application, unless this status has changed since the previous application.)**
- ___ 13. Personnel Policies and Procedures **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this document with your application, unless this status has changed since the previous application.)**
- ___ 14. Conflict of Interest Statement (Non-Profit Only) **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this document with your application, unless this status has changed since the previous application.)**
- ___ 15. Certificate of Good Standing and Comparison
- ___ 16. HIPAA Compliant Confidentiality Policies **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this document with your application, unless this status has changed since the previous application.)**
- ___ 17. A completed W-9 form (Attached)
- ___ 18. Drug-Free Workplace Statement (Attached)
- ___ 19. Copies of clinical supervisor's workshop attendance as required by State Regulations (see <http://www.nmcpr.state.nm.us/nmac/parts/title16/16.027.0019.htm> for additional information)
- ___ 20. Copy of Clinical Supervision Policy **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this document with your application, unless this policy/procedure has changed since the previous application.)**
- ___ 21. Signed copy of *Certification of Receipt of Minimum Standards and Administrative Requirements* (see <http://www.cabq.gov/family/our-department/publications> for *Albuquerque Minimum Standards for Substance Abuse Treatment and Prevention Services* and *Administrative Requirements for Contracts Awarded Under the City of Albuquerque*)
- ___ 22. Copy of group schedule offered at agency

- ___23. Attach a copy of Policies and Procedures Manual, clearly identifying the agency's billing and filing procedures **(Note: If you are a current contractor for the Voucher Program with the City of Albuquerque, you do not need to include this manual with your application, unless there have been changes since the previous application.)**
- ___24. Completed Checklist for Application

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City of Albuquerque
Department of Family & Community Services

DRUG FREE WORKPLACE REQUIREMENT CERTIFICATION FORM

The agency certifies that it will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the agency's workplace, and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing a drug-free awareness program to inform employees of:
 - a. The dangers of drug abuse in the workplace;
 - b. The agency's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of an agreement with the City is given a copy of the agency's drug-free workplace statement;
4. Notifying each employer that as a condition of employment under the City's agreement, that employee will:
 - a. Abide by the terms of the agency's drug-free workplace statement, and
 - b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace, no later than five (5) days after such conviction;
5. Notifying the City of Albuquerque, Department of Family & Community Services within ten (10) days after receiving an employee notice or otherwise receiving actual notice of a conviction of an employee for a violation of the drug statute that occurred in the workplace;
6. Taking one of the following actions within thirty (30) days of receiving notice of an employee's drug statute conviction for a violation occurring in the workplace:
 - a. Taking appropriate personnel action against such an employee, up to and including termination;
 - or,
 - b. Requiring such employee to participate satisfactorily at a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency; and
7. Making a good faith effort to continue to maintain a drug-free workplace through the implementation of the above requirements.
8. The agency also certifies that the agency's drug-free workplace requirements will apply to all locations where services are offered under the agreement with the City of Albuquerque. Such locations are identified as follows:

Name of Agency: _____ Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Typed Name of Authorized Agency Official: _____ Title: _____

Signature of Authorized Agency Official

Date Signed

**INTENTIONALLY LEFT BLANK TO ACCOMMODATE EXAMPLE OF
CERTIFICATE OF LIABILITY INSURANCE FORM**

INSURANCE COVERAGE INSTRUCTIONS

The Contractor shall procure and maintain at its expense until final payment by the City for services covered by the Agreement, insurance in the kinds and amounts hereinafter provided with insurance companies authorized to do business in the State of New Mexico, covering all operations under this Agreement, whether performed by it or its agents. Before commencing the Services, the Contractor shall furnish to the City a certificate(s) in a form satisfactory to the City showing that it has complied with this section. All certificates of insurance shall provide that thirty (30) days written notice be given to Director, Risk Management Department, City of Albuquerque, P.O. Box 1293, Albuquerque, New Mexico 87103, before a policy is canceled, materially changed, or not renewed. Various types of required insurance may be written in one or more policies. Types and amounts of insurance are as follows:

Comprehensive General Liability Insurance, including Automobile:

Comprehensive general liability and automobile insurance policy with liability for bodily injury, including death and property damage in any one occurrence. Automobile insurance is only required if applicable.

Professional Liability: Professional liability shall be maintained for all staff providing substance abuse services in an amount not less than \$1,000,000 combined single limit of liability per occurrence with a general aggregate of \$1,000,000.

Said policies of insurance must include coverage for all services performed for the City by the Contractor, coverage for the use of all owned, non-owned, hired automobiles, vehicles and other equipment both on and off work, and contractual liability coverage shall specifically insure the hold harmless provisions of this Agreement. The City shall be named as Additional Insured.

Workers' Compensation Insurance: Workers' Compensation Insurance for its employees/contractors in accordance with the provisions of the Workers' Compensation Act of the State of New Mexico.

Please remember that we must have original certificates for all Comprehensive, General Liability, Auto and Property Insurance, Workers' Compensation, and Professional Liability. Workers' Compensation coverage can be noted on the same certificate as other insurance, or on a separate form. If you are not required to carry Workers' Compensation coverage, you will need to sign and return the waiver form enclosed in this packet. Please be sure to have your agent actually mail the certificates to the Department of Family & Community Services, Attn: Division of Health and Human Services, P.O. Box 1293, Albuquerque, NM 87103 so that we may attach the certificates to the final contracts for processing. The Risk Manager shall be named the certificate holder.

For your reference please find enclosed, on page 15, a sample certificate that is acceptable. Please use this as a guide when submitting your form. Submission of insurance certificates properly prepared will expedite the processing of your contract.

Contractors funded through the Department of Family and Community Services must have current Certificates of Insurance on file with the City.

If you have any questions, please contact the Division of Health and Human Services at 505-768-2865.

City of Albuquerque
Department of Family & Community Services

CERTIFICATION OF WORKERS' COMPENSATION APPLICABILITY

I, _____, hereby certify that I employ less than three employees and/or contractors and am therefore not subject to the provisions of the Workers' Compensation Act of the State of New Mexico. I further certify that should I employ three or more persons during the term of my contract with the City, I will comply with the provisions of the New Mexico Workers' Compensation Act and provide proof of such compliance to the City of Albuquerque.

Name of Agency: _____

Typed Name of Authorized Official of the Agency: _____

Title: _____

Signature: _____ Date Signed: _____

**City of Albuquerque
Department of Family & Community Services**

WAIVER OF AUTOMOBILE INSURANCE REQUEST

I, _____, hereby certify that neither I, nor employees or contractors employed by this agency, use vehicles in other than a commuting capacity. I further certify that should I, or any employees or contractors employed by this agency, use vehicles in any manner other than a commuting capacity, the agency will comply with the City of Albuquerque's Automobile Insurance requirements.

Name of Agency: _____

Typed Name of Authorized Official of the Agency: _____

Title: _____

Signature: _____

Date Signed:

City of Albuquerque
Department of Family & Community Services
REPRESENTATIONS AND CERTIFICATIONS

The undersigned HEREBY GIVE ASSURANCE THAT:

The applicant agency named below will comply and act in accordance with all Federal laws and Executive Orders relating to the enforcement of civil rights, including but not limited to, Federal Code, Title 5, USCA 7142, Sub-Chapter 11, Anti-discrimination in Employment, and Executive Order number 11246, Equal Opportunity in Employment; and

The applicant agency named below will comply with all New Mexico State Statutes and City Ordinances regarding enforcement of civil rights; and

No funds awarded as a result of this request will be used for sectarian religious purposes, specifically that (a) there shall be no religious test for admission for services; (b) there shall be no requirement for attendance of religious services; (c) there shall be no inquiry as to a client's religious preference or affiliations; (d) there shall be no proselytizing; and (e) services provided shall be essentially secular, however, eligible activities, as determined by the fund source, and inherently religious activities may occur in the same structure so long as the religious activity is voluntarily and separated in time and/or location.

Name of Agency: _____

Typed Name of Authorized Official of the Agency: _____

Title: _____

Signature: _____ Date Signed: _____

City of Albuquerque
Department of Family & Community Services

DEBARMENT, SUSPENSION, INELIGIBILITY AND EXCLUSION CERTIFICATION

I certify that the agency has not been debarred, suspended or otherwise found ineligible to receive funds by any agency of the executive branch of the federal government.

I further certify that should any notice of debarment, suspension, ineligibility or exclusion be received by the agency, the City of Albuquerque, Department of Family & Community Services will be notified immediately.

Name of Agency: _____

Typed Name of Authorized Official of the Agency: _____

Title: _____

Signature: _____ Date Signed: _____

**City of Albuquerque
Department of Family & Community Services**

CERTIFICATION OF RECEIPT OF *MINIMUM STANDARDS AND ADMINISTRATIVE REQUIREMENTS*

The undersigned HEREBY CERTIFY THAT:

1. The agency/organization has been made aware that the ***Albuquerque Minimum Standards for Substance Abuse Treatment and Prevention Services***, Department of Family and Community Services, Division of Health & Human Services, revised January 2009, can be viewed and downloaded at: <http://www.cabq.gov/family/documents/minimumstandardsfy09final.pdf>;
2. The agency named below will adhere to the *Minimum Standards* in its operation of City-funded programs;
3. The agency/organization has been made aware that the ***Administrative Requirements for Contracts Awarded Under the City of Albuquerque***, Department of Family and Community Services, issued September 2010; can be viewed and downloaded at: <http://www.cabq.gov/family/adm-requirements.html>; and,
4. The agency/organization named below will adhere to the *Administrative Requirements* in its operation of City-funded programs.

Name of Agency: _____

Typed Name of Authorized Official of the Agency: _____

Title: _____

Signature: _____

Date Signed: _____

**City of Albuquerque
 Department of Family & Community Services
 Division of Health & Human Services**

APPLICATION SUMMARY AND CERTIFICATION FORM

1. Name of Applicant Agency:

2. Mailing Address (Include City, State, & Zip Code)	3. Contact Person & Telephone Number
--	--------------------------------------

4. City Program Name: Treatment Provider Network
--

5. Due Date: April 5, 2013 for priority status	6. Date Submitted:
--	--------------------

7. Title of Applicant's Project and Brief Descriptive Summary: Substance Abuse Treatment for the City's Substance Abuse Treatment Provider Network
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8. Certification: It is understood and agreed by the undersigned that: 1) Any funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable Federal, State, and City regulations and restrictions; and 2) the undersigned hereby gives assurances that this proposal has been prepared according to the policies and procedures of the above named Agency, obtained all necessary approvals by its governing body prior to submission, the material presented is factual and accurate to the best of her/his knowledge, and that s/he has been duly authorized by action of the governing body to bind the organization. The undersigned also hereby gives assurances that the agency will adhere to the <i>Minimum Standards</i> and the <i>Administrative Requirements</i> in its operation of City-Funded programs.

a. Typed Name of Authorized Official of the Agency:	b. Title	c. Telephone Number
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d. Signature of Authorized Official of the Agency:	e. Date Signed:
--	-----------------

Tuesday ___p.m. ___a.m.	Tuesday ___p.m. ___a.m.
Wednesday ___p.m. ___a.m.	Wednesday ___p.m. ___a.m.
Thursday ___p.m. ___a.m.	Thursday ___p.m. ___a.m.
Friday ___p.m. ___a.m.	Friday ___p.m. ___a.m.
Saturday ___p.m. ___a.m.	Saturday ___p.m. ___a.m.
Sunday ___p.m. ___a.m.	Sunday ___p.m. ___a.m.

Substance Abuse Treatment Program

- 6. Describe your substance abuse treatment program as you would describe it to a new client, including the agency’s philosophy toward substance abuse treatment.

- 7. Are there any substances for which your agency **DOES NOT** provide treatment?

Clinical Staffing

8a. **Clinical Supervisor(s)** Please identify all staff who function in your organization as a Clinical Supervisor. Please provide the Licensure Level for each person, and give the years of experience they have at this licensure.

<u>Name</u>	<u>Licensure Level</u>	<u>Years of Experience at this Licensure</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8b. Please explain the process you use to adhere to the *Minimum Standards* regarding clinical supervision activities. Include a copy of your clinical supervision workshops and a copy of the agency’s clinical supervision policy.

8c. Please list all staff that provide services in your agency, including substance abuse treatment, case management, and mental health, in the table below. Add additional lines in the table as necessary.

Staff	Title	Licensure	Years At This Licensure Level	Substance Abuse Specific Training	Other Certifications

Populations Served

- 9a. Please specify any population with which your agency prefers to work and is staffed and specifically trained to treat.

- 9b. Please specify any populations that your agency prefers not to work with or is not staffed to treat.

- 9c. Please describe how your agency provides specific treatment for any special populations and describe what trainings your staff has received to work with this specific population.

- 9d. For adolescent applications only: What qualifies your agency to provide treatment to adolescents?

Case Management

- 10a. Please describe how your agency determines a client is in need of Case Management Services.

- 10b. Please describe the case management services that are provided on site.

- 10c. Please describe how your case managers assist clients in accessing services.

Mental Health Services

- 11a. Does your agency provide mental health services with licensed and qualified mental health practitioners?
Yes No If Yes, please complete # 11b & #11c. If No, go to #12.

11b. Please check all mental health services that your agency provides to clients.

**Mental Health Assessment/Diagnosis
Treatment)**

Mental Health Therapy (not S.A.

Psychotropic Medication Evaluation

Psychological Testing Services

11c. For each item checked above, please provide a description of how the services are provided.

Children and Adolescent Safety (only applicable for Adolescent applications)

12. Please describe how your agency provides for adolescent safety if both adults and adolescents are treated at the same site.

Vouchered Services

13. Since City voucher funds are not intended to cover an entire course of treatment, how does your agency ensure clients are able to continue treatment once the voucher funds have been expended?

Discharge Planning and Aftercare

14a. Please describe how your agency works with clients to plan for successful discharge.

14b. Please describe any after care activities/ programs your agency offers onsite.

15. Include the Proposal Summary and Certification Form (page 22 of this application packet) as the first page to this application with all appropriate signatures.

Applications without this form will not be accepted.

APPENDIX A ASAM CRITERIA AND REQUIRED SERVICE MIX

Provide a separate Appendix A for each Type of Application and each Level of Treatment for which you are applying.

1. Type of Application

(check ONE only - use another Appendix A if applying for both):

- Adult**
- Adolescent**

2. Identify Level of Treatment

(check ONE only - use a separate Appendix A for each level applying for):

- Level .5**
- Level I**
- Level II**

3. Please review pages 4-7 in this Application Packet. Based on the ASAM Criteria detailed on pages 4-7, and at www.ASAM.gov; describe how your agency meets or exceeds that ASAM Criteria for the level of care marked above.

4. Please review pages 8-10 in this Application Packet. Based on the required Service Mix detailed on pages 8-10, describe how your agency meets the required Service Mix for the level of care marked above.

5. FOR ADOLESCENT APPLICATIONS ONLY: How does your treatment methodology differ between your adolescent and adult substance abuse treatment programs, for the specific level of care addressed on this Appendix?