Provider Handbook
Access To Recovery New Mexico (ATRNM)

A SAMHSA Federal grant administered by OptumHealth New Mexico
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ATR is a client-centered, community based recovery program involving clinical treatment, faith-based counseling and support, and other services that provide client support during the recovery process. ATR is a Substance Abuse and Mental Heal Health Services Administration (SAMSHA) initiative which was designed to increase access to substance abuse services through independent assessment, emphasize participant choice of recovery support and clinical service providers, develop and maintain extensive service linkages with faith based and community-based organizations, and delivers funds through an electronic voucher method of payment.

Recovery Support Services are critical to the success of the recovery process. For many individuals, the difference between success and failure in recovery will depend upon the access to supportive services which aid them in their recovery. Faith-based and community organizations, already deeply engaged in the challenge of providing aid to those struggling with substance abuse issues, are intended to be among the primary recipients of ATR funds.
Principles of Service

1. No single service is appropriate for all individuals. Matching settings, interventions, and services to each individual's particular problems and needs are critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

2. Treatment and recovery support needs to be readily available. Because individuals who are addicted or abusing drugs may be uncertain about recovery, taking advantage of opportunities when they are ready is crucial. Potential applicants can be lost if services are not immediately available or are not readily accessible.

3. Effective recovery support and treatment attends to multiple needs of the individual, not just his or her drug use. To be effective, all components of recovery and treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

4. An individual's treatment and recovery services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. A person may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is vital that ATR services be appropriate to the individual's age, gender, ethnicity, language, and culture.

5. Services should be available, accessible, and acceptable to members of culturally and racially diverse groups of men or women, regardless of age, gender, language ability, sexual orientation, physical, mental or emotional ability level. In addition, the specific tradition, custom or other practices and principles related to healing and recovery that are employed by specific groups, tribes, faith-based organizations, or other entities shall be recognized as significant as related to self-identity, self-value and recovery and as appropriate to the ATR funding source for the services offered.

6. Duration of services for an adequate period is essential for effectiveness. The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, additional services can produce further progress toward recovery. Because people often lapse treatment or support services prematurely, programs should include strategies to keep individuals engaged.

7. Aftercare for those individuals who have successfully completed treatment will maintain the progress towards recovery.

General Articles

OptumHealth New Mexico Credentialing of Providers

OptumHealth reserves exclusive rights to determine provider eligibility, appropriateness for service, and access to the ATRNM network. Such determination may be based on licensure in good standing; training or certification; evidence of competency; interviews; or other knowledge of significance unique to the individual provider. The determination of credentialing by the OptumHealth ATR credentialing committee shall indicate provider responsibility to provide only approved and credentialed services in the geographic location specified in the application or addendum to the application. ATRNM credentialing does not award or assign any sort of licensure of certification, nor supersede the legal requirements or responsibilities of Federal, Tribal, State, County or municipal law regarding the following: protection of client confidentiality; maintenance of licensure or other professional standing; maintenance of liability and other essential insurance; ethical and appropriate interaction with clients as individuals, families or group members; nor any other legal, fiscal or ethical responsibility.
Termination
OptumHealth may, by written notice to the Provider, terminate the whole or any part of the provider agreement in any one of the following circumstances:
1. Either OptumHealth or the Provider may terminate provider agreement without cause upon thirty (30) days written notice to the other party. For Central Intake providers, written notice must be sixty (60) days prior to termination.
2. If the Provider fails to comply with any terms, conditions, requirements, or provisions of this Agreement, OptumHealth shall notify the Provider in writing, and should the Provider not remedy such failure within a period of time specified in writing by OptumHealth, the provider agreement may be terminated immediately following the end of the time period for remedial action.
3. If, during the term of provider agreement, the Provider or any of its officers, employees or agents commit client abuse, neglect or exploitation, malpractice, fraud, embezzlement or other serious misuse of funds, OptumHealth may terminate the provider agreement immediately upon written notice to the Provider.
4. OptumHealth may terminate the provider agreement pursuant to the loss of funding, expenditure of grant funds, or other financial limitation to funds.
5. Neither party may nullify obligations already incurred for the performance or failure to perform prior to the date of termination.

Conflict of Interest
Recipient organizations must establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others such as those with whom they have family, business, or other ties. Therefore, each institution receiving ATR funds must have written policy guidelines on conflict of interest and avoidance thereof. These guidelines should reflect state and local laws and must cover financial interests, gifts, gratuities and favors, nepotism, and other areas such as political participation and bribery. These rules must also indicate how outside activities, relationships, and financial interests are reviewed and reported by the responsible and objective institution official(s).

Confidentiality
This refers to the protection of Personal Health Information (PHI). All ATR service recipients have the right to expect that all PHI will be treated confidentially. PHI must be protected by providers, and at no time should PHI be broadcast or disseminated. Providers must not use any PHI at any time in electronic e-mail communication. The ATR website provides an individual identifier unique to the ATR system. This is the only reference that may be used in email communication.

Section 1: Central Intake Services; DESCRIPTIONS AND DEFINITIONS:

Recovery Support Service Coordination
The Recovery Support Service Coordinator and Recovery Support Service Mobile Coordinator are responsible for facilitating and monitoring Recovery Support Services Voucher and the provision of comprehensive case management to assist the client in accessing: health and social services, employment and job training programs, educational opportunities, and any other needs identified by the client or other service providers in support of the client’s recovery process. The Coordinator shall apply necessary judgment and due diligence in the timely assignment of recovery services to the individual, adhering to agency protocols while honoring the intent of the ATR grant to sanction individual need and choice.

Recovery Support Service Coordinator Position (RSSC)
The RSS Coordinator shall be an employee of the Central Intake, and shall have duties designated solely to Recovery Support Services Coordination. The RSS Coordinator (RSCS) shall NOT be the employee of any other ATR provider, shall NOT sit on any board or governing body of any ATR recipient organization, and shall carefully adhere to all aspects of providing high quality and impartial client choice so that maximum exposure to RSS service is provided to every client. The RSCS must inform each and every client that client choice is the first and primary regard of all services provided. No services should be denied based on client choice of an approved provider if they are deemed appropriate by the case management protocol. Alternate services may be recommended based on availability, but the voucher is to be issued based on individual choice of the support service provider as the final determinant.

1. **EMPLOYMENT ELIGIBILITY STANDARDS:**
   a. Bachelor’s degree in Social Work or related field; three years of documented case management experience; or a combination of an Associate’s Degree in a related field plus 1 year of case management experience.
   b. Attend periodic ATR RSSC trainings designed to enhance community resource expertise and case management skills.

**Recovery Support Service Mobile Coordinator Position (RSSMC)**

The RSSM Coordinator may be an employee of the Central Intake, or may be independent of the Central Intake, as determined appropriate by OptumHealth. The RSSM Coordinator may have dual duties, including both clinical assessment and Recovery Support Services Coordination. In the event that mobile assessment duties are required, the position shall be deemed a clinical position and appropriate licensure for employment shall be required.

The RSSM Coordinator shall NOT be the employee of any other ATR provider, shall NOT sit on any board or governing body of any ATR recipient organization, and shall carefully adhere to all aspects of providing high quality and impartial client choice so that maximum exposure to both clinical and RSS service is provided to every client. The RSSM Coordinator must inform each and every client that client choice is the first and primary regard of all services provided. No services should be denied based on client choice of an approved provider if they are deemed appropriate by the case management protocol. Alternate services may be recommended based on availability, but the voucher is to be issued based on individual choice of the support service provider as the critical determinant.

1. **EMPLOYMENT ELIGIBILITY STANDARDS**
   a. Combined assessment and RSSC: Clinical Licensure
   b. RSSC only: Bachelor’s degree in Social Work or related field; three years of documented case management experience; or a combination of an Associate’s Degree in a related field plus 1 year of case management experience.
   c. Attend periodic ATR RSSC trainings designed to enhance community resource expertise and case management skills.

2. **DOCUMENTATION FOR RSSC AND RSSMC**
   a. Activation of Recovery Support or treatment voucher.
   b. Conduct a Recovery Support Service Assessment with voucher recipient.
   c. Creation of a Recovery Support Service Plan with voucher recipient.
   d. Ongoing face-to-face and other forms of contact with voucher recipient.
   e. Information and Referral with voucher recipient, this includes referrals to housing, employment and social service agencies.
   f. Document and ensure voucher recipient choice of RSS providers.
   g. Create progress notes using best practice standard of documentation.
   h. Transportation Coordination with voucher recipient.
Transportation Coordination
Central Intake shall make accessible the means for persons to travel to and from clinical or recovery support services, job interviews, medical appointments, 12 step or other support groups, school, work, childcare providers, or other engagements that support recovery. This will be accomplished through the distribution of bus passes and shuttle services.

1. **ELIGIBILITY STANDARDS**
   a. Shall be determined by the Central Intake RSSC.

2. **DOCUMENTATION AND REPORTING**
   a. Provider will report minimum of:
      - Individual ID number
      - Voucher information
      - Specific service(s) provided or action taken
      - Amount of time allotted for provided service(s)

3. **MONITORING & OTHER RSSC OR RSSMC DUTIES**
   a. No self-referral for either treatment or Recovery Support Services shall be made.
   b. Update Recovery Support Services as necessary.
   c. Notify RSS provider of voucher recipient’s choice to access services.
   d. Ensure RSS service mix to include, if possible, two recovery support services.
   e. Monitor RSS voucher cap.
   f. Provide support and relevant information to RSS providers.

Section 2: CLINICAL TREATMENT AGENCY MODEL PROGRAM CONTENT:

The *Model Program Content* provides a description of the kind of substance abuse treatment services that justifies the use of OptumHealth New Mexico Access to Recovery (ATR) voucher funds and ensures a range of comprehensive and culturally appropriate programs that can meet the needs of the state’s residents for high quality substance abuse treatment.

Service Philosophy
All substance abuse **treatment agencies** participating in New Mexico’s Access to Recovery voucher system should recognize the importance of:

1. Services that are based on current research and evidence demonstrating that the treatment approach is a sound, culturally appropriate, and age appropriate method for addressing substance abuse problems.
2. Programs that provide leadership in the substance abuse field by virtue of offering high quality services; being willing to participate in program evaluation activities, and putting forth a consistent effort to meet or exceed minimum requirements.
3. Faith based clinical treatment providers with appropriate licensure and credentials may also provide clinical treatment.

Basic Services Required
Agencies participating in the Access to Recovery voucher program that provide substance abuse treatment services must, at a minimum, provide the following:

1. **INITIAL UPFRONT SERVICES**
   Regardless of the specific level of care for which a client is referred to a treatment program, all new clients coming into treatment need to receive frequent and concentrated services that
includes individual counseling, appropriate group counseling and family (couples/marriage) counseling or family/parent education. As clients progress in treatment, varying frequencies of these services may be changed; however, in the beginning to engage clients in treatment, to have adequate contact to fully assess clients’ needs, and to develop sufficiently comprehensive treatment plans, clients need to be seen more frequently in full sessions.

2. LENGTH IN TREATMENT
Research continues to document that the length of time clients remain in treatment is directly proportional to their overall success in achieving treatment goals and in achieving and maintaining sobriety/recovery. All programs should develop treatment plans that will engage clients in treatment for three months.

3. FAMILY SERVICES
All programs need to be able to provide a range of family interventions to assist clients (particularly adolescents and young adult clients) in being able to live in a functional family that can support their efforts to achieve and maintain sobriety/recovery. Programs need to be able to offer one or more of the following: family counseling, couples/marriage therapy, family/parent education. In many cases, clients and their family members will benefit from a combination of counseling and education programs.

4. GROUP COUNSELING
Group counseling is a popular and sometimes cost effective way to provide treatment services. However, it is important for programs to be able to provide group counseling that can meet a variety of the different habilitation and rehabilitation needs common to substance abuse clients. Examples may include: therapeutic groups that focus on behavior such as anger management, grief resolution; topic specific groups that address topics of interest such as how to seek and secure gainful employment or dealing with stress, and relationship issues such as loneliness, or difficulty being assertive; educational groups where clients need to develop skills such as time management or budgeting; gender specific groups that address issues common to men or women; and many others. All funded programs need to offer a range of group counseling activities for their clients.

5. CASE MANAGEMENT
All clinical and recovery support service providers must ensure clients receive case management services either within their program/agency or through a referral to another provider. It will be incumbent upon the primary provider to maintain oversight of treatment case management services. The treatment case manager and the Recovery Support Services Coordinator must collaborate to make certain that individuals receive comprehensive care. As defined, typical case management services include such activities as helping clients to secure access to appropriate treatment, to educational services, employment services, job training programs, health and welfare services and others based on the recovery support needs identified in the client’s initial assessment and supplemented with other needs identified during their time in treatment. A primary counselor, a nurse, or a position employed specifically to be a case manager can provide case management services.

6. EMPLOYMENT ELIGIBILITY STANDARDS
a. Bachelor’s degree in Social Work or related field; three years of documented case management experience; or a combination of an Associate’s Degree in a related field plus 1 year of case management experience.
b. Licensed clinician supervision.

Time spent for billing for services is NOT a case management function, nor are providing reports to the court for DWI or criminal justice clients, or other administrative activities such as time spent trying to reach a client

Required Service Mix:
Shown below is a required service mix for each of three Levels of Care (ASAM) that the DOH Access to Recovery voucher program is currently funding. To assist you in completing your provider application, please refer to these services.

1. **LEVEL 0.5: EARLY INTERVENTION** No required service mix
   Early Intervention is an organized service that may be delivered in a variety of settings, for individuals who do not meet the diagnostic criteria for Substance-Related Disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association or other standardized and widely accepted criteria. This level of care must meet the ASAM PPC-2R essential features and include the following services: 1) interventions may be individual, group or family counseling; 2) curriculum based educational experiences focused on helping the individual recognize and avoid harmful or inappropriate substance use; 3) case management for referral to community social services; and, 4) access to crisis intervention; in addition to a treatment and discharge plan. Based on the assessment, the treatment plan should designate the appropriate length of service according to the individual’s ability to comprehend and use information to make behavior changes and avoid problems, or the appearance of new problems that require treatment at another level of care.

2. **LEVEL I: OUTPATIENT**
   Each program serving clients appropriate for Level I services should adhere to the schedule shown below for the life of the grant.
   a. 1 individual counseling session per week
   b. 1 group counseling session per week
   c. 1 alternative group/activity per week
   d. Provide a continuing care program

3. **LEVEL II: INTENSIVE OUTPATIENT**
   Clients that are appropriate for Level II services should, *at a minimum*, adhere to the schedule shown below for life of the grant.
   a. 2 individual counseling sessions per week
   b. 2 group sessions per week
   c. 1 alternative group/activity per week
   d. Home visits as needed
   e. Provide a continuing care program

**Community Reinforcement and Family Training (CRAFT)**
The Community Reinforcement Approach and Family Training intervention is designed to help concerned significant others (CSOs) to engage treatment-refusing substance abusers into treatment. CRAFT uses an overall positive approach and steers clear of any confrontation. CRAFT is a culturally sensitive program that works with the client's mores and beliefs to develop an appropriate treatment plan. Some of the components include how to stay safe, outlining the context in which substance-abusing behavior occurs, teaching CSOs how to use positive reinforcers (rewards) and how to let the substance user suffer the natural consequences for their using behavior. CSOs who attend the CRAFT program also benefit by becoming more independent and reducing their depression, anxiety, and anger symptoms even if their loved one does not enter treatment.

**Concerned Significant Other (CSO)** - The primary identified CSO must be 18 years of age or older. The CSO can include a spouse, a domestic partner, a parent, a sibling, or another first-degree relative. Children under the age of 18 years may attend CRAFT activities, but cannot be
the identified primary CSO. Only one CSO may be identified per Identified Substance User (ISU).

**Identified Substance User (ISU)** - The ISU must be 18 years of age or older. The ISU has to present substance use and resistance to entering treatment.

**1. ELIGIBILITY STANDARDS**
   a. The primary CSO must complete a screening at the Central Intake office.
   b. The screening must reflect the eligibility standards established for ATR in the ATR Handbook and in the ATR CRAFT Screening Tool.
   c. The primary CSO must have frequent interaction with the ISU as identified in the ATR CRAFT Screening Tool.
   d. There must not be an identified history of domestic violence in the past six months.
   e. The ATR CRAFT Screening Tool must indicate that the ISU is resistant to treatment.
   f. If the CSO also identifies substance use issues, the CRAFT model must be followed unless the CSO also requests services in ATR.
   g. CRAFT consists of up to 12 sessions with a certified CRAFT provider. The duration of CRAFT sessions is 60 minutes.

**2. DOCUMENTATION AND REPORTING**
   Provider will report minimum of:
   - Individual ID number.
   - ISU ID (if available)
   - Voucher Information.
   - Specific service(s) provided or action taken.
   - Amount of time allotted for provided service(s)

**CRAFT Protocol:**

1. Central Intake will conduct an on-site screen using the ATR CRAFT screening tool and the Happiness Scale.
2. CSO receives a clinical voucher for a maximum of 12 sessions with the CRAFT provider.
3. The CSO will select the CRAFT provider.
4. A CRAFT referral is completed to the CRAFT provider by the Central Intake Clinical Assessor. The referral includes an electronic referral, faxing the intake packet, and scheduling the first appointment with the CRAFT provider.
5. If the Identified Substance User (ISU) expresses some interest in participating in recovery services, the ISU is encouraged to walk-in to the Central Intake office for an assessment.
6. Priority status is given to the CRAFT ISU at Central Intake.
7. The ISU will complete the ASI-MV and receive a clinical assessment the same day or within 24 hours.
8. The ISU will select a treatment provider.
9. The ISU will receive a referral to the selected treatment agency.
10. The Central Intake assessor should contact the selected provider and schedule an appointment for the ISU for the same day or the next day.
11. The ISU will be assessed for RSS services, select a provider for each service, and receive referrals to RSS providers.
12. GPRA and Discharge for both the CSO and the ISU is completed according to established protocol at Central Intake.

Section 3: ROLES AND RESPONSIBILITIES OF CLINICAL SUPERVISION:

Contracted provider agencies MUST ensure that program policies and procedures address the need for clinical supervision and how and by whom that supervision will be provided.

In all work settings (social services, business, government, etc.) employees are provided with some form of supervision. Even private, for-profit business executives must answer to (or are supervised by) the Board of Directors, and stockholders. Any person providing OptumHealth New Mexico funded counseling services MUST have a designated individual experienced in substance abuse treatment who is charged with providing clinical supervision to that person. Clinical supervisors are key staff members that can contribute significantly to the overall quality of treatment provided. Supervisors' style should include a balance of support, feedback, problem solving, and instruction. The supervisor should serve as a stable source of support, encouragement, and direction in treatment planning, problem solving, and record keeping.1

Clinical Supervision is defined as “an individual, who by experience, training, and/or level of licensure is able to provide supervision to clinicians regarding the appropriate care and treatment of substance abuse clients”. Further, “supervision includes, but is not limited to: oversight of treatment plan construction; oversight of client progress notes and other written clinical records; provision of consultation to assist treatment counselors in best working with their clients”. In addition to signing treatment plans and progress notes, an examination of each of the tasks described in the definition above, may serve to clarify the roles and responsibilities of a Clinical Supervisor:

1. OVERSIGHT OF TREATMENT PLANNING
It is a part of the role of a Clinical Supervisor to provide significant input into treatment plans and to help establish targets for behavior change. One of their primary functions is to keep the treatment focused on the treatment goals and how clients are going to reach those goals. This is done through regular consultation with each clinical counselor and regular review of treatment plans in client records.

2. OVERSIGHT OF CLIENT PROGRESS NOTES
Substance abuse clients often present multiple challenges to counselors, especially young counselors or those new to the field. A Clinical Supervisor who is not personally involved in administering the therapy can help the counselor or therapist to remain motivated, to be more creative, and to foster a positive attitude in working with a client population that can be difficult, resistant, and slow to progress. Through the regular review of client progress notes, Clinical Supervisors can identify and intervene with difficult clients and can ensure that the written record of client and counselor interactions is accurate and up-to-date.

3. PROVISION OF STAFF CONSULTATION
A major role of the Clinical Supervisor is to problem-solve difficult cases with the counseling staff. This may be done in one-to-one discussions with a counselor or through staff groups that conduct clinical reviews. A supervisor can help therapists sort through the complex issues that clients bring into treatment and can provide the structure, support, and encouragement to remain focused on the primary goals of treatment.

Section 4: RECOVERY SUPPORT SERVICES DEFINITIONS AND STANDARDS:

Alternative and/ or Complementary Healing Systems
According to the World Health Organization, "Health is more than the absence of disease. Health is a state of optimal well-being." Although some of these have extensive research validating the practice and are licensed, some may lack biomedical explanations. Credentialing of these services shall be determined by OptumHealth New Mexico as those practices that augment comprehensive substance abuse recovery. The following are some of the therapies that make up the alternative healing category:

» Biofeedback
» Hypnosis
» Kinesiology
» Reiki

1. ELIGIBILITY STANDARDS
   a. Service Requirements
      • Group and individual activities will be discussed with Access to Recovery Outreach Specialists so they may get a general overview of what is involved in each therapy/alternative health practice.
      • Alternative healing practices are recognized and may be sanctioned by ordinance, law or regulation, or may have arisen out of healing practices that are not based on the western medical model, and as such may prescribe to intuitive, energetic, or other diagnostic and treatment protocols. Such practices may not be licensed, certified, or otherwise regulated. Although these practices may not be indigenous to any specific culture, when approved, they shall be considered “Alternative” for the purposes of the ATR RSS model. Alternative healing modalities must demonstrate sufficient evidence of benefit to substance abusing clients in recovery to validate its inclusion in the ATR network of providers. The credentialing committee shall make this determination.

2. DOCUMENTATION AND REPORTING
   a. Provider will report minimum of:
      • Individual ID number
      • Traditional or alternative healers name
      • Voucher information
      Specific service(s) provided or action taken, appropriate to required procedures, if any

These systems can be defined as therapeutic practices, which may not be currently considered an integral part of conventional allopathic medical practice. Specific practices may be traditional in other world cultures, or within specific minority populations in New Mexico. Therapies are termed as Complementary when used in addition to conventional treatments and as Alternative when used instead of conventional treatment. All of the listed healing modalities have specific training and credentialing organizations, and numerous of them are licensed in the State of New Mexico. The following listed practices have evolved from complex systemic theories of health and wellness, and most are lawfully licensed or regulated. Approval is dependent upon meeting the ATR application and credentialing standards and the following:

» Acupuncture/Doctor of Oriental Medicine: Current NM State licensure, in good standing
» Auricular Acupuncture: Current NM State licensure in good standing
» Ayurvedic medicine: National Ayurvedic Medical Association Practitioner
» Chiropractic: Current NM State licensure, in good standing
» Herbal Medicine: Review of credentials
» Homeopathic: Review of credentials
Massage, Shiatsu, Acupressure, Rolfing, Feldenkrais, Reflexology:
Current NM State licensure, in good standing

Naturopathic: Current NM State licensure, in good standing

Naturopathic: Review of credentials

Nutrition and Dietetics: Current NM State licensure, in good standing

Osteopathic: Current NM State licensure, in good standing

Physical Therapy: Current NM State licensure, in good standing

1. ELIGIBILITY STANDARDS
   a. Service Requirements
      • Group and individual activities will be discussed with Access to Recovery Outreach coordinators so they may get a general overview of what is involved in each therapy/complementary healing system.
      • Traditional healing practices are recognized and may be sanctioned by ordinance, law or regulation, or may have arisen out of healing practices that are not based on the western medical model, and as such may prescribe to intuitive, energetic, or other assessment and treatment protocols. Such practices may not be licensed, certified, or otherwise regulated. Those practices conducted with the American Indian communities of New Mexico considered to be traditional healing shall be designated as approved by the ATR credentialing committee based on the declaration of a tribal or pueblo entity known within the tribal or pueblo community, and shall suffice as evidence of credentials for conducting traditional healing.
      • Traditional healers within Alternative and/or Complementary Medical practices must be recognized and/or licensed as qualified to provide traditional healing by the municipal, county or state regulating agency, or by the governing principles of an established association or certifying educational institution(s) under whose guidance they provide the traditional healing service.

2. DOCUMENTATION AND REPORTING
   a. Provider will report minimum of:
      • Individual ID number
      • Traditional or alternative healers name
      • Voucher information
      • Specific service(s) provided or action taken, appropriate to required procedures, if any.
      • Amount of time allotted for provided service(s)

Childcare
Supervision and care for children while their caretaker is involved in clinical or support services.

1. ELIGIBILITY STANDARDS
   a. Registered child care service with Children, Youth, and Families Department
   b. Compliance with non-licensed child care registration Social Services Title 8 Chapter 17 Part 2
   c. Compliance with licensed child care standards Social Services Title 8 Chapter 16 Part 2 is considered a higher set of standards than the non-licensed registration.
   d. Compliance with social services Title 8 Chapter 8 Part 3 regarding background checks and employment history verification
   e. An agency representative, if only one person represents the service(s) provided, must be in place and go through Access to Recovery training.
   f. For community based organizations, staff or personnel must be hired and go through Access to Recovery training.
   g. Continued training for the recovery team or representative
   h. Outline of the level and type of service it can provide
2. **DOCUMENTATION AND REPORTING**
   a. Individual ID number or parent ID number
   b. Number of children
   c. Voucher information
   d. Service(s) provided or action taken
   e. Amount of time allotted for provided service(s)

   *Children, Youth, and Families Department standards can be found at: http://www.newmexicokids.org/Family/?view=/Resource/regs/index.cfm*

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**Complementary and/or Alternative Healing Systems**

**Daily Living Skills**

Life skills development shall consist of non-clinical services that help develop skill in managing life circumstances. Life skills activities or skill building training may include:

- non-clinical educational sessions
- social and recreational activities designed to build specific life skills
- social skills
- parenting skills
- time management
- personal budgeting and money management
- goal setting and attainment
- communication
- activities of daily living

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1. **ELIGIBILITY STANDARDS**
   a. The life skills coach must have at least a Bachelor’s degree in a human service field or 4-years related experience.

2. **DOCUMENTATION AND REPORTING**
   a. Provider will report minimum of:
      - Individual ID number
      - Voucher information
      - Specific service(s) provided or action taken
      - Amount of time allotted for provided service(s)
      - Number of people in group
      - Date of group activity

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**Family Support**

Provide families with safe environment to connect in a healthy way. Provide healing activities in a structured setting. The goal is to improve and/or heal family ties through spiritual support, facilitated family activities, or non-clinical educational interactions that engage the family in learning about recovery, treatment, and/or healthy ways of interacting. Family is defined as a group of at least two people. Family shall be determined as one or two individuals that give support to the individual in recovery, and must be recognized and chosen by the person receiving ATR services. These identified individuals may be family members, a spouse, a domestic partner, friends or other associates who are familiar with the client and are capable of providing helpful assistance and attend family support activities. Applicable fees may be charged per additional person attending the activity at the Family Support fee times the 15 minute increments of time in attendance. Children under the age of 18 years may attend family support activities but *cannot* be billed for.

**1. ELIGIBILITY STANDARDS**
   a. Service Requirements**
• Written curricula or plan for retreats, workshops, or classes
• Activity must show regard for safety, group and individual difference, and team building.
• Two or more families involved.
• Activity design must be approved by staff supervisor or leader.

2. **DOCUMENTATION AND REPORTING**
   a. Provider will report minimum of:
      • Individual ID number.
      • Voucher information.
      • Specific service(s) provided or action taken.
      • Amount of time allotted for provided service(s).
      • Number of people in group.
      • Identified family members and attendance records.
      • Date of group activity.

**Group Support**
Support to individual by providing facilitated support groups. Groups must be two or more people accompanied by a facilitator.

1. **ELIGIBILITY STANDARDS**
   a. Written curricula or plan for retreats, workshops, or classes
   b. Activity must show regard for group and individual differences; and team building.
   c. Activity design must be approved by team supervisor or leader

2. **DOCUMENTATION AND REPORTING**
   a. Provider will report minimum of:
      • Individual ID number
      • Voucher information
      • Specific service(s) provided or action taken
      • Amount of time allotted for provided service(s)
      • Number of people in group
      • Date of group activity

**Indigenous American Indian/Cultural/Folk Healing Practices**
Traditional healing describes a solitary or group healing practice that assists individuals and their family members in the recovery process. Traditional healing is conducted by an individual or group that subscribes to the customs, practices and rules of the community or tradition they represent, or to the regulation and licensing standards of municipal, county or state law.

Definitions or guidelines set-forth in this service definition are general where related to traditional healing practices that exist within specific indigenous tribal or cultural groups, and are not intended to constrain, expose, or in any way compromise practices that are protected or guarded from public disclosure.

A. **Indigenous American Indian healing practices**
   This definition shall include specific tribal, Pueblo or other American Indian traditional healing practices. Interventions must be recognized and approved by a governing body, community or tribe, or may be passed on through written or oral custom, tradition or other teaching. Such teaching, when not sanctioned by ordinance, law or regulation, shall interpret “governing body” as the tradition, custom or other form of governance which establishes the foundation for accepted and appropriate practice. Such practices shall be related to the indigenous people of North America or specific to the cultural heritage of the community being served.

B. **Cultural/Folk Healing Practices**
Indigenous cultural/folk healing practices refer to those healing practices prevalent within the communities of New Mexico, and may be passed on through written or oral custom, tradition or other teaching. Such teaching, when not sanctioned by ordinance, law or regulation, shall interpret “governing body” as the tradition, custom or other form of governance which establishes the foundation for accepted and appropriate practice. Such practices shall be related to indigenous people or specific to the cultural heritage of the community being served.

1. **ELIGIBILITY STANDARDS**
   
a. **Service Requirements**
   
   - Group and individual activities will be discussed with Access to Recovery Outreach coordinators so they may get a general overview of what is involved.
   - Traditional healing practices are recognized and may be sanctioned by ordinance, law or regulation, or may have arisen out of healing practices that are not based on the western medical model, and as such may prescribe to intuitive, energetic, or other diagnostic and treatment protocols. Such practices may not be licensed, certified, or otherwise regulated.

   Those practices conducted with the American Indian communities of New Mexico considered to be traditional healing shall be designated as approved by the ATR credentialing committee based on the declaration of a tribal or pueblo entity known within the tribal or pueblo community, and shall suffice as evidence of credentials for conducting traditional healing.

2. **DOCUMENTATION AND REPORTING**
   
a. **Provider will report minimum of:**
   
   - Individual ID number
   - Traditional or alternative healers name (optional as appropriate to tribal entity.)
   - Voucher information
   - Specific service(s) provided or action taken, appropriate to required procedures, if any.
   - Amount of time allotted for provided service(s)

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**Job Development**

Assist individual in finding employment, job retention, and job advancement. Resume writing, interviewing, job searching, job placement.

1. **ELIGIBILITY STANDARDS**
   
a. Use Best Practice Models to help individuals achieve employment, job retention, or job advancement.
   
b. Including the following specific services:
   
   - Job readiness assessment
   - Individual Plan of Employment
   - Prepare individual for job placement
   - Job Coaching
   - Job Placement
   - On-the-job support
   - English as a second language

c. Individual’s employment positions must be located in a variety of locations and employment settings to fit the preference of the individual.

d. Organizations other than churches, synagogues or other religious organizations must have employees dedicated to this standard’s definition of job development.

e. Persons providing job development guidance must meet the following criteria:
   
   - Must have at least a high school diploma or GED.
   - Knowledge of employment opportunities and network connections in the community.
   - Use Department of Labor resources.
   - Pass reference check.
   - Be supervised.
2. **DOCUMENTATION AND REPORTING**
   a. Provider will report minimum of:
      • Individual ID number
      • Voucher information
      • Specific service(s) provided or action taken
      • Amount of time allotted for provided service(s)

**Pastoral Guidance**
Pastoral guidance shall be provided by a trained or certified faith leader or equivalent, such as a pastor, minister or rabbi. Pastoral guidance is intended to assist individuals and/or their family members in the processing and resolution of circumstances, attitudes, and/or beliefs that result from substance abuse. Pastoral Guidance that is specifically codified within a religious organization shall determine the nature and practice of the guidance performed.

1. **ELIGIBILITY STANDARDS**
   a. Educational degrees as required by applicant's religious body.
   b. Completion of specialized training in a variety of supportive pastoral care topics such as substance abuse recovery, spiritual support methods, crisis intervention, marriage and family, etc., as appropriate.
   c. Religious body endorsement to ministry.
   d. Active relationship to a local religious community.
   e. Two years in ministry.

2. **DOCUMENTATION AND REPORTING**
   a. Provider will report minimum of:
      • Individual ID number
      • Mentor name
      • Voucher information
      • Specific service(s) provided or action taken
      • Amount of time allotted for provided service(s)

**Physical Fitness and Wellbeing**
Primarily self-directed practices that improve physical health and condition of individuals actively engaged in the substance abuse recovery process. Such practice may be performed individually or in groups. General fitness training works towards broad goals of overall health and well-being. A regular moderate workout regimen and healthy diet can improve general appearance markers of good health such as muscle tone, healthy skin, hair and nails, while preventing age or lifestyle-related reductions in health and the series of heart and organ failures that accompany inactivity and poor diet. Physical exercise is the performance of some activity in order to develop or maintain physical fitness and overall health.

Exercises are generally grouped into three types depending on the overall effect they have on the human body:

1. **ELIGIBILITY STANDARDS FOR PROVIDERS**
   a. Flexibility exercises such as stretching improve the range of motion of muscles and joints.
   b. Aerobic exercises such as walking and running focus on increasing cardiovascular endurance.
   c. Anaerobic exercises such as weight training or sprinting increase short-term muscle strength.
   d. The following practices, although not exhaustive, shall be considered as appropriate to this service definition:
      • **Gym or exercise facility membership**
      • **Martial Arts Training**
      • **Qigong**
• Tai Chi
• Yoga Physical (i.e. Hatha, Ashtanga, etc.)

e. The individual meets with the RSSC and is assessed for RSS need and will clearly benefit from services.

2. ELIGIBILITY STANDARDS FOR CLIENTS
a. At least one of the ATR services identified must be process oriented, such as clinical treatment or pastoral guidance. Continued eligibility is dependent upon attendance with the process oriented service as determined by appropriate service mix and/or treatment plan.
b. Physical fitness and wellbeing is not a stand alone activity, and the provider must demonstrate that this service is appropriate and part of a comprehensive service plan that the client is actively engaged in.

3. DOCUMENTATION AND REPORTING
a. Provider will report minimum of:
   b. Individual ID number.
   c. Tracking of client compliance with the RSSC plan.
   d. Records of contact with the vouchered client.
   e. Voucher information.
   f. Specific service(s) provided or action taken.
   g. Amount of time allotted for and attendance at provided service(s).
   h. Date of activity.

Spiritual Support
Spiritual support should help the person in recovery develop or reestablish a relationship with a higher power, acquire skills needed to cope with life changing incidents, and adopt positive values or principles. Responsible decision-making, social engagement, spiritual or faith related healing, and family responsibility may also be addressed.

1. ELIGIBILITY STANDARDS
a. Service Requirements
   • For individual and group activities, written curricula or plan for retreats, workshops, or classes.
   • Activities must show regard for group and individual differences.
   • Activity design must be approved by team supervisor or leader.
   • Activities must be recognized and approved by the organization’s governing body.
b. Providers of spiritual support must be recognized by the organization’s governing body as being trained and qualified to provide this support service.

2. DOCUMENTATION AND REPORTING
a. Provider will report minimum of:
   • Individual ID number
   • Mentor name
   • Voucher information
   • Specific service(s) provided or action taken
   • Amount of time allotted for provided service(s)
Section 5: ATR PROCEDURES FOR RECOVERY SUPPORT SERVICES

VOUCHERS:

RSS Coordinator:

1. Notify Central Intake of referral acceptance or denial of each person referred.
2. Assist the client in determining a maximum of two Recovery Support Services priorities and activate the services on the NM ATR website.
3. Assist the client in choosing providers for the services selected.
   a. The Recovery Support Services Coordinator will meet with the client and update the Plan as necessary.
   b. As the client’s service needs change, the RSSC will deactivate previously chosen services in the website and activate new services.
5. Provide comprehensive case management as appropriate to each client.
6. With the client present, make the first appointment with the Recovery Support Services provider(s) and connect the client to the services.
   a. Refer the client to an alternate provider if there is a waiting list.
   b. The Recovery Support Services Coordinator will monitor the client’s progress, and provide support and technical assistance to the RSS provider, when necessary.
   c. Appropriate confidentiality procedures must be followed among providers.

RSS Provider:

1. Accept the client into services by scheduling a first appointment and provide the designated services to the client.
2. Maintain all necessary documentation.
3. Maintain appropriate levels of confidentiality in accordance with all applicable laws and regulations.
5. Work with the Central Intake and other providers as appropriate to ensure that the client is engaged and active in the recovery process.
6. Bill the OptumHealth New Mexico for services provided and follow all established billing guidelines.
7. Plan and accomplish discharge when services are completed, including appropriate referral to the Central Intake for services from other providers, GPRA and discharge assessment.

Section 6: ATR PROVIDER OPERATING REQUIREMENTS AND PROCEDURES FOR BOTH CLINICAL AND RECOVERY SUPPORT SERVICES:

All Clinical Treatment and Recovery Support Services providers shall abide by the following common operating requirements and procedures.

1. VOUCHER ELIGIBILITY, REFERRAL AND MANAGEMENT
   Careful monitoring and management of the voucher is vital to the fiscal solvency and viability of the ATR funds, and to the effectiveness of the ATR service model. Voucher management is a primary responsibility of all ATR stakeholders, from the OptumHealth Operations Team, through the Central Intakes, the providers and the service recipient. To this end, all ATR stakeholders
must understand and comply with the fundamental requirements of the voucher process. The following outline of policies and procedures are intended to provide guidelines on voucher eligibility, referral and management, but because of the complexity of the ATR grant and relationships among the stakeholders this outline cannot be comprehensive. If a question arises that is not addressed in the following definitions, please contact a member of the OptumHealth Operations Team.

a. The Central Intake shall determine voucher eligibility for both clinical and recovery support services. No other entity can duplicate or supersede this function.

b. The Central Intake shall employ a cadre of professional assessors as appropriate to community need and contractual obligation to OptumHealth. These professionals shall have primary responsibility of assessing eligibility and need for ATR services and for assigning individuals to appropriate service providers with a primary consideration for client choice.

c. Clinical and Recovery Support Services Vouchers are issued only by the Central Intake, and run concurrently from the date of initial assessment for a maximum of 90 days. This period may not be extended. The Central Intake may not make this designation, nor reactivate an expired or deactivated voucher. Exceptions to this rule can be made only through application to the OptumHealth Operations Team.

d. No ATR provider may refer services to another ATR provider, except through the formal Central Intake procedure. Providers of the Intensive Recovery Support service may refer individuals in collaboration with the Central Intake RSSC, but may not make direct referrals.

e. In some instances, such as with Indigenous American Indian healing practices, relationships between a tribal entity and OptumHealth may replace direct Letters of Agreement (LOAs) between the practitioner and OptumHealth. The ATR Operations and Credentialing bodies shall strive to accommodate the culturally appropriate needs of such agreements, and shall strive to implement non-invasive agreements regarding specific religious or spiritual healing practices.

f. The Recovery Support Services (RSS) Provider will provide ATR services only to clients with an active ATR Recovery Support Services Voucher.

g. The clinical treatment provider will provide ATR services only to clients with an active ATR Treatment Services Voucher.

2. VOUCHER OVERSIGHT

Clinical assessment staff, the Recovery Support Service Coordinators, the Intensive Recovery Support Guide, and the treatment provider case management shall oversee and monitor appropriate mix and use of the Voucher.

3. VOUCHER LIFE AND CAP

a. The Recovery Support Services voucher will be activated for 90 days and will be capped at $1200.00.

b. The treatment voucher shall be activated for 90 days and will be capped at $550 for Early Intervention (0.5), $768 for CRAFT Voucher, $1,275 for Outpatient Voucher (I), and $1,950 for Outpatient (II).

   i. The treatment voucher cap will be determined by the ASI-MV and assessment recommended treatment plan.

c. The vouchers shall run concurrently from the date of initial assessment at the Central Intake.

4. VOUCHER HOLD

ATR II vouchers are issued for three months. There are three extenuating circumstance in which a voucher may be placed on hold for an active ATR client. A request may be submitted for a hold on a voucher if the ATR II client is incarcerated, enters inpatient treatment, or is hospitalized. The hold cannot exceed 30 days. Both the treatment
and Recovery Support Services vouchers will simultaneously be on hold. OptumHealth reserves exclusive rights to determine eligibility of hold for all submitted requests. Request Process:

1. A written request must be submitted by the Central Intake Director or their designee to the OptumHealth and BHSD ATR team.
2. The request must include the client identification number, start date of hold, end date of hold, reason for the hold, and the names of all the providers that will be affected by the hold.
3. The central intake office must document hold request in the client file.
4. OptumHealth will respond to the Central Intake Director or their designee within seven (7) working days from the receipt of the requests.
5. The Central Intake requesting the hold will contact all the client’s providers to inform them of the hold on the voucher.

5. WEB TRAINING REQUIREMENT
a. All ATR providers and provider staff or a designated staff trainer must attend an ATR website training pertinent to the services offered prior to accepting and providing services.
   • Notification of training dates will be sent to each provider by OptumHealth ATR staff.

6. EVIDENCE OF APPROPRIATE BUSINESS LICENSES
Providers must document all applicable business licenses including, but not limited to: Business Registration and State of New Mexico Taxation and Revenue Department Certificate (see attachment C, Checklist for Recovery Support Service Providers).

7. LICENSURE, CERTIFICATION, CREDENTIALS, OR OTHER STAFF QUALIFICATION
a. Providers must maintain accurate and up-to-date records of staff qualifications.
b. Providers shall monitor staff licensure, certification, or other qualifications for employment to ensure that employees are compliant with municipal, county, state or ATR programmatic requirements.

8. PROGRAM COMPLIANCE WITH HEALTH AND SAFETY REGULATIONS
All individuals shall be served in a safe facility. Facilities used by a program are required by law to be in compliance with fire and safety standards established and enforced by the State Fire Marshall, and health, safety and occupational codes enforced at the local level. In providing services, programs must meet all the requirements of the American with Disabilities Act of 1990.

9. ORGANIZATIONAL GOVERNANCE
Each organization must have a governing body, or recognize the tradition, custom or other form of governance which establishes the foundation for accepted and appropriate practice within the community being served (hereafter referred to as “governing body”), that meets to provide organizational, written budget, planning, quality assurance, and operational management, as appropriate.

10. RELIGIOUS ACTIVITY and CHARITABLE CHOICE
a. Religious Character and Independence.
   A religious organization that provides services for the ATR Grant will retain its independence from Federal, State, local governments and OptumHealth New Mexico and may continue to carry out its mission, including the definition, practice and expression of its religious beliefs. The organization may not expend funds that it receives for ATR recovery support services to support any inherently religious activities, such as worship, or proselytizing. Among other things, faith-based organizations may use space in their facilities to provide services supported by the ATR Grant, without removing religious art, icons, scriptures, or other symbols. In addition, a religious organization retains the authority over its internal governance, and it may retain religious terms in its organization’s name, select its board
members on a religious basis, and include religious references in its organization’s mission statements and other governing documents.

b. Referral to an Alternative Provider.
If an ATR program participant objects to the religious character of a provider that is a religious organization while receiving ATR recovery support services, that participating religious organization shall, within a reasonable time (1 week) after the date of such objection, refer such individual to the Central Intake site for alternate ATR recovery support services, and shall ensure that all referrals are made in a manner consistent with all applicable confidentiality laws.

11. NEW SERVICES
a. If a new recovery support service is added to an existing organization, for which voucher reimbursement is requested, a contract addendum is required.
b. If new clinical services are added to an existing organization, for which voucher reimbursement is requested, a contract addendum is required.
c. If there is a change to the geographical location where specific services are provided and for which voucher reimbursement is requested, a contract addendum is required.

12. STAFF CHANGES
a. Central Intake sites shall inform OptumHealth New Mexico of all pertinent staff changes in a timely manner.
b. Provider organizations shall inform the Central Intake of all pertinent staff changes in a timely manner.
c. Changes to employment status or level of licensure, certification or other staff or agency capacity modification shall result in immediate notification to the Central Intake and OptumHealth New Mexico, as appropriate.

13. PROGRAM OPERATING STANDARDS
Agencies shall have written policies and procedures in place that show compliance with minimum standards for clinical or recovery support services. All programs shall provide, if culturally appropriate, mission or purpose statement, job description, volunteer memo of understanding (if applicable, that explains expectations of the volunteer), written description of clinical or recovery service activities, and target population; programs must maintain proof of current Commercial General Liability Insurance and Automobile Insurance (if applicable).

14. PROGRAM RULES
An oral (specific to traditional healing practices) or written body of rules governing the rights and conduct of individuals shall be established and maintained by all programs. The individual, and significant others, if applicable, shall be informed of program rules regarding admission, discharge, expulsion, and program expectations for individuals admitted to support services.

15. OTHER VOUCHER PROGRAMS
An individual already receiving services through another voucher based recovery program is ineligible for services through ATR and should be referred back to the issuer of the original voucher if additional services are requested.

16. CODE OF ETHICS
In the absence of a formal or overruling professional code of ethics specific to the profession or agency, OptumHealth shall consider the ATRNM code of ethics operational as each agency’s formal code of ethics. Events, circumstances and situations that are not addressed in an ATRNM providers or associates code of ethics, professional or otherwise, and that may be specific to conduct within the ATRNM project, or are not addressed with the rigor of this code of ethics shall be superseded by the appropriate and more rigorous ethical practice or guideline contained in the ATRNM code of ethics.

17. PROTECTION OF INDIVIDUALS
The rights of individuals who are admitted to programs shall be assured and defined in each program’s operating standards. This includes operating standards that protect the dignity, health, and safety of individuals.

18. SUPPORT SERVICE PROGRAM RESPONSIBILITY
The Executive Director, Chief Executive Officer, or Organizational Faith Leader, or owner shall be identified as having ultimate responsibility for services to clients. They shall review and approve the budget, menu of services, location of services, and hours of services.

19. SUPPORT SERVICE GOVERNANCE
All organizations shall have a governing body responsible for establishing its policies, defining its services, guiding its development, and assuring its accountability.

a. The governing body shall have responsibility for the operation of the support service.

b. The governing body shall comply with its bylaws, rules, mission, and/or doctrine of their organization.

c. The credentialed contact person and their alternate, with the permission of the Executive Director, Chief Executive Officer, or Organizational Faith Leader, shall be identified as having responsibility for the operation of the support services.

20. SUPPORT SERVICES
All support services shall be provided under the provider’s delegated supervisor.

21. QUALITY ASSURANCE
Support service provider must conduct satisfaction surveys to ensure quality of support services provider.

22. ATR PROVIDERS AND EMPLOYEES
Employees and immediate family members of Access to Recovery agencies, providers and central intakes and others entities with a Letter of Agreement with OptumHealth for ATR services are not eligible for substance abuse clinical or recovery support services through ATR. If services are requested by this population, they should be referred to agencies outside the ATR funding stream for assessment and appropriate treatment. OptumHealth New Mexico will be available to help facilitate appropriate referrals.

23. CONFLICT OF INTEREST
All ATR recipient organizations and employees shall adhere to ethical guidelines governing conflict of interest as outlined under the General Articles heading “conflict of interest” on page 4 of this document.

Section 7: PERSONNEL OR VOLUNTEER POLICIES:

1. ORIENTATION
The provider shall provide an orientation that includes overview of mission or purpose statement for support services, volunteer duties or job description, review of Volunteer Scope of Work, overview of written policies and procedures, and code of ethics explained to volunteer and then signed by volunteer.

2. PERSONNEL OR VOLUNTEER MINIMUM REQUIREMENTS
The organization shall employ or recruit individuals with education and experience to effectively execute their support service position. Personnel and volunteers who supervise support services must attend credentialing training. Individuals shall pass a background check.

3. PERSONNEL OR VOLUNTEER FILE
Purpose of this file is to show qualifications and experiences of personnel or volunteer. The file shall contain a minimum of the following items:

a. Job description or scope of work

b. Resume or list of volunteer or life experiences

c. License, certification, or related credentials
d. Signed policies and procedures
e. Signed standard of conduct
f. Evidence of applicable training

4. TRAINING POLICY
   Key personnel or volunteers must successfully complete Support Services Training. Training will include how to use the management information system, addiction and recovery models, and direct service ethics.

Confidentiality and Individual Records

1. CLIENT RECORD REQUIREMENTS
   Organization shall maintain a record on each individual, maintain the individual’s records and the individual’s identifying information in a confidential manner, and secure consent for the release of client information in accordance with State and Federal Regulations (Title 42, Code of Federal Regulations, Part 2).

2. CLIENT RECORD CONTENT
   Records maintained by support service Providers shall contain a minimum of the following information and entries shall be recorded in a timely manner:
   a. Individual ID number
   b. Date of support service
   c. Time support services rendered
   d. Support services utilized
   e. Source of referral and relevant referral information
   f. Progress notes (when applicable)
   g. Consents for the release of client information (when applicable) signed by the individual. Authorized staff and other authorized parties shall have ready access to the individual’s records. This will be outlined in the client consent for release form.

3. INDIVIDUAL RECORD CONFIDENTIALITY
   All organizations shall adhere to Health Insurance Portability and Accountability Act (HIPAA) policies and procedures.