Published November 2011
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Compiled by the Behavioral Health Collaborative, Your Local Collaborative Cross-Agency Team & The Life Link, Inc.
September 2010
Updated November 2011
Introduction

Welcome to the FY 2012 edition of the Fiscal Guidebook!
Please review carefully for important changes.

For State Fiscal Year October, 2011 - September 2012 each Local Collaborative will receive $3,000. Funding will be provided by OptumHealth New Mexico.

As in previous years, the Collaborative requests that Local Collaboratives continue to focus on sustainability; work with system of care development and quality service review processes and/or local behavioral health initiatives.

Each Local Collaborative will need to complete the enclosed 2012 Local Collaborative Request for Funding Form each time funding is sought (found on page 7).

IMPORTANT: $3,000 MUST be spent by June 30, 2012 by each of the Local Collaboratives.

No extensions will be considered. Reports similar to those you have received in the past will be generated monthly by The Life Link Inc., or through your chosen Fiscal Agent, and will be available to you through your Cross Agency Team (CAT) Member.

Purpose of FY2011 funds: To engage the voice of individuals and their families to plan activities that can be sustained surrounding:
· Local System of Care development
· Quality Service Review
· Other Local Behavioral Health Initiatives

Please note: Regardless of Fiscal Agent you must adhere to information and guidelines contained in this Guidebook. Quarterly local collaborative reports must be submitted outlining how monies were spent to support the initiatives listed above.

Getting Started

The first section of this guidebook includes information regarding your FY2012 budget. Subsequent sections will review forms and contact information.
SECTION 1: Local Collaborative FY2012 Budget

The total budget for your Local Collaborative for 2012 (October 1, 2011 through June 30, 2012) is $3,000.

The funds should be used as follows to engage the voice of individuals and their families to plan activities that can be sustained surrounding:

1. System of Care and/or
2. Quality Service Review and/or
3. Local Initiatives

Reports will be provided to the Collaborative on the work that is being conducted on one or more of the 3 initiatives listed above. A format and instructions for reporting will be provided to you by your CAT member. Reports are due on November 30, 2011, March 30, 2012, and June 30, 2012.

Expected Budget Practices:

- Local Collaboratives should implement a budget process that involves the entire Local Collaborative.
- The Local Collaborative membership should be given updates frequently on the status of the budget and spending.
- No individual may sign off on their own reimbursement.
- Any contact position of the Local Collaborative should have a written agreement of the terms of their position. This includes administrative support, leadership positions, trainers, etc. These positions and terms should be agreed upon by the Local Collaborative.

A. TRAVEL: Any travel that requires a reimbursable overnight stay must be (verbally or in writing) approved in advance by the Local Collaborative authorized representative. Each LC may determine its own reimbursement criteria but may not exceed the mileage and per diem paid in accordance with the New Mexico Per Diem Act.

   **Mileage:** Mileage may be paid at the state rate of $.40 per mile. Reimbursement for mileage must be for attending approved projects. Mileage may include costs for bus fare.

   **Per Diem:** Per diem may be paid at the rate of $85/day for food and in-state lodging. Lodging portion is $62.50 and food allowance is $22.50 for an eight hour period. Reimbursement for per diem must be related to approved activities.

Besides handicap, if special accommodations are needed it will be up to the individual to make and pay for those arrangements.

B. WHAT IS BILLABLE / REIMBURSABLE? Prior approval must be received before incurring
expenses and requesting payment from the Local Collaborative authorized representative.

**Reimbursement Procedures**: Reimbursement requests for authorized expenditures must have completed paperwork submitted within 10 business days of travel. All paperwork received will be paid within 10 business days from the date received. **All forms should be legible and must include a full name and address including city and zip code.**

**Advances from The Life Link Inc**: Advances must be requested no later than 10 business days before they are needed. Advances will be paid only for mileage (at 80% of the total amount), per diem, and child care. The remaining 20% may be requested for reimbursement after completion of function. **Advance requests must be pre-approved by Local Collaborative.**

**Reimbursement Request Form**: Use this form to request reimbursement for pre-approved-project-related expenses or to account for the expenditures related to an advance for these expenses.

**Advance Request Form**: Use this form to request an advance for per diem and mileage expenses only. Advance on time cannot be given. Advances are paid at 80% of the total requested. This form should accompany either your Time Sheet or Reimbursement Request.

Please note: If you receive an advance and do not attend the event you received the advance for then you are responsible for repayment of the entire amount.

**Mileage Chart**: All mileage must be calculated by State chart form (see forms section).

**Break Down of Dollars**: TSIG funding has ended. OptumHealth New Mexico will continue to provide $54,000 annually to support consumer and family engagement and the work of Local Collaboratives. Each LC will receive $3,000 of the total amount.

Break down of how dollars will be spent: Systems of Care; Quality Service Review; Local Behavioral Health Initiatives

**Examples of how this may be accomplished**:  
Planning meeting with set goals and timelines  
Writing plans with input from community partners  
Paying for Technical Assistance from contractors, trainers on how to write plans  
Determining what is important to communities and setting goals to meet those objectives.  
Attending workshops/conferences that relate to the above initiatives
Section 2: IRS Form 1099

U.S. tax law requires businesses to submit a Form 1099 for every contractor paid more than $600 for services during a calendar year. It is important to note that compensation does not include any type of reimbursement, such as mileage reimbursement.

Individuals who will receive this tax form from The Life Link are persons who were contracted to do work for Local Collaboratives, such as administrative assistants. The 1099 is a document showing earned income and utilized to file your annual taxes.

If you have questions about whether you will receive a 1099 form please contact The Life Link at 505 438-0010.

This form is also on the IRS Website go to: http://www.irs.gov.

* A Sample 1099 form is seen below.
Section 3: Forms Section

- 2012 Local Collaborative Request for Funding Form
- Local Collaborative Reimbursement Form
- Local Collaborative Advance Request Form
- Mileage Chart
- Local Collaborative Equipment Log
- Sample Administrative Support Agreement
- Sample Administrative Support Invoice
Local Collaborative Request for Funding Form for FY 12

**Brief Guidance and Instructions** - The New Mexico Behavioral Health Collaborative is committed to ensuring the successful sustainability of all 18 statewide Local Collaboratives. To aid in this effort, $54,000.00 available for the overall operating costs through OptumHealth NM for each of the Local Collaboratives interested in requesting these funds ($3,000.00 per Local Collaborative). The Collaborative is requesting this Local Collaborative Request for Funding for FY 12 to be completed and to include information on how your Local Collaborative proposes to utilize these available funds. Please provide a brief Needs Statement explaining your approach in each section, and the specific details items/activities being proposed.

In order to justify the use of these funds Local Collaboratives must submit a completed Budget Request Form to: jesse.chavez1@state.nm.us

Local Collaboratives are encouraged to submit proposals by November 30 for Fiscal Year 2012 (October 1, 2011 through September 30, 2012). The Local Collaborative Core Team and Staff will review and provide feedback to the Local Collaboratives.

<table>
<thead>
<tr>
<th>Operating Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Costs Needs Statement including consumer/ family recruitment and retention. Last year we focused on one of these three areas: 1. Local Systems of Care Development 2. Quality/Service Review 3. Other Local Initiatives Please indicate which area the LC is working on during FY12.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II Optum Health funding usage/ Also account for any role over funds which the LC is utilizing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optum Health $3000.00 Please list each funded item or activity separately Total</td>
</tr>
</tbody>
</table>

| Local Collaborative Sustainability. List any planned or completed activities whether a fund raising event or awareness raising event. List amounts of funding raised. |

Name of Local Collaborative: _______ ________  Number:________  Region: ____

Name(s) of those from your Local Collaborative who will be able to access funding from The Life Link: ________________________________

**Local Collaborative Authorized Representative**
Signed and submitted by: ________________________________ Date: ________
Contact phone and email: ________________________________

**State Staff Authorized Representative**
Reviewed & Approved for Disbursement: ________________________________ Date: ________

**Distribution:** Original – State, Copies to HSD and Local Collaborative
## Local Collaborative Reimbursement Request Form

**Local Collaborative #**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>For</th>
<th>Mileage @ .44/mile</th>
<th>Per Diem $85/day (food, lodging, must be pre-approved)</th>
<th>Stipend (to be determined by each LC)</th>
<th>Child Care (to be determined by each LC)</th>
<th>LC Mgmt*</th>
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**Column Totals**

Subtotal $  

Less Advance --

**TOTAL** $  

Fax or Email to your Cross Agency Team Member

*Explanation of Items under Mgmt/Notes: Is this reimbursement for (please check)

- An LC Meeting (If so, LC#___)
- Other -Please describe

I hereby certify that I attended the listed activity/activities on the date(s) indicated. I am requesting reimbursement for the above associated expense(s) for which I will not receive payment from any other source. Any extraordinary expenses have been approved in advance.

**Person requesting payment:**

Signed and Submitted by: ____________________________ Date: ____________

**Local Collaborative Authorized Representative:**

Signed and Submitted by: ____________________________ Date: ____________

**State Representative:**

Signed and Submitted by: ____________________________ Date: ____________
## Local Collaborative
### Advance Request Form  
#### FY2012

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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<tbody>
<tr>
<td>Street Address/P.O Box</td>
<td></td>
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<tr>
<td>City, State, Zipcode</td>
<td></td>
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<tr>
<td>Local Collaborative #</td>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Purpose</th>
<th>Per Diem</th>
<th>Mileage</th>
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Subtotals (per diem & mileage)

<table>
<thead>
<tr>
<th>Total</th>
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Advance Total = 80% of total $ 

Fax or Email Advance Request to:
The LifeLink – Carol Luna Anderson
FAX: 505 438-6011  Email: Carol@thelifelink.org

Notes:

I hereby certify that I will attend a Local Collaborative approved activity on the date(s) indicated. I am requesting an advance for the above expense(s) for which I will not receive payments from any other source.

Person requesting payment:
Signed and Submitted by: ____________________________ Date: ____________

Local Collaborative Authorized Representative:
Signed and Submitted by: ____________________________ Date: ____________
For more information, visit:
http://www.nmshtd.state.nm.us/upload/images/pdf/mile-chart.pdf
# Local Collaborative Equipment Inventory Log

<table>
<thead>
<tr>
<th>Equipment Item</th>
<th>Price</th>
<th>Purchase Date</th>
<th>Purchased By</th>
<th>Equipment Review Date</th>
<th>CAT initials</th>
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THE LIFE LINK, INC.
PROFESSIONAL SERVICES AGREEMENT

LOCAL COLLABORATIVE #______

This AGREEMENT is made and entered into by and between The Life Link, Inc., a fiscal agent for the New Mexico Human Services Department (HSD) – Behavioral Health Services Division (BHSD) and Local Collaborative # ___, and __________________, hereinafter referred to as the contract staff.

The vision of a Local Collaborative is

1. SCOPE OF WORK
The LOCAL COLLABORATIVE CONTRACT STAFF shall render the following services:

   General (whatever contract staff will be doing for Local Collaborative - for example)
   a. Serve as co-chairperson of Local Collaborative
   b. Serve as office and communication staff

   Reporting and Conduct
   a. The Local Collaborative contract staff shall submit billings and timesheets in accordance with instructions provided.
   b. At all times, the Local Collaborative contract staff shall maintain conduct and appearance that reflect quality and ethical standards.

2. COMPENSATION
Upon review by the Contract Staff of Local Collaborative and approval by the Cross Agency Team Staff, The Life Link, Inc. shall pay the Contract Staff for services rendered at the rate of XXXX dollars ($______) per hour not to exceed an average of ________ hours per week. In addition, The Life Link, Inc., upon prior approval by the Contract Staff of Local Collaborative, shall pay the Contract Staff for mileage at the rate of $0.____ per mile and per diem at the rate of $85.00 per night.

The total amount of funds to be paid under this contract shall not exceed $7,000.00 within the state fiscal year the contract is effective.

3. TERM
The agreement is effective from October 1, 2010 through September 30, 2011.

4. STATUS OF CONTRACT STAFF
The Contract Staff is an independent contractor performing professional services for the Local Collaborative with payment made by The Life Link, Inc. and is not an employee of The Life Link, Inc. The Contract Staff is responsible for obtaining an Employee Identification Number (EIN) from the NM Taxation and Revenue Department and for reporting that number to the Cross Agency Team Staff and to The Life Link, Inc.

The Contract Staff shall not accrue leave, retirement, insurance, or any other benefits from The Life Link, Inc. The Contract Staff is responsible for paying all applicable local, state and federal taxes. Contract Staff acknowledges that all sums received under this contract are personally reportable by him/her for income tax purposes as self-employment or business income, and are reportable for self-employment tax.

5. WORK PERFORMANCE
The Contractor is expected to perform contractual work at a level of quality consistent with their skills and abilities. As a representative of The Life Link, Inc. and NEW MEXICO Interagency Behavioral Health Purchasing Collaborative (the Collaborative), only the highest standards of performance are acceptable.

Contract renewal is dependent upon the success of the Contractor’s performance during the previous fiscal year and the availability of funding for this purpose.
1. **SUBSTANCES**
The use of illegal and unlawful substances is prohibited under this contract. Any **Contract Staff** suspected of using drugs or abusing substances shall be required to take a urine test. Should the test prove positive, it shall be grounds for immediate termination of the contract.

2. **CONFIDENTIALITY**
The confidential information provided to or developed by the **Contract Staff** in the performance of this agreement shall be kept confidential and shall not be made available to any individual or organization by the **Contract Staff** without prior written approval of the Collaborative.

3. **TERMINATION**
This agreement may be terminated by either party upon written notice delivered to the other party at least ten (10) days prior to the intended date of termination. By such termination, neither party may nullify obligations already incurred for performance or failure to perform prior to the date of termination.

4. **AMENDMENT**
This contract shall not be altered, changed or amended except by a written document signed by the parties to this contract hereto.

**IN WITNESS WHEREOF**, the parties have executed this agreement as of the date recorded below.

**CONTRACTOR**

Signature __________________________________________________________

Print Name _________________________________________________________

Address ___________________________________________________________

Social Security Number: ____________________________________________

Date: ________________

Cross Agency Team Staff for Local Collaborative

By: __________________________ Date: __________________________

Local Collaborative Leadership Approval

By: __________________________ Date: __________________________

**THE LIFE LINK, INC.**

By: __________________________ Date: __________________________

Carolyn Luna-Anderson
Executive Director
Jasper Doe LC 17 P.O.C.

INVOICE

SSN: 555-55-5555
4618 Hilltop Drive
Santa Fe, NM 87501
Phone 505.555-5555 Fax 505.555-5556

DATE: May 7, 2008
INVOICE #: 1
FOR: LC 17 Point of contact—contract invoice

Bill To:
LifeLink
Carol Luna-Anderson
Carol@thelifelink.org
Fax 505.438.6011

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>hours worked</td>
<td></td>
</tr>
<tr>
<td>11/20/06 2.00 hours worked</td>
<td>30.00</td>
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<td>11/22/06 2.00 hours worked</td>
<td>30.00</td>
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<td>11/27/06 3.00 hours worked</td>
<td>45.00</td>
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<td>11/28/06 2.00 hours worked</td>
<td>30.00</td>
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<td>11/29/06 1.00 hours worked</td>
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<td>12/14/06 1.00 hours worked</td>
<td>15.00</td>
</tr>
<tr>
<td>12/15/06-12/21/06 8.00 hours worked</td>
<td>120.00</td>
</tr>
</tbody>
</table>

TOTAL $ 525.00

*If submitting electronically to Life Link please submit supporting documentation to confirm that it has been approved

Make all checks payable to Jasper Doe
If you have any questions concerning this invoice: Jasper Doe, 505-555-5555, jasperdoe@fakeemail.com
Local Collaborative Authorized Representative: Patricia Cornwell 1/08/07
CROSS AGENCY TEAM CONTACT LIST

Jesse Chavez  
Jesse.chavez1@state.nm.us  
505 228-5944—Roswell, NM  
Local Collaboratives 5, 9, 10, 12

Rebecca Estrada  
Rebeccat.Estrada@state.nm.us  
575 542-9896 x100 or 575 494-0719  
Lordsburg, NM  
Local Collaboratives 3, 6, 7

Patricia Gallegos  
Patricia.gallegos@state.nm.us  
505 454 2460—Las Vegas, NM  
Local Collaboratives 1, 4, 8

Kim Horan  
Kim.horan@state.nmus  
505476-9279—Santa Fe, NM  
Local Collaborative 18

Valerie Quintana  
Valerie.quintana@state.nm.us  
505 222-9990 or 505 690-6084  
Albuquerque, NM  
Local Collaboratives 2, 14, 16 & 17

Tami Spellbring  
Tami.spellbring@state.nm.us  
505 327-5316 x 1020 or 505 360-0280  
Farmington, NM  
Local Collaboratives 11, 13, 15

CAT Lead: Leticia Rutledge—Leticia.rutledge@state.nm.us  
505 476-9286

OTHER USEFUL INFORMATION:

<table>
<thead>
<tr>
<th>BH Collaborative Website</th>
<th><a href="http://www.bhc.state.nm.us/collaboratives">http://www.bhc.state.nm.us/collaboratives</a></th>
</tr>
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<tbody>
<tr>
<td>The Life Link</td>
<td>505.438.0010 Ext 0012 or Ext. 0040</td>
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<td><a href="http://www.thelifelink.org">www.thelifelink.org</a></td>
</tr>
<tr>
<td>OptumHealth New Mexico</td>
<td><a href="http://www.optumhealthnewmexico.com">www.optumhealthnewmexico.com</a></td>
</tr>
<tr>
<td>Office of Consumer Affairs</td>
<td><a href="http://www.bhc.state.nm.us/BHConsumers/OCA.html">http://www.bhc.state.nm.us/BHConsumers/OCA.html</a></td>
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<td>1-800-362-2013</td>
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