NEW MEXICO
BEHAVIORAL HEALTH COLLABORATIVE

Guidelines and Procedures
For
Local Collaborative Funding

September 15, 2005
I. New Mexico Behavioral Health Collaborative Guidance and Procedures for Local Collaborative Funding

A. Local Collaborative Activities

Local Collaborative activities are intended to promote consumer, family member, and stakeholder involvement in the behavioral health services system. The focus of these services shall promote community integration, rehabilitation, recovery, education, training, empowerment and involvement in behavioral health services. Innovative approaches are stressed and encouraged.

The Local Collaborative's first objective shall be meaningful participation of consumers and families. This includes, identifying the role, process and mechanism which consumers, family members, and stakeholders can have meaningful avenues of participation in the behavioral health system as it is designed and ultimately as it is operationalized. The activities and initiatives shall include but not be limited to membership of the Local Collaborative, leadership roles within the Local Collaboratives participation to the fullest degree in planning, evaluation, committee work and decision making. Activities and initiatives shall incorporate the principles and objectives of the consumer and family movements, which include integration, rehabilitation, education/training, and empowerment that promotes recovery and resilience.

Collaborative Guidance and Instructions - The New Mexico Behavioral Health Purchasing “Collaborative” is committed to ensuring that consumers and families are involved in the development and implementation activities of Local Collaboratives throughout the state. The Collaborative requests a one page plan on how each Local Collaborative proposes to use an amount of $3,000.00 per Local Collaborative. The Collaborative intends that funds be used as follows: 75% to support the involvement of consumers and families in Local Collaboratives to include but not limited to costs such as mileage, per diem, stipends, local collaborative training activities, child care, and other related costs; and 25% may be used to underwrite costs incurred to manage the Local Collaborative such as meeting expenses, supplies and other related costs. Each Local Collaborative must submit a completed one page plan using this template on how it will use these funds and submit the completed proposal to fred.sandoval@state.nm.us by September 30, 2005. The Local Collaborative Steering Committee shall review and approved this proposed one page plan by October 5, 2005 so that Local Collaboratives can begin to submit reimbursement requests directly to Life Link for payment of eligible costs.

B. ELIGIBLE COSTS

1. Pay stipend to offset costs for consumers to attend Local Collaborative meetings. All rates are based upon the State of New Mexico rates established for State
employees regarding per diem, map mileage; child care; pay for meals and associated food costs; and to offset transportation costs for carpools and bus tickets.

2. Pay for the procurement of Local Collaborative Initiatives and Activities, conferences, skills training and empowerment workshops, self-help and special interest support groups. This includes payment for brochures, flyers, workbooks, and other materials deemed necessary by the Local Collaborative Steering Committee. These activities are intended to help with substance abuse and mental health recovery.

3. Reimburse members of the Local Collaborative for their participation and training in the activities of the Local Collaborative, especially as they relate to acting in their advisory capacity about Behavioral Health Services and the Comprehensive Behavioral Health Plan. Monies not expended in these advisory activities are to be allocated for consumer initiatives at the discretion of the Local Collaborative Steering Committee.

   a. Reimburse members of the Local Collaborative for initiatives and activities the group believes would enhance its ability to perform the coordinative and collaborative functions envisioned by these guidelines that focus on: 1) empowerment of consumers, 2) sharing and teaching of recovery concepts, 3) the development of shared leadership with inclusive group discussions, open and fair decision-making (including resolution of differences of opinion) and appropriate record-keeping;

   b. Provide constructive and focused feedback regarding service quality and responsiveness in selected priority areas of concern: 1) Assess and provide input to improve service coordination across multiple systems of care; 2) Identify and develop new and innovative informal and natural supports to augment formal services; 3) Communicate and coordinate local system issues with a wide range of community stakeholders; 4) Participate in the comprehensive behavioral health planning process established by the collaborative and other training or technical assistance.
C. REIMBURSEMENT PROCEDURES

1. Reimbursements. Reimbursement requests must have completed paperwork submitted by Thursday Noon. All paperwork received by Thursday Noon will be paid within 10 business days.

2. Advances. 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 LC function.

3. Forms

Starting July 1, 2005, all consumer, family member, and stakeholder paperwork should be submitted on the following forms:

A. Reimbursement Request. 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.

B. Advance Request. 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.

C. Mileage Chart. All mileage must be calculated by State chart form (see form attached).

All forms should be typed either on a typewriter or a computer. Handwritten paperwork will be accepted only if it is legible. Unreadable forms will result in at least a two-week delay in payment.

Forms are now available as Word electronic templates that are designed to be filled in and submitted as an electronic file attachment, or to print out and fax.

4. Travel

A. Scheduling. Any travel that requires a reimbursable overnight stay should be (verbally or in writing) approved in advance by the Local Collaborative authorized representative.

B. Mileage. Mileage will be paid at the state rate of $.32/mile. Reimbursement for mileage will be approved only for travel related to approved projects. Mileage may include costs for bus fare

C. Per Diem. Per diem will 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 will be approved only for travel related to approved activities. If accommodations other than handicap are needed, it will be up to the individual to make and pay for those arrangements.
5. What is billable / reimbursable?

PRIOR approval must be received before incurring expenses and requesting payment from the Local Collaborative authorized representative for the following:

- 75% to support the involvement of consumers and families in Local Collaboratives to include but not limited to costs such as mileage, per diem, stipends, local collaborative training activities, child care, and other related costs.
- 25% may be used to underwrite costs incurred to manage the Local Collaborative such as meeting expenses, supplies and other related costs.
Local Collaborative
REIMBURSEMENT REQUEST

Name: 
Address: 
City, State, Zip: 
Name of Judicial District/Local Collaborative: 

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>For</th>
<th>Mileage @ .32/ mile*</th>
<th>Per Diem $85.00/day</th>
<th>Stipend $25.00</th>
<th>Child Care $9.00/hr.</th>
<th>LC Mgmt.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Column Totals
Subtotal

Less Advance

TOTAL

Fax or Email reimbursement request to:
The Life Link - Carol Luna-Anderson
(505) 438-6011
Carol@thelifelink.org

Explanation of items under Mgmt./Notes:
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: __________

* Mileage = .32¢ x total round-trip miles from State map mileage chart.
**Local Collaborative**

**ADVANCE REQUEST**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City/State/ZIP</th>
</tr>
</thead>
</table>

**Name of Judicial District/Local Collaborative:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>For</th>
<th>Per Diem</th>
<th>Mileage$^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotals**

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
</table>

ADVANCE = 80% OF TOTAL

Fax or Email reimbursement request to:
The Life Link - Carol Luna-Anderson
(505) 438-6011
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 payment from any other source.

**Person Requesting Payment**

Signed and submitted by: _____________________________ Date: __________

**Local Collaborative Authorized Representative**

Signed and submitted by: _____________________________ Date: __________

---

$^2$ Mileage = .32¢ x total round-trip miles from State map mileage chart.
STATE MILEAGE CHART