# Checklist for Adult Accredited Residential Treatment Center (AARTC) Application

August 2023

# Provider Types:

Federally Qualified Health Center (FQHC), Indian Health Service (IHS) hospital or clinic, PL 93-638 tribally operated hospital or clinic, Medical Assistance Division (MAD) enrolled Core Services Agency (CSA), MAD enrolled Behavioral Health Agency (BHA) with a supervisory certification, MAD designated CareLink NM health home, or Community Mental Health Center (CMHC)

# Detailed Pre-Application Guidelines:

Visit <https://nmrecovery.org/aartc-form> for background information, definition, roles, and responsibilities. These pre-application checklist items are included in the online guide.

# When to Submit the Application:

* After a letter of intent has been submitted to [aartc@nmrecovery.org](mailto:aartc@nmrecovery.org)
* Agencies/Organization who want to provide Adult Accredited Residential Treatment Center Services (AARTC) and have never applied before
* Agencies/Organizations who are opening a new location (requires separate application)

# Supporting Documentation to Gather:

* **Copy of agency’s certificate of accreditation (JCAHO, CARF COA)**
* **A copy of agency’s most recent accreditation report and any areas for improvement identified by the accreditation organization**.
* A weekly schedule of services with the individual, group, educational and/or other treatment services labeled, to validate the service hours listed in this application. The weekly schedule needs to include the provider’s license (e.g., LADAC, LMHC, LSAA, LCSW, LPCC, LPAT, LMFT, LAMFT, LMSW etc.)
* A copy of each of the facility’s policies and procedures regulating visitation guidelines and search/contraband protocol.
* A copy of each of the facility’s policies and procedures regulating staff training (including a list of trainings the agency requires), medication administration, behavioral management, restraints.
* A copy of each of the facility’s policies and procedures regulating protocols should a patient’s condition deteriorate and appear to need medical or nursing interventions (including under what conditions nursing and physician care is warranted and/or when transfer to a medically monitored facility or acute care hospital is necessary).
* Detail description of each ASAM level of care indicated for certification on the application.
* Copies of licenses, and/or certifications for all clinical professional staff (employee and contracted staff including physicians, medical staff, and behavioral health service staff).
* Copy of the agency Table of Organization clearly demonstrating Adult Accredited Residential Treatment Center staff and oversight.
* Copy of Assessment template.
* Copy of Treatment Plan and Treatment Plan Review template.
* Copies of training certificates for staff (both employees and contractors):American Society for Addiction Medicine (ASAM) Criteria
* Copy of Pharmacy license and DEA number if pharmacy services are provided on-site.
* A copy of the Lease Agreement/Deed to the site address that reflects the legal name of the applicant as the tenant or owner.
* Copy of the facility floor plan that clearly identifies what the facility site address will entail at each room.
* A co-location listing of all non-substance use treatment services and/or programs provided at the site address listed on the application.

**Application:**

An application confers that the agency is following the AARTC policies and procedures. Application further certifies that the responses in this form, including referenced information in the supporting documents, are accurate, complete, and current as of this date. Application confers that the agency providers have read, understand, and agree to conform with the AARTC policy, NMAC 8.321.2.10, BH Policy and Billing Manual, and statutes relative to rendering and seeking reimbursement for services through the Human Services Department and Behavioral Health Services Division of the State of New Mexico. Application certifies all staff and supervisors have been trained to provide appropriate services and clinical supervision on the above listed items and read and understand our agency policies and procedures.

Application certifies that all providers practicing in the agency are following the applicable state board licensing regulations according to their licensure.

# Contacts:

***Application Questions: Technical Support:***

[aartc@nmrecovery.org](mailto:aartc@nmrecovery.org) [hello@lokacreative.com](mailto:hello@lokacreative.com)