



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES  
INTOXICATED DRIVING PROGRAM  
P.O. Box 365  
TRENTON, NJ 08625-0365

CHRIS CHRISTIE  
*Governor*

ELIZABETH CONNOLLY  
*Acting Commissioner*

KIM GUADAGNO  
*Lt. Governor*

VALERIE L. MIELKE, MSW  
*Assistant Commissioner*

January 19, 2016

Dear Current Intoxicated Driver Resource Center (IDRC) Affiliated Provider:

Enclosed are the IDRC Affiliated Provider Review Form and IDRC Affiliation Agreement Renewal for the July 1, 2016 - June 30, 2017 cycle to be completed for each site and level of care by current IDRC affiliated ambulatory substance use disorder treatment providers. The IDRC Affiliated Provider Review Form provides instructions on the required attachments that must be included with your completed IDRC Affiliation Agreement Renewal when submitting to your county IDRC for the upcoming cycle.

The IDRC Affiliated Provider Review Form and IDRC Affiliation Agreement Renewal are applicable only to Department of Human Services (DHS) licensed substance use disorder ambulatory treatment providers that were IDRC affiliates in the July 1, 2015 – June 30, 2016 cycle wishing to re-affiliate for the upcoming July 1, 2016 - June 30, 2017 cycle. **Please note that if your agency name and/or license number and/or level(s) of care have changed, your agency must complete a new Affiliation Agreement and IDRC Affiliation Agreement Coversheet instead of a renewal package.**

All County IDRC's must be contacted prior to submitting materials to ensure that a complete package, including any county specific IDRC materials that may also be required and not included in these enclosures, are mailed to the appropriate address. County IDRC Directors can be contacted by accessing their information on the State Intoxicated Driving Program (IDP) website at: [www.state.nj.us/humanservices/dmhas/resources/services/treatment/addictions/IDRC\\_Directory.pdf](http://www.state.nj.us/humanservices/dmhas/resources/services/treatment/addictions/IDRC_Directory.pdf).

Any IDRC Affiliated Provider Review Form and IDRC Affiliation Agreement Renewal questions should be posed to the County IDRC Director in which your ambulatory treatment site is located. Thank you.

Sincerely,

Andrea Connor  
Chief

Enclosure

# **IDRC AFFILIATED PROVIDER REVIEW FORM**

## **INSTRUCTIONS**

- *Complete one Affiliation Agreement Renewal and review one IDRC Affiliated Provider Review Form for EACH AMBULATORY treatment site location. Be sure to complete Sections A, B, C, D, and E.*
- *If the name of the Executive Director/Owner, fee schedule, or hours of program/days of week have changed from the previous Affiliation Agreement, these changes must be submitted with the Affiliation Agreement Renewal as updated Attachments in Section D.*
- ***If any pre-populated item that has an \*asterisk\* (including agency name, license number, and/or level(s) of care) must be edited as a change from the previous Affiliation Agreement, a new Affiliation Agreement must be submitted instead of an Affiliation Agreement Renewal.***
- *All information submitted on the Affiliation Agreement Renewal and IDRC Affiliated Provider Review Form must be identical in spelling and punctuation as indicated on your license (e.g. Agency Name, Address, etc.) and previous Affiliation Agreement.*
- *Be sure to label all Affiliation Agreement Renewal attachments appropriately as defined in the IDRC Affiliated Provider Review Form. Unsorted/mislabeled documents may be rejected or returned.*
- *Type or use block letters on all entries on the Affiliation Agreement Renewal and IDRC Affiliated Provider Review Form. Illegible documents may be rejected or returned.*
- *All documents are to be returned to the County IDRC for initial review. The County IDRC will complete Section F prior to submitting to the Intoxicated Driving Program for final approval.*
- *Additional guidance is provided in italics throughout the document.*

## **SECTION A – CONFIRMATION OF TREATMENT SITE AND CONTACT INFORMATION**

*(Use name, spelling, and punctuation as listed on the Office of Licensing (OOL) license):*

\*Agency Name/Affiliate Provider\*: \_\_\_\_\_

Treatment Site County: \_\_\_\_\_

Treatment Site Street 1: \_\_\_\_\_

Treatment Site Street 2: \_\_\_\_\_

Site City: \_\_\_\_\_ Site Zip: \_\_\_\_\_

Treatment Site Phone # \_\_\_\_\_

Treatment Site Fax # \_\_\_\_\_

Treatment Site E-mail: \_\_\_\_\_

\*Enter DHS OOL License #\*: \_\_\_\_\_

Provider NJSAMS #: \_\_\_\_\_

Treatment Site Admissions Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Treatment Site Administrative Contact 1

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Treatment Site Administrative Contact 2

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Treatment Site Administrative Contact 3

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SECTION B – CONFIRMATION OF TREATMENT AGENCY INFORMATION**

*(If operating as a LLC, enter the authorized managing member. If the provider is a Sole-Proprietorship or unincorporated partnership, enter the individual signing the Affiliation Agreement.)*

Licensed Treatment Agency Executive Director Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address *(If different from treatment site)*: \_\_\_\_\_

*If the treatment agency's mailing address is different from site address, enter the agency address:*

Agency Street 1: \_\_\_\_\_

Agency Street 2: \_\_\_\_\_

Agency City: \_\_\_\_\_ Agency State: \_\_\_\_\_ Agency Zip: \_\_\_\_\_

**\*SECTION C – CONFIRMATION OF AFFILIATION LEVEL OF CARE INFORMATION\***

*Indicate all level(s) of care for which the treatment site is affiliated:*

- |  |   |
|--|---|
| <input type="checkbox"/> Assessment                    | <input type="checkbox"/> Detoxification         |
| <input type="checkbox"/> Level I Standard Outpatient   | <input type="checkbox"/> Short-Term Residential |
| <input type="checkbox"/> Level II Intensive Outpatient | <input type="checkbox"/> Long-Term Residential  |
| <input type="checkbox"/> Level II.5 Partial Care       | <input type="checkbox"/> Halfway House          |

**SECTION D - AFFILIATION AGREEMENT RENEWAL ATTACHMENTS**

*The following attachments **MUST** be included and labeled with your Affiliation Agreement Renewal when submitting to the County IDRC. Each should be labeled appropriately as Attachment 1, Attachment 2, Attachment 3, etc.*

**Attachment 1:** Current copy of commercial liability insurance listing treatment SITE address.

**Attachment 2:** Current copy of professional liability insurance.

**Attachment 3:** List of staff including resumes and copies of ALL current credentials/licenses. (*Downloads from the State Board of Marriage and Family Therapy Examiners are not acceptable for this purpose.*)

*Attachments 4-8 are **ONLY REQUIRED IF THEY HAVE CHANGED** from the previous Affiliation Agreement.*

**Attachment 4:** Submit documented proof of education and hours of experience, including the “Proposed Plan of CADC/LCADC and Internship Agreement” for counselor interns leading to CADC or LCADC status, or to another health professional license that includes work of an alcohol and drug counseling nature within its scope of practice, without regard to changes in employment.

**Attachment 5:** Fee schedule for EACH Level of Care indicated in Section C, including sliding scale fee or no-fee statement and identifying other funding sources (i.e. Fee-for-Service (FFS), health insurance, etc.).

**Attachment 6:** Treatment site hours of operation to include Day, Evening and Weekend hours for group sessions for each level of care indicated.

**Attachment 7:** Provider policies including written policies for Clinical Supervision, Urine Drug Screen/Oral, and/or Medication Assisted Treatment.

**Attachment 8:** Written and signed statement by the agency's NEW Executive Director or owner that the agency will conform to and abide by the following as amended and supplemented by any rules adopted:

- N.J.S.A. 39:4-50 et seq., DUI Statute
- N.J.A.C. 10:162, Intoxicated Driving Program Regulations
- 40A:9-22 et seq. Local Government Ethics Law
- N.J.A.C. 10:161, Division of Mental Health and Addiction Services Outpatient Regulations
- 45:2D-1 et seq., Division of Consumer Affairs
- 26:2H-1 et seq., Department of Health Regulations

Agency Name \_\_\_\_\_

\_\_\_\_\_  
Executive Director or Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**SECTION E - AGENCY / PROVIDER CERTIFICATION**

Initial here \_\_\_\_\_ to indicate that all documentation has been reviewed, completed, and is included in the Affiliation Agreement Renewal packet, including a site specific IDRC Affiliation Agreement Renewal, IDRC Affiliated Provider Review Form, mandatory Attachments 1-3 and updated Attachments 4-8, if applicable.

Submitted by:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Date Submitted to IDRC: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION F - FOR IDRC USE ONLY**

Initial here \_\_\_\_\_ to indicate that all documentation has been reviewed, completed, and is included in the Affiliation Agreement Renewal packet, including a signed site specific IDRC Affiliation Agreement Renewal, IDRC Affiliated Provider Review Form, Attachments 1-3 and updated Attachments 4-8 if applicable, for affiliation with the County for the following level(s) of care:

- |  |   |
|--|---|
| <input type="checkbox"/> Assessment                    | <input type="checkbox"/> Detoxification         |
| <input type="checkbox"/> Level I Standard Outpatient   | <input type="checkbox"/> Short-Term Residential |
| <input type="checkbox"/> Level II Intensive Outpatient | <input type="checkbox"/> Long-Term Residential  |
| <input type="checkbox"/> Level II.5 Partial Care       | <input type="checkbox"/> Halfway House          |

Submitted by:

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Date Submitted to IDP: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INTOXICATED DRIVER RESOURCE CENTER TREATMENT AGENCY/PROVIDER AFFILIATION AGREEMENT RENEWAL**

IDRC \_\_\_\_\_

Treatment Agency/Provider \_\_\_\_\_

Date \_\_\_\_\_

The Intoxicated Driver Resource Center confirms the renewal of the terms and conditions of its previous affiliation agreement dated \_\_\_\_\_ with the above named treatment agency or provider.

The agency or provider agrees to the previous terms and conditions of the Agreement and affirms that the name, NJSAMS<sup>1</sup> provider code, location(s) mailing address, phone number, hours of program, days of week, contact person, cost schedule, staff clinical supervisor (if applicable) and frequency of groups, remain unchanged from the previous agreement, or that any changes to the above have been attached and are incorporated into the renewal agreement. The agency or provider has also attached proof of current property and professional liability insurance and current certifications or licenses.

Copy of IDRC affiliated Provider Review Form attached.

Signing for the IDRC

\_\_\_\_\_  
Director, IDRC

\_\_\_\_\_  
Date

Signing for the Agency/Provider

\_\_\_\_\_

Name and Title (Please print)

\_\_\_\_\_

\_\_\_\_\_  
Date

Signing for the IDP

\_\_\_\_\_  
Chief, IDP

\_\_\_\_\_  
Date

\_\_\_\_\_  
<sup>1</sup> Current name