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**743 SPECIAL REHABILITATION SERVICES**

The New Mexico Medicaid program (Medicaid) pays for medically necessary health services furnished to eligible recipients. To help young New Mexico Medicaid recipients receive necessary service, the New Mexico Medical Assistance Division (MAD) pays for special rehabilitation services as part of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services [42 CFR § 441.57]. The need for special rehabilitation services may be identified in the Tot to Teen HealthCheck screen or other diagnostic evaluation furnished through a HealthCheck referral, or a developmental evaluation which includes an assessment by a physician.

This section describes eligible providers, covered services, service limitations, and general reimbursement methodology. If the need for special rehabilitation is identified outside of the Tot to Teen Healthcheck process a referral the child's Primary Care Physician will be made for appropriate screening and follow-up.

[3-1-99]

**743.1 Eligible Providers**

Upon approval of New Mexico Medical Assistance Program Provider Participation contract by MAD, agencies certified by the New Mexico Department of Health (DOH) as approved special rehabilitation services provider agencies are eligible to be reimbursed for furnishing special rehabilitation services to eligible recipients.

Individual professionals providing Special Rehabilitation Services who are employed by or contracted to approved special rehabilitation provider agencies must meet applicable DOH standards.

Once enrolled, providers receive a packet of information, including Medicaid program policies, billing instructions, utilization review instructions, and the pertinent material from MAD. Providers are responsible for ensuring that they have received these materials and for updating them as new materials are received from MAD.

[3-1-99]

**743.2 Provider Responsibilities**

Providers who furnish services to Medicaid recipients must comply with all specified Medicaid participation requirements. See Section MAD-701, GENERAL PROVIDER POLICIES.

Providers must verify that individuals are eligible for Medicaid at the time services are furnished and determine if Medicaid recipients have other health insurance.

Providers must maintain records which are sufficient to fully disclose the extent and nature of the services provided to recipients. See Section MAD-701, GENERAL PROVIDER POLICIES.

[3-1-99]

### **743.3 Eligible Recipients**

Medicaid children who have been determined through an Early Intervention Development Evaluation to be at risk for developmental delay and to be in need of special rehabilitative services as defined by DOH are eligible. Children diagnosed as mentally retarded or developmentally disabled are not eligible for special rehabilitation services. [3-1-99]

### **743.4 Covered Services**

Medicaid only covers special rehabilitation services necessary to enhance development in one of the following developmental domains:

1. Physical/motor;
2. Communication;
3. Adaptive;
4. Cognitive;
5. Social or emotional; or
6. Sensory.

Special rehabilitation services generally involve the family and are designed to support and enhance the eligible child's development. Services, include the following:

1. **Speech, Language and Hearing.** These services are provided by or under the direction of a speech pathologist or audiologist, as the result of a referral by a physician. These services mean evaluations to determine an individual's need for these services and recommendations for a course of treatment; and treatments to an individual with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the individual. Services also include consultations with the family and other professional staff.
2. **Occupational Therapy.** These services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice and provided by or under the direction of a qualified occupational therapist as defined in 42 CFR 440.110(b). These services mean evaluations of problems interfering with an individual's functional performance and the provision of therapies which are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem interfering with age appropriate functional performance. Services also include consultation with the family and other professional staff.
3. **Physical Therapy.** These services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice and provided by or under the direction of a qualified physical therapist as defined in 42 CFR 440.110(a). These services mean evaluations to determine an individual's need for physical therapy and the provision of therapies which are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem. Services also include consultation with the family and other professional staff.
4. **Psychological, Counseling and Social Work.** These services mean diagnostic or active treatments with the intent to reasonably improve the individual's physical or mental condition as prescribed

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by a physician or other licensed practitioner of the healing arts within the scope of his or her practice. They are provided to individuals whose condition or functioning can be expected to improve with these interventions. These services are performed by a licensed or equivalent psychological, counseling and social work staff acting within their scope of practice. These services include but are not limited to testing and evaluation that appraise cognitive, emotional and social functioning and self concept; therapy and treatment that is planning, managing, and providing a program of psychological services to individuals with diagnosed psychological problems; and consultation with the family and other professional staff.

5. **Developmental Evaluation and Rehabilitation.** These services mean testing performed to determine if motor, speech, language and psychological problems exist or to detect the presence of any developmental lags. Services include diagnostic, evaluative and consultative services for the purposes of identifying or determining the nature and extent of, and rehabilitating an individual's medical or other health-related condition. Services also include consultation with the family and other professional staff. These services are performed by or under the supervision of a licensed physician or other provider acting within their scope of practice.
6. **Nursing.** These services are performed by a Nurse Practitioner, Registered Nurse, or Licensed Practiced Nurse within the scope of his/her practice relevant to the medical and rehabilitative needs of the individual. They are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice. Services include medication administration/monitoring, catheterization, tube feeding, suctioning, screening and referral for health needs and explanations of treatments, therapies, and physical or mental conditions with family or other professional staff.

Providers of special rehabilitation services must be certified by the Department of Health and approved for participation and enrolled in the New Mexico Medicaid program. Services are provided directly by the special rehabilitation service provider or through subcontractors and providers shall:

1. Provide special rehabilitation services under the direction of professionals acting within their scope of practice as defined by State law; and
2. Provide special rehabilitation services in the most appropriate least restrictive environment; and
3. Assure that claiming for special rehabilitation services does not duplicate claiming for EPSDT administrative outreach services.

[3-1-99]

#### **743.5 Noncovered Services**

Special Rehabilitation services are subject to the limitations and coverage restrictions which exist for other Medicaid services. See Section MAD-602, GENERAL NONCOVERED SERVICES. Medicaid does not cover the following specific services furnished by special rehabilitation providers:

1. Services furnished to individuals who are not Medicaid eligible;
2. Services furnished which are not within the scope of practice of the professional performing them or supervising the activity; and
3. Services which are not included in the current treatment plan

[3-1-99]

#### **743.6 Treatment Plan**

The need for special rehabilitation services must be documented in a treatment plan and/or Individualized Family Service Plan (IFSP) developed in accordance with the policies and procedures of the Department of Health and regulations governing Part C of the Individuals with Disabilities Education Act and the New Mexico Children's Code. The treatment plan must be developed within forty-five (45) days of the initiation of services and reviewed every six (6) months or more often as indicated.

The following must be contained in the treatment plan or documents used in the development of the treatment plan. The treatment plan and all supporting documentation must be available for review in the recipient's file:

1. Statement of the child's present levels of physical development including vision, hearing, and health status;
2. Communications development;
3. Social or emotional development;
4. Cognitive development;
5. Adaptive development;
6. Family history and other relevant family information;
7. Description of intermediate and long-range goals, with a projected timetable for their attainment, and dates, duration, and scope of services;
8. Procedures and time lines to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revision of the outcomes or services are needed; and
9. Statement of the specific special rehabilitation services needed to meet the unique needs of the child to achieve the outcomes specified, including the frequency, intensity, and method of delivering the services, the environment in which services will be provided, and the location of the services.

[3-1-99]

#### **743.7 Prior Approval and Utilization Review**

All Medicaid services are subject to utilization review for medical necessity and program compliance. Reviews may be performed before services are furnished, after services are furnished and before payment is made, or after payment is made. See Section MAD-705, PRIOR APPROVAL AND UTILIZATION REVIEW.

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Once enrolled, providers receive instructions and documentation forms necessary for prior approval and claims processing.

- (A) A “unit” of special rehabilitation service for purposes of reimbursement is thirty (30) minutes. A maximum of thirty-eight (38) units of special rehabilitation services can be furnished by providers before prior approval is required. Services for which prior approval was obtained remain subject to utilization review at any point in the payment process.
- (B) Prior approval of services does not guarantee that individuals are eligible for Medicaid. Providers must verify that individuals are eligible for Medicaid at the time services are furnished and determine if Medicaid recipients have other health insurance.
- (C) Providers who disagree with prior approval request denials or other review decisions can request a re-review and a reconsideration. See Section MAD-953, RECONSIDERATION OF UTILIZATION REVIEW DECISIONS.

[3-1-99]

### **743.8 Reimbursement**

Providers of special rehabilitation services must submit claims for reimbursement on the HCFA-1500 claim form or its successor. See Section MAD-702, BILLING FOR MEDICAID SERVICES. Once enrolled, providers receive instructions on documentation, billing, and claims processing.

Reimbursement to providers is made at the lesser of the following:

1. The provider’s billed charge; or
2. The MAD fee schedule for the specific service or procedure.
  - (A) The provider’s billed charge must be their usual and customary charge for the service or procedure.
  - (B) “Usual and customary” charge refers to the amount

which the provider charges the general public in the majority of cases for a specific procedure or service.

- (C) The unit of reimbursement for special rehabilitation services is thirty (30) minutes. The rate of reimbursement is based on the setting where the services are furnished and the type of services furnished by providers.

The following represents the three (3) Medicaid reimbursement rates for special rehabilitation services:

1. Special rehabilitation services furnished on an individual basis to recipients in a Special Rehabilitation services center;
2. Special rehabilitation services furnished on a group basis to recipients in a special rehabilitation services center; and
3. Special rehabilitation services furnished on an individual basis in the recipient's home or other appropriate community setting.

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