



**State of New Mexico  
Human Services Department  
Human Services Register**



**I. DEPARTMENT  
NEW MEXICO HUMAN SERVICES DEPARTMENT (HSD)**

**II. SUBJECT  
ALTERNATIVE BENEFIT PROGRAM RULES  
8.309.4 NMAC, MAD ADMINISTERED BENEFITS AND LIMITATION OF SERVICES**

**III. PROGRAM AFFECTED  
(TITLE XIX) MEDICAID**

**IV. ACTION  
PROPOSED RULES**

**V. BACKGROUND SUMMARY**

The Human Services Department (the Department), through the Medical Assistance Division (MAD), is proposing a new rule for the Alternative Benefit Program (ABP). The Alternative Benefit Program is a benefit package created through the Patient Protection and Affordable Care Act (ACA). MAD proposes to administer APB through the Centennial Care managed care organizations (MCO) and through MAD itself. The proposed MCO ABP benefit package is detail 8.308.9 NMAC under a separate register.

The MAD category of eligibility, *Other Adults* (see 8.296.400 NMAC, 8.296.500 NMAC and 8.296.600 NMAC for more information on this category of eligibility) will have benefits through the ABP. ABP specific services will be administered by MAD for ABP eligible recipients under a benefit plan similar to services provided by commercial insurance plans. ABP benefits include preventive services and treatment services. An ABP eligible recipient: (1) has limitations on specific benefits; (2) does not have all standard medicaid state plan benefits available; and (3) has some benefits, primarily preventive services, that are available only to an ABP eligible recipient. All early and periodic screening, diagnosis and treatment (EPSDT) program services are available to an ABP eligible recipient under 21 years.

## **VI. RULES**

These proposed rule will be contained in 8.309.4 NMAC. This register and the proposed rule are available on the MAD website at <http://www.hsd.state.nm.us/mad/register/2013>. If you do not have internet access, a copy of the proposed rules may be requested by contacting MAD at 505-827-3152.

## **VII. EFFECTIVE DATE**

The Department proposes to implement these rules effective January 1, 2014.

## **VIII. PUBLIC HEARING**

A public hearing to receive testimony on these proposed rules will be held at the Rio Grande Conference Room, Toney Anaya Building, 2550 Cerrillos Road, Santa Fe, NM on Friday, December 6, 2013 at 2:30 p.m.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact MAD toll free at 1-888-997-2583 and ask for extension 7-3152. In Santa Fe, call 827-3152. The Department's TDD system may be accessed toll-free at 1-800-659-8331 or in Santa Fe, by calling 827-3184. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations.

Copies of all comments will be made available on December 23, 2013 by MAD upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.

## **IX. ADDRESS**

Interested persons may address written or recorded comments to:

Sidonie Squier, Secretary  
Human Services Department  
P.O. Box 2348  
Santa Fe, New Mexico 87504-2348

These comments must be received no later than 5 p.m. on December 6, 2013. Written and recorded comments will be given the same consideration as testimony made at the public hearing. Interested persons may address comments via telephone to 505-827-3152 or via electronic mail to: [Emily.Floyd@state.nm.us](mailto:Emily.Floyd@state.nm.us).

**TITLE 8 SOCIAL SERVICES**  
**CHAPTER 309 ALTERNATIVE BENEFIT PLAN**  
**PART 4 MAD ADMINISTERED BENEFITS AND LIMITATION OF SERVICES**

**8.309.4.1 ISSUING AGENCY:** New Mexico Human Services Department (HSD).  
[8.309.4.1 NMAC - N, 1-1-14]

**8.309.4.2 SCOPE:** This rule applies to the general public.  
[8.309.4.2 NMAC - N, 1-1-14]

**8.309.4.3 STATUTORY AUTHORITY:** The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended or by state statute. See NMSA 1978, Section 27-1-12 et seq.  
[8.309.4.3 NMAC - N, 1-1-14]

**8.309.4.4 DURATION:** Permanent.  
[8.309.4.4 NMAC - N, 1-1-14]

**8.309.4.5 EFFECTIVE DATE:** January 1, 2014, unless a later date is cited at the end of a section.  
[8.309.4.5 NMAC - N, 1-1-14]

**8.309.4.6 OBJECTIVE:** The objective of this rule is to provide instructions for the service portion of the New Mexico medical assistance division programs.  
[8.309.4.6 NMAC - N, 1-1-14]

**8.309.4.7 DEFINITIONS:** [RESERVED]  
[8.309.4.7 NMAC - N, 1-1-14]

**8.309.4.8 MISSION STATEMENT:** To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.  
[8.309.4.8 NMAC - N, 1-1-14]

**8.309.4.9 ALTERNATIVE BENEFITS PLAN SERVICES WITH LIMITATIONS (ABP):** The medical assistance division (MAD) category of eligibility "other adults" has an alternative benefit plan (ABP). MAD covers ABP specific services for an ABP eligible recipient. Services are made available through MAD under a benefit plan similar to services provided by commercial insurance plans. ABP benefits include preventive services and treatment services. An ABP eligible recipient: (1) has limitations on specific benefits; (2) does not have all standard medicaid state plan benefits available; and (3) has some benefits, primarily preventive services that are available only to an ABP eligible recipient. All early and periodic screening, diagnosis and treatment (EPSDT) program services are available to an ABP eligible recipient under 21 years. ABP services for an ABP eligible recipient under the age of 21 years not subject to the duration, frequency, and annual or lifetime benefit limitations that are applied to an ABP eligible recipient 21 years of age and older. A MAD ABP provider and ABP eligible recipient have rights and responsibilities as described in chapters 349 through 352 of Title 8 Social Services NMAC. Long term care in a nursing facility (NF) and community benefits are not available to an ABP eligible recipient.  
[8.309.4.9 NMAC - N, 1-1-14]

**8.309.4.10 ALTERNATIVE BENEFITS PLAN GENERAL BENEFITS FOR ABP-EXEMPT ELIGIBLE RECIPIENTS (ABP-exempt):** An ABP eligible recipient who self-declares he or she has a qualifying condition is evaluated by the MAD utilization review (UR) contractor for determination of whether he or she meets the qualifying condition. An ABP-exempt eligible recipient may select to no longer utilize his or her ABP benefits package. Instead, the ABP-exempt eligible recipient would then utilize his or her standard medicaid state plan benefit package. See Section 19 of this rule for detailed descriptions of the standard medicaid state plan benefits. Long term care in a nursing facility (NF) and community benefits are available to an eligible exempt recipient when all conditions for accessing those services are met.  
[8.309.4.10 NMAC - N, 1-1-14]

**8.309.4.11 MAD ABP GENERAL PROGRAM DESCRIPTION:** The ABP benefits and services are detailed in Sections 12-17 of this rule. The ABP-exempt benefits and services are detailed in Section 19 of this rule. [8.309.4.11 NMAC - N, 1-1-14]

**8.309.4.12 GENERAL ABP COVERED SERVICES:**

A. **Ambulatory surgical services:** The benefit package includes surgical services rendered in an ambulatory surgical center setting as detailed in 8.324.10 NMAC.

B. **Anesthesia services:** The benefit package includes anesthesia and monitoring services necessary for the performance of surgical or diagnostic procedures as detailed 8.310.2 NMAC.

C. **Audiology services:** The benefit package includes audiology services as detailed in 8.310.2 and 8.324.5 NMAC with some limitations. For a ABP eligible recipient 21 years and older, audiology services are limited to hearing testing or screening when part of a routine health exam and are not covered as a separate service, and audiology services, hearing aids and other aids are not covered.

D. **ABP eligible recipient transportation:** The benefit package covers expenses for transportation, meals, and lodging it determines are necessary to secure MAD covered medical or behavioral health examination and treatment for an ABP eligible recipient in or out of his or her home community as detailed in 8.310.2 NMAC.

E. **Diagnostic imaging and therapeutic radiology services:** The benefit package includes medically necessary diagnostic imaging and radiology services as detailed in 8.310.2 NMAC.

F. **Dialysis services:** The benefit package includes medically necessary dialysis services as detailed in 8.310.2 NMAC. A dialysis provider shall assist an ABP eligible recipient in applying for and pursuing final medicare eligibility determination.

G. **Durable medical equipment and medical supplies:** The benefit package includes:

(1) durable medical equipment as detailed in 8.310.2 NMAC;

(2) covered prosthetic and orthotic services as detailed in 8.310.2 NMAC and 8.324.5 NMAC; and

(3) medical supplies as detailed in 8.310.2 NMAC. For an ABP eligible recipient 21 years of age and older the following limitations apply:

(a) only diabetic supplies, such as reagents, test stripes, needles, test tapes, alcohol swabs are covered; and

(b) medical supplies applied as part of a treatment in a practitioner's office, outpatient hospital, residential facility, as a home health service and in other similar settings are covered as part of a service (office visit), which are not reimbursed separately.

H. **Emergency and non-emergency transportation services:** The benefit package includes transportation service such as ground ambulance, or air ambulance in an emergency and when medically necessary, taxicab and handivan, commercial bus, commercial air, meal and lodging services as indicated for medically necessary physical and behavioral health services as detailed in 8.324.7 NMAC. Non-emergency transportation is covered only when an ABP eligible recipient does not have a source of transportation available and when the ABP eligible recipient does not have access to alternative free sources. MAD or its UR contractor shall coordinate efforts when providing transportation services for an ABP eligible recipient requiring physical or behavioral health services.

J. **Home health services:** The benefit package for an ABP eligible recipient as detailed in 8.325.9 NMAC. For an ABP eligible recipient 21 years of age and older, home health services are limited to 100 visits annually that do not exceed four hours-per-visit.

K. **Hospice services:** The benefit package for an ABP eligible recipient as detailed in 8.325.4 NMAC. For an ABP eligible recipient 21 years of age and older, hospice services are limited to a \$10,000 lifetime benefit.

L. **Hospital outpatient service:** The benefit package includes hospital outpatient services for preventive, diagnostic, therapeutic, rehabilitative or palliative medical or behavioral health services as detailed in 8.311.2 and 8.321.2 NMAC.

M. **Inpatient hospital services:** The benefit package includes hospital inpatient acute care, procedures and services for the eligible recipient as detailed in 8.311.2 NMAC. For an ABP eligible recipient 21 years and older, rehabilitation inpatient hospital services are limited to a step-down lower LOC from an acute care hospital and for not more than 14 calendar days. Extended care hospitals or acute long term care hospitals are not an ABP benefit.

N. **Laboratory services:** The benefit package includes laboratory services provided according to the applicable provisions of Clinical Laboratory Improvement Act (CLIA) as detailed in 8.310.2 NMAC.

O. **Physical health services:** The benefit package includes primary, primary care in a school-based setting, and specialty physical health services provided by a licensed practitioner performed within the scope of practice; see 8.310.2 and 8.310.3 NMAC. Benefits also include: (1) an out of hospital birth and other related birthing services performed by a certified nurse midwife or a direct-entry midwife licensed by the state of New Mexico, who is either validly contracted with and fully credentialed by or validly contracted with HSD and participates in MAD birthing options program as detailed in 8.310.2 NMAC; and (2) bariatric surgery is limited to one per lifetime. Additional criteria may be required prior to accessing services.

P. **Rehabilitation and habilitation services:** The benefit package includes rehabilitative and habilitative services as detailed in 8.323.5 NMAC. For an eligible recipient 21 years and older there are service limitations listed below:

- (1) cardiac rehabilitation is limited to 36 hours per year;
- (2) pulmonary rehabilitation is limited to 36 hours per year; and
- (3) physical and occupational therapies and speech and language pathology:
  - (a) are short-term therapies that produce significant and demonstrable improvement within the two-month period of the initial date of treatment; and
  - (b) the short-term therapy may be extended beyond the initial two month period for one additional period of up to two months dependent upon the MAD UR contractor, only if such services can be expected to result in continued significant improvement of the ABP eligible recipient's physical condition within the extension period.

Q. **Private duty nursing:** The benefit package also includes private duty nursing for an eligible recipient 21 years and older as detailed in 8.325.9 NMAC. For an eligible recipient under 21 years of age, private duty nursing services are covered under EPSDT program. See Section 18 of this rule for a detailed description.

R. **Tobacco cessation services:** The benefit package includes cessation sessions as described in 8.310.2 NMAC.

S. **Transplant services:** The following transplants are covered in the benefit package as long as the indications are not considered experimental or investigational: heart transplants, lung transplants, heart-lung transplants, liver transplants, kidney transplants, autologous bone marrow transplants, allogeneic bone marrow transplants and corneal transplants. For an ABP eligible recipient 21 years or older, there is a lifetime limitation of \$1,000,000. See 8.325.6 NMAC for guidance whether MAD has determined if a transplant is experimental or investigational.

T. **Vision:** The benefit package includes specific vision care services that are medically necessary for the diagnosis of and treatment of eye diseases for an ABP eligible recipient as detailed in 8.310.2 NMAC. All services must be furnished within the scope and practice of the medical professional as defined by state law and in accordance with applicable federal, state and local laws and rules. For an ABP eligible recipient 21 years or older, the service limitations are listed below:

- (1) coverage is limited to one routine eye exam in a 36-month period; and
- (2) MAD does not cover refraction, vision examinations other than as part of a preventive annual exam or eyeglasses other than for aphakia following removal of the lens.

[8.309.4.12 NMAC - N, 1-1-14]

**8.309.4.13 PHARMACY SERVICES:** The benefit package includes pharmacy and related services, as detailed in 8.324.4 NMAC.

[8.309.4.13 NMAC - N, 1-1-14]

**8.309.4.14 REPRODUCTIVE HEALTH SERVICES:** The benefit package includes reproductive health services as detailed in 8.310.2 NMAC.

[8.309.4.14 NMAC - N, 1-1-14]

**8.309.4.15 PREVENTATIVE PHYSICAL HEALTH SERVICES:** The benefit package is based on the current national standards for preventive health services including behavioral health preventive services. Standards are derived from several sources, including the United States preventive services task force, the centers for disease control and prevention; and the American college of obstetricians and gynecologists. Unless an ABP eligible recipient refuses and the refusal is documented, MAD shall make available the following preventive health services or screens or document that the services (with the results) were provided by other means. The MAD provider shall document medical reasons not to perform these services for an individual ABP eligible recipient. ABP eligible recipient refusal is defined to include refusal to consent to and refusal to access care.

**A. Initial assessment:** A MAD ABP provider may assist the APB eligible recipient with inquires to the MAD UR contractor for a NF assessment.

**B. Prenatal care and screenings:** The benefit package includes prenatal care and related services, as detailed in 8.310.2 NMAC.

**C. Preventive medicine and supplements:** An ABP eligible recipient can receive supplements detailed below as medically indicated:

(1) aspirin to prevent cardiovascular disease for a female between the ages of 45 to 79 years when the potential benefit of a reduction of ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage;

(2) aspirin to prevent cardiovascular disease for a male between the ages of 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage;

(3) vitamin D supplementation to prevent falls in a community-dwelling for an ABP eligible recipient 65 years of age and older who is at increased risk for falls;

(4) folic acid supplementation for all female ABP eligible recipients who are planning or are capable of pregnancy to take a daily supplement containing 0.4 to 0.8 mg of folic acid;

(5) iron supplementation for all asymptomatic ABP eligible recipients between the ages of six to 12 months who are at increased risk for iron deficiency anemia; and

(6) breast cancer preventive medication, such as chemoprevention, is made available. The MAD provider will discuss with a female ABP eligible recipient who is at high risk for breast cancer and at low risk for adverse effects of chemoprevention. The PCP will provide information to the ABP eligible recipient of the potential benefits and harms of chemoprevention.

**D. Screens:**

(1) *Screening for abdominal aortic aneurysm:* A male ABP eligible recipient between the ages of 65 to 75 years who has ever smoked shall have available a one-time screening for abdominal aortic aneurysm by ultrasonography.

(2) *Screening for BRCA:* A female ABP eligible recipient whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes may be referred for genetic counseling and evaluation for BRCA testing.

(3) *Screening for breast cancer:* An ABP eligible recipient 40 years of age and older may be screened every one to two years by mammography alone or by mammography and annual clinical breast examination.

(4) *Blood pressure measurement:* An ABP eligible recipient 18 years of age or older may receive a blood pressure measurement at least every two years.

(5) *Screening for cervical cancer:* A female ABP eligible recipient with a cervix may receive cytopathology testing starting at the onset of sexual activity, but at least by 21 years of age, and every three years thereafter until reaching 65 years of age when prior testing has been consistently normal and the ABP eligible recipient has been confirmed not to be at high risk. If the ABP eligible recipient is at high risk, the frequency may be at least annual. If the ABP eligible recipient between 30 to 65 years of age wants to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years is authorized.

(6) *Screening for chlamydia:* All sexually active female ABP eligible recipients 24 years of age and younger may be screened for chlamydia. All non-pregnant female ABP eligible recipients over 25 years of age may be screened for chlamydia if they inconsistently use barrier contraception, have more than one sex partner, or have had a sexually transmitted disease in the past.

(7) *Screening for colorectal cancer:* An ABP eligible recipient beginning at age 50 until age 75 years may be screened with annual fecal occult blood testing or sigmoidoscopy or colonoscopy.

(8) *Screening for elevated lead levels:* An ABP eligible recipient between 9-15 months (ideally at 12 months) may receive a blood lead measurement at least once. An ABP eligible recipient at one and at two years of age may receive a blood lead measurement. An ABP eligible recipient between the ages of three to six years, for whom no previous test exists, may also be tested.

(9) *Screening for gonorrhea:* A female ABP eligible recipient may be screened for gonorrhea infection if she is at increased risk for infection (such as the age when she became sexually active, or have another individual or population risk factor).

(10) *Screening for hepatitis C virus infection:* An ABP eligible recipient may be screened for hepatitis C virus (HCV) infection:

- (a) when he or she is at high risk for infection; and
  - (b) is born between 1945 to 1965 for a one-time screening.
- (11) *Screening for HIV:* An ABP eligible recipient between the ages of 15 to 65 may be screened for HIV infection. For an ABP eligible recipient who is younger or older than this range and is at increased risk, he or she may be screened.
- (12) *Screenings for newborns:* A newborn ABP eligible recipient may be screened for those disorders specified in the state of New Mexico metabolic screen.
- (13) *Screening for obesity:* An ABP eligible recipient may receive body weight, height and length measurements with each physical exam. If the ABP eligible recipient has a body mass index (BMI) of 30 kg/m<sup>2</sup> or higher, he or she may be referred for intensive, multi-component behavioral interventions. An ABP eligible recipient starting at age six may be screened for obesity and based on results be offered or be referred for comprehensive, intensive behavioral interventions to promote improvement in weight status. Such screening may be performed by a physician, dietician, or other qualified practitioners.
- (14) *Screening for osteoporosis:* A female ABP eligible recipient age 65 and older, and if younger whose fracture risk is equal to or greater than that of a 65 year old white woman who has no additional risk factors, may be screened for osteoporosis.
- (15) *Screening for rubella:* All female ABP eligible recipients of childbearing ages may be screened for rubella susceptibility by history of vaccination or by serology.
- (16) *Screening for tuberculosis:* Routine tuberculin skin testing may not be required for all ABP eligible recipients. The following high-risk ABP eligible recipients may be screened or previous screenings noted:
- (a) an ABP eligible recipient who has immigrated from countries in Asia, Africa, Latin America or the middle east in the preceding five years;
  - (b) an ABP eligible recipient who has substantial contact with immigrants from those areas; an ABP eligible recipient who is a migrant farm worker;
  - (c) an ABP eligible recipient who is an alcoholic, homeless or is an injecting drug user. HIV-infected persons may be screened annually; and
  - (d) an ABP eligible recipient whose screening tuberculin test is positive (>10 mm of induration) must be referred to the local DOH public health office in his or her community of residence for contact investigation.
- (17) *Serum cholesterol measurement:*
- (a) a male ABP eligible recipient 35 years of age and older may be screened for lipid disorders;
  - (b) a male ABP eligible recipient 20 to 35 years of age may be screened for lipid disorders if he is at increased risk for coronary heart disease; and
  - (c) a female ABP eligible recipient 20 years of age and older may be screened for lipid disorders when she is at increased risk for coronary heart disease.
- (18) *Screening for syphilis:* An ABP eligible recipient at risk for syphilis infection may be screened.
- (19) *Tot-to-teen health checks:* MAD makes available the tot-to-teen mandated EPSDT program as outlined in 8.320.2 NMAC. Within three months of enrollment may ensure that the ABP eligible recipient is current according to the screening schedule, unless more stringent requirements are specified in these standards, see 8.320.2 NMAC for a detailed description.
- (20) *Screening for type two diabetes:* An ABP eligible recipient with one or more of the following risk factors for diabetes may be screened. Risk factors include:
- (a) a family history of diabetes (parent or sibling with diabetes); obesity (>20% over desired body weight or BMI >27kg/m<sup>2</sup>);
  - (b) race or ethnicity (e.g. hispanic, native American, African American, Asian-Pacific islander);
  - (c) previously identified impaired fasting glucose or impaired glucose tolerance; hypertension (>140/90 mmHg); HDL cholesterol level <35 mg/dl and triglyceride level >250 mg/dl; history of gestational diabetes mellitus (GDM);
  - (d) a delivery of newborn over nine pounds; and
  - (e) an asymptomatic ABP eligible recipient 18 years of age and older with a sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.
- (21) *Screening to detect high risk for a behavioral health condition,* including a major depressive disorder for an ABP eligible recipient beginning at age of 12 when systems are in place to ensure an accurate diagnosis, effective treatment and follow-up. The ABP eligible recipient's PCP may refer him or her, when clinically appropriate, to a MAD enrolled behavioral health provider; see 8.321.2 NMAC.

(22) *Screening for alcohol misuse:* An ABP eligible recipient 18 years of age and older must be screened for alcohol misuse. If he or she is engaged in risky or hazardous drinking, his or her PCP will provide brief behavioral counseling interventions to reduce alcohol misuse. His or her PCP may refer an ABP eligible recipient, whenever clinically appropriate, to behavioral health provider; see 8.321.2 NMAC.  
[8.309.4.15 NMAC - N, 1-1-14]

**8.309.4.16 TELEMEDICINE SERVICES:** The benefit package includes telemedicine services as detailed in 8.310.2 NMAC.  
[8.309.4.16 NMAC - N, 1-1-14]

**8.305.7.17 BEHAVIORAL HEALTH SERVICES:** The benefit package includes the behavioral health services as detailed in 8.321.2 NMAC. MAD makes available on its website, its behavioral health service billing instructions, and definitions and crosswalk, along with other information. For an ABP eligible recipient, Subsections A through C are MAD ABP-only covered services.

A. **Family support services:** The benefit package includes family support services to an ABP eligible recipient whose focus is on him or her, his or her family and the interactive effect through a variety of informational and supportive activities that assists the ABP eligible recipient and his or her family develop patterns of interaction that promote wellness and recovery over time. The positive interactive effect between the ABP eligible recipient and his or her family strengthens the effectiveness of other treatment and recovery initiatives. See the New Mexico interagency behavioral health purchasing collaborative service requirements and utilization guidelines - family support services-for a detailed description.

B. **Recovery services:** The benefit package includes recovery services for an ABP eligible recipient. Recovery services are peer-to-peer support within a group setting to develop and enhance wellness and healthcare practices. The service enables an ABP eligible recipient to identify additional needs and goals and link him or herself to additional support as a result. A MAD ABP provider must comply with the New Mexico interagency behavioral health purchasing collaborative service requirements and utilization guidelines for ABP recovery services.

C. **Behavioral health respite:** Behavioral health respite care is provided to an ABP eligible recipient under 21 years of age to support the ABP eligible recipient's family and strengthen their resiliency during the respite while the ABP eligible recipient is in a supportive environment. Respite care is provided to an ABP eligible recipient with a severe emotional disturbance (SED) who resides with his or her family and displays challenging behaviors that may periodically overwhelm the ABP eligible recipient's family's ability to provide ongoing supportive care. A MAD ABP provider must comply with the New Mexico interagency behavioral health purchasing collaborative service requirements and utilization guidelines for behavioral health respite services.  
[8.309.4.17 NMAC - N, 1-1-14]

**8.309.4.18 Early and periodic screening diagnosis and treatment services (EPSDT):** The benefit package includes the delivery of the federally mandated EPSDT program services [42 CFR Section 441.57] provided by a primary care provider (PCP) as detailed in 8.320.2 NMAC. These include the ABP benefit services found in Sections 12 through 17 of this rule.

A. **General physical health EPSDT services:** MAD makes available access to early intervention programs and services for an ABP eligible recipient identified in an EPSDT screen as being at-risk for developing or having a severe emotional, behavioral or neurobiological disorder. Unless otherwise specified in a service rule, EPSDT services are for an ABP eligible recipient under 21 years of age. For detailed description of each service, see 8.320.2 and for school based health services, see 8.320.6 NMAC. Additional NMAC citations may be included as reference.

B. **Behavioral health EPSDT services:** The benefit package includes services provided by a behavioral health practitioner for an ABP eligible recipient. See 8.321.2 NMAC for a detailed description of each service. MAD makes available access to early intervention programs and services for an ABP eligible recipient identified in his or her EPSDT screen as being at-risk for developing or having a severe emotional, behavioral or neurobiological disorder.  
[8.309.4.18 NMAC - N, 1-1-14]

**8.309.4.19 ABP-EXEMPT ELIGIBLE RECIPIENT GENERAL BENEFIT DESCRIPTION:** An ABP eligible recipient with a qualifying condition may select ABP-exempt utilizing the standard medicaid state plan



benefits. The following chapters of Title 8 Social Services NMAC provide detailed descriptions for qualifying ABP services.

- A. Chapter 301 *Medicaid General Benefit Description*;
- B. Chapter 302 *Medicaid General Provider Policies*;
- C. Chapter 310 *Health Care Professional Services*;
- D. Chapter 311 *Hospital Services*;
- E. Chapter 312 *Long Term Care-Nursing Services*, with the exceptions detailed in Section 10 of this rule);
- F. Chapter 320 *Early and Periodic Screening, Diagnosis and Treatment (EPSDT)*;
- G. Chapter 321 *Behavioral Health Services*;
- H. Chapter 324 *Adjunct Services*;
- I. Chapter 325 *Specialty Services*; and
- J. Chapter 326 *Case Management Services*.

[8.309.4.19 NMAC - N, 1-1-14]

**8.309.4.20 ABP AND ABP-EXEMPT ELIGIBLE PROVIDERS:** Health care to an ABP eligible recipient is furnished by a variety of providers and provider groups. Refer to the MAD NMAC specific service rules for detailed description of unique provider requirements. For general information, see 8.310.2 and 8.310.3 NMAC.

[8.309.4.20 NMAC - N, 1-1-14]

**8.309.4.21 ABP AND ABP-EXEMPT NONCOVERED SERVICES:** MAD does not cover certain procedures, services, or miscellaneous items. Refer to the MAD NMAC specific service rules for detailed description of unique noncovered services. For general information, see 8.310.2 NMAC for physical health noncovered services, 8.320.2 NMAC for EPSDT noncovered services, 8.320.6 for noncovered school-based health services, and 8.321.2 NMAC for behavioral health noncovered services.

[8.309.4.21 NMAC - N, 1-1-14]

**8.309.4.22 ABP AND ABP-EXEMPT PRIOR AUTHORIZATION AND UTILIZATION REVIEW:** All MAD services are subject to UR for medical necessity and program compliance. Refer to the MAD NMAC specific service rule for detailed description of the service's prior authorization and utilization review requirements. For general information, see 8.310.2 and 8.310.3 NMAC.

[8.309.4.22 NMAC - N, 1-1-14]

**8.309.4.23 ABP RECIPIENT RESPONSIBILITIES:** Services provided may be subject to cost sharing requirements. Please see 8.302.2 NMAC for more information on any required recipient co-payments.

[8.309.4.23 NMAC - N, 1-1-14]

**HISTORY OF 8.309.4 NMAC: [RESERVED]**

**History of Repealed Material: [RESERVED]**