

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
- OTHER TYPES OF CARE

Attachment 4.19 – B

Page 3

A. Other Practitioners Services

1. Behavioral health professional services are reimbursed on a fee schedule basis applicable to psychologists, counselors, therapists, licensed alcohol and drug abuse counselors, behavioral health agencies, licensed independent social workers and psychiatric clinical nurse specialists.

The agency's fee schedule rates were set as of January 1, 2015, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, and Fee for Service, under Fee Schedules, at: <http://www.hsd.state.nm.us/providers/fee-schedules.aspx> Notice of changes to rates will be made as required by 42 CFR 447.205.

Non-independent behavioral health practitioners who are required by state law to be supervised are not paid directly for their services. Rather, payment is made to the supervising practitioner, or the appropriate group, licensed treatment and diagnostic center or agency to which the behavioral health worker belongs.

2. Independently practicing certified Nurse Practitioners and Clinical Nurse Specialists are reimbursed at 90% of the physician fee schedule as described in Item I. A of Attachment 4.19 B, including preventive services for alternative benefit plan recipients.

The agency's fee schedule rates were set as of March 31, 2014, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <http://www.hsd.state.nm.us/providers/fee-schedules.aspx> Notice of changes to rates will be made as required by 42 CFR 447.205.

3. Certified nurse anesthetists and anesthesiology assistants are reimbursed a rate per anesthesia unit for the procedure and for units of time for medically directed and non-medically directed services.

The agency's fee schedule rates were set as of March 31, 2014, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Providers, Fee for Service, under Fee Schedules, at: <http://www.hsd.state.nm.us/providers/fee-schedules.aspx> Notice of changes to rates will be made as required by 42 CFR 447.205.

TN No. _____

Approval Date _____

Supersedes TN No. _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
- OTHER TYPES OF CARE

Attachment 4.19 - B
Page 15

Item XII. Transportation

Transportation providers are reimbursed at the lesser of the following:

- a. The provider's usual and customary charge, not to exceed their tariff rates as approved by the state corporation commission; or
- b. the Department fee schedule.

The fee schedule base rate for ground ambulance includes reimbursement for the initial fifteen (15) miles of transport, non-reusable supplies, IV solution, emergency drugs and oxygen.

The agency's fee schedule rates were set as of January 1, 2015, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Human Services Department website at <http://www.hsd.state.nm.us/providers/fee-for-service.aspx>

Notice of changes to rates are made as required by 42 CFR 447.205.

TN No. _____

Approval Date _____

Supersedes TN No. _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
- OTHER TYPES OF CARE

Attachment 4.19 – B
Page 16

Item XIII. Services for EPSDT Participants

a. Services Included in the State Plan

Services included in the state plan are described in Attachment 3.1-A. Payment for these services for treating a condition identified during a screen or partial screen is made using the same methodology described in the corresponding section of the state plan.

b. Services Not Otherwise Included in the State Plan

Payment for services described in Attachment 3.1-A, Item 4.b. (EPSDT) and not otherwise covered under the state plan but reimbursed pursuant to OBRA 1989 provisions which require the state to treat a condition identified using a screen or partial screen, whether or not the service is included in the state plan, is made as follows:

1. The following services are reimbursed on a fee service basis according to the fee schedule in attachment 4.19-B, I. The rates were established by considering the time and complexity of the service and payment levels of similar services.
 - a) Therapy by a speech-language therapist, physical therapist, or occupational therapist, not covered under the state plan.
 - b) Private duty nursing services, Christian Science nurse services, and personal care services.
 - c) Chiropractic services.
 - d) Orthodontic services and other dental services not otherwise covered in the state plan.
 - e) Services provided by school based health centers. Reimbursement will be at the same rate as other providers of the specific service rendered.

2. Inpatient Institutional Services

Inpatient services provided by institutions that are accredited by the Joint Commission (JC), the Commission on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation of Services for Families and Children (COA), as well as licensed by the New

TN No. _____

Approval Date _____

Supersedes TN No. _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
- OTHER TYPES OF CARE

Attachment 4.19 – B
Page 17

Mexico Department of Health, are reimbursed using the methodology for specialty hospitals following the reimbursement principals of section 4.19-A of the state plan.

3. Outpatient Institutional Services

Outpatient services by institutions that are accredited by the Joint Commission (JC), the Commission on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation of Services for Families and Children (COA), as well as licensed by the New Mexico Department of Health are reimbursed using the methodology for outpatient hospitals according to the reimbursement principals of 4.19-B, III, of the state plan.

4. Durable Medical Equipment, Supplies, Prosthetics and Orthotics

These items are reimbursed in accordance with the reimbursement methodology described in 4.19-B, Item VII.

5. Case Management

Case management services are reimbursed in accordance with the reimbursement methodology described in 4.19-B, Item X.

6. Psychosocial Rehabilitation

Reimbursement methodology for Psychosocial Rehabilitation services is determined by the setting/service.

a) Residential Treatment Centers and Group Homes

Initially the payment rate for Residential Treatment Centers and Group Homes was based on a resource model that included the treatment and supervisory needs of the individuals served.

Provider cost information was analyzed in detail and the total cost of services was derived from the following categories.

TN No. _____

Approval Date _____

Supersedes TN No. _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
- OTHER TYPES OF CARE

Attachment 4.19 - B
Page 18

- 1) **Direct Service.** These costs included all salaries, wages and benefits associated with personnel who provide daily face-to-face service to residents. Direct service staffing ratios were determined for each level of recipient for various times of day in each setting. The wage rate was determined using the salary of a Psychological Technician II, classification in the New Mexico State Personnel System.
- 2) **Direct Supervision.** Costs include all salaries, wages and benefits associated with personnel whose primary responsibilities are to oversee and coordinate the activities of the direct service staff and residents. A direct supervision wage rate and span of control was determined using the salary of a Psychological Counselor III in the State Personnel system.
- 3) **Education related costs** include salaries, wages and benefits for personnel who serve as teachers or teacher's aides in classroom setting for the residents. These costs were then excluded from consideration in the reimbursement rate for non-accredited Residential Treatment Centers and Group Homes.
- 4) **Non-personnel operating costs** include expenses incurred for program related supplies, transportation, and training. These were derived using 8% of total cost for all service types and levels.
- 5) **Room & Board.** This includes rent, depreciation, and utilities related to room and board, plus food, clothing, allowance, etc. Also included were wages, salaries and benefits associated with personnel whose primary activities are to support the room & board of the residents. These costs were then excluded from consideration in the reimbursement rate for Residential Treatment Centers and Group Homes.
- 6) **General administration costs** include non-room and board related depreciation and interest or rent supporting this service, plus salaries, wages and benefits for central office personnel and other non-personnel costs. Also included were medical records, quality assurance and utilization review personnel costs. These were set at 15% of total costs. Consultation related costs include doctors, specialists and nurses who provide services to a residential program on a part-time "contract" or "consultative" basis. Consultation costs were a percentage of total costs which vary according to the setting and level of care provided to the client. Consultation service costs that are not billed directly to the provider, but rather to the State, were not included.

TN No. _____

Approval Date _____

Supersedes TN No. _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
- OTHER TYPES OF CARE

Attachment 4.19 – B
Page 19

The rates that were established became per diem rates.

The agency's per diem rates for residential treatment centers and group homes were set as of January 1, 2015, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the rates are published on the New Mexico Human Services Department website at <http://www.hsd.state.nm.us/providers/fee-for-service.aspx>. Notice of changes to rates are made as required by 42 CFR 447.205.

b) Treatment Foster Care

Initially the payment rates were derived from a model that included the resources required to meet the standards of the Department.

Provider cost information was analyzed in detail and the total cost of services was derived from the following categories:

- 1) **Family Payment.** Costs included reimbursement made to the TFC agency which employs the families. Parent(s) in the Treatment Family are required to have the experience and training which allows them to participate in the therapy and treatment of the child. The daily reimbursement rate was within the range of a state level Psychological Technician II in the state personnel system.
- 2) **Room & Board.** The amount allowed for this component was based on the rate Children, Youth and Families Department allows for its regular foster parents. These costs were then excluded from consideration in the reimbursement rate for Treatment Foster Care.
- 3) **Treatment Coordinators.** Costs included all salaries, wages and benefits associated with personnel whose primary responsibilities are to oversee and coordinate the activities of the treatment family. A direct supervision wage rate and span of control was determined using the salary of a Psychological Counselor III in the state personnel system.
- 4) **Therapy costs** included all salaries, wages and benefits associated with personnel whose primary activities include providing face-to-face therapy services. This category only includes costs for therapy provided by personnel on the provider

TN No. _____

Approval Date _____

Supersedes TN No. _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
- OTHER TYPES OF CARE

Attachment 4.19 – B
Page 20

- agency payroll. An average caseload for therapists was derived and the wage based on the salary of a Clinical Social Worker.
- 5) Clinical supervision and support costs included all salaries, wages and benefits associated with personnel whose primary activities serve to support the treatment foster care program from a clinical/programmatic perspective as opposed to an administrative perspective. Included were clinical directors, assistant clinical directors, training directors, nurses and persons who perform other types of clinical program support and coordination activities. The wage level used was the salary of a Psychologist III in the State Personnel system.
 - 6) Consultation related costs include doctors, specialists and nurses who provide services to individuals in treatment foster care on a part-time "contract" or "consultative" basis. Consultation costs were a percentage of total costs which vary according to the setting and level of care provided to the client. Consultation service costs that were not billed directly to the provider, but rather to the State, were not included.
 - 7) Non-personnel operating costs included expenses incurred for program related supplies, training, transportation, and costs related to office space. These were derived using a percentage of total cost.
 - 8) Administrative support costs included salaries, wages and benefits for agency personnel and other non-personnel costs. Also included were medical records, quality assurance and utilization review personnel costs.
 - 9) Alternate Care costs are for those days in which the child is placed with a temporary family. This family is required to have the training and experience of the regular Treatment Family and is reimbursed at the same rate.

The rates that were established became per diem rates. Rates do not duplicate costs reimbursed through foster care funds authorized by Title IV-E of the Social Security Act.

The agency's treatment foster care per diem rates were set as of January 1, 2015, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the rates are published on the New Mexico Human Services Department website at <http://www.hsd.state.nm.us/providers/fee-for-service.aspx>
Notice of changes to rates are made as required by 42 CFR 447.205.

TN No. _____

Approval Date _____

Supersedes TN No. _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
- OTHER TYPES OF CARE

Attachment 4.19 – B
Page 21

c) Behavior Management Skills Development Services.

Initially the payment rates were derived from a model that included the resources required to meet the standards of the Department.

Provider cost information was analyzed in detail and the total cost of services was derived from the following categories:

- 1) **Direct Service.** These costs included the salary, wage and benefits associated with the Behavior Management skills development service Specialist who provides face-to-face services to the individual. It was determined that there would be, on average, thirty billable hours per week. The BMS Specialist salary used was comparable to that of the salary of a Psychological Technician II in the state personnel system.
- 2) **Direct supervision costs** included salaries, wages and benefits associated with personnel whose primary responsibilities are to oversee and coordinate the activities of the Behavior Management Skills Development Services specialist staff and recipients. A direct supervision wage rate and span of control was determined using the salary of a Psychological Counselor III in the state personnel system
- 3) **Non-personnel operating costs** included expenses incurred, for program related supplies, training, transportation, and costs related to office space. These were derived using a percent of total cost.
- 4) **General administration costs** included salaries, wages and benefits for central office personnel and other non-personnel costs. Also included were medical records, quality assurance and utilization review costs. These were set at a percentage of total costs.

The rates that were established became fee schedule rates per 15 minute units.

The agency's fee schedule rates for Behavior Management Services were set as of January 1, 2015, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Human Services Department website at <http://www.hsd.state.nm.us/providers/fee-for-service.aspx>

Notice of changes to rates are made as required by 42 CFR 447.205.

TN No. _____

Approval Date _____

Supersedes TN No. _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
- OTHER TYPES OF CARE

Attachment 4.19 - B
Page 22

d) Day Treatment

Initially, the payment rates for Day Treatment services were derived from a model based on the resources required to meet the standards of the Department.

Rate setting decisions were made based upon the results of a methodology study completed by the Department of Health.

Day Treatment provider cost information was analyzed and the total cost of services was derived from the following categories:

- 1) **Direct Service.** These costs include all salaries, wages and benefits associated with personnel who provide daily face-to-face service to the recipient. Direct service staffing ratios were determined. The wage rate was based upon the salary of a Vocational Rehabilitation Counselor 2 in the state personnel system.
- 2) **Direct Supervision.** Costs included all salaries, wages and benefits associated with personnel whose primary responsibilities are to oversee and coordinate the activities of the direct service staff. A span of control was set and a wage rate determined using the salary of a Social Worker Supervisor 2 in the state personnel system.
- 3) **Clinical supervision and support costs** included all salaries, wages and benefits associated with personnel whose primary activities serve to support the day treatment, program from a programmatic and clinical perspective as opposed to an administrative perspective. Included were clinical directors, assistant clinical directors, training directors, nurses and persons who perform other types of clinical program support and coordination activities. The wage level used was the salary of a psychologist III in the state personnel system.
- 4) **Consultation related costs** included doctors, specialists and nurses who provide services to a day treatment program on a part-time "contract" or "consultative" basis. Consultation costs were a percentage of total costs. Consultation service

TN No. _____

Approval Date _____

Supersedes TN No. _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
- OTHER TYPES OF CARE

Attachment 4.19 – B
Page 22a

costs that were not billed directly to the providers, but rather to the State, were not included.

- 5) Non-personnel operating costs include expenses incurred for program related supplies, transportation, and training. These were derived using a percentage of total cost.
- 6) General administration costs include salaries, wages and benefits for central office personnel and other non-personnel costs. Also included were medical records, quality assurance and utilization review personnel costs. These were set at 10% of total costs.

The rates that were established became fee schedule hourly rate units.

The agency's fee schedule rates for Day Treatment were set as of January 1, 2015, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Human Services Department website at <http://www.hsd.state.nm.us/providers/fee-for-service.aspx>

Notice of changes to rates are made as required by 42 CFR 447.205.

TN No. _____

Supersedes TN No. _____

Approval Date _____

Effective Date _____