

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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**f. Services Provided by Indian Health Service and Tribal 638 Health Facilities**

The state agency covers medically necessary health services furnished to an eligible recipient, including American Indian and Alaska native (AI/AN) eligible recipients. The Indian Health Service (IHS) is a federal agency within the United States Department of Health and Human Services (DHHS) that is responsible for providing health services to AI/ANs based on the unique government-to-government relationship between federally recognized tribes and nations and the federal government. The IHS health care delivery system consists of health facilities owned and operated by IHS, facilities owned by IHS and operated by tribes or tribal organizations under Title I or Title III of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) agreements, and facilities owned and operated by tribes or tribal organizations under such agreements, hereafter referred to as "IHS and tribal 638 facilities".

1. Services provided by IHS and tribal 638 health facilities are covered to the same extent as those provided to eligible recipients through other providers of services (that is, non IHS and tribal 638 health facilities) as per the state plan. The facilities include:
  - a) IHS facilities;
  - b) Public Law 93-638 tribal facilities;
  - c) urban Indian facilities (follows the rules for a federally qualified health center);
  - d) IHS or tribal 638 facility pharmacies which follow 8.324.4 NMAC; and
  - e) off site locations on federal land and facilities approved by the state agency.
2. Services must be furnished within the limits of the state agency rules and within the scope of practice of the provider's professional standards. Limitations on covered services based on age and category of eligibility also apply to services rendered at an IHS or tribal 638 facility. Examples include enhanced benefits only available to Early and Periodic Screening, Diagnostic and Treatment (ESPD) children, and limitations and enhanced services for Alternative Benefit Plan (ABP) other adult recipients and pregnant women.
3. An outpatient encounter or visit is face-to-face contact between a practitioner and an eligible recipient as documented in the eligible recipient's medical or behavioral health record. An encounter or visit can occur at an IHS facility, tribal 638 facility, or the state agency recognized offsite location.

To be billable as an encounter, the eligible recipient must be seen by a level of practitioner who would be eligible to be enrolled as a provider or a practitioner comparable to that required by other service and provider rules or the delivery system of the service must be supervised by a level of practitioner who would be eligible to be enrolled as a provider or a practitioner comparable to that required by other non-IHS service and provider rules

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Approval Date \_\_\_\_\_

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Examples include the following: audiologist, behavioral health professional, certified nurse midwife, certified nurse practitioner, clinical nurse specialist, clinical pharmacy specialist, dentist, dental hygienist, licensed dietician, occupational therapist, optometrist, pharmacist clinician, physician assistant, physician, physical therapist, podiatrist, speech therapist and other provider types within their scope of practice as designated by the state agency or as recognized by the Public Health Service.

- a) Encounters and visits at the same facility, on the same day, for the same or related diagnosis constitutes a single visit.
- b) Multiple encounters can occur on the same date of service. The following are examples of types of separate encounters:
  - i. an eligible recipient receives a service that is not associated with the initial encounter and the service provided is for a different principal diagnosis; or
  - ii. an eligible recipient has the same diagnosis and is seen at two different facilities (different provider numbers) and one of the facilities is unable to provide the necessary services for the diagnosis or treatment of the eligible recipient's condition.
- c) An outpatient encounter may be billed when a visit consists of services that could be provided in a physician's office such as instructions to a diabetic, medication management, and anticoagulant management, when provided by a qualified individual as part of a facility based outpatient program if no other related encounter occurs that day, similar to how services would be covered for other providers and clinics in the Medicaid program as approved by the medical assistance division.
- d) An outpatient encounter may be billed when an eligible recipient returns for a follow up service such as a laboratory, radiology, or therapy service which does not require an additional physician visit if no other related encounter occurs that day.
- e) A telemedicine originating site fee is covered if both the originating and distant sites are enrolled providers even if both facilities are IHS or tribal facilities if the distant site is under contract to the IHS or tribal facility and would qualify to be an enrolled provider. A telemedicine originating site fee is not payable if the telemedicine technology is used to connect an employee or staff member of a facility to the eligible recipient being seen at the same facility.

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4. Contact lenses, except when prior authorized.
5. Glass cases, anti-scratch lenses, anti-reflective coatings, progressive lenses, trifocals and other items not related to medical necessity.
6. Glasses are allowed only once in a 36-month period except as provided as an EPSDT service or the medical condition of the client requires more frequent examination, treatment or follow up.

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**Item 13d      Rehabilitative Option Services**

**I.    Mental Health Rehabilitation Services (Psychosocial Rehabilitation)**

Services are limited to mental health rehabilitation services (psychosocial rehabilitation) for eligible recipients for whom the medical necessity of such services has been determined and who are not residents of an institution for mental illness.

The services are goal-oriented mental health rehabilitative services based upon the recipient's diagnosis which increase or stabilize the recipient's ability to remain in his or her home and community.

Services are limited to assessment, treatment planning, and other specific services which reduce symptomatology and restore basic skills necessary to function independently in the community. The specific services are:

1. **Therapeutic Interventions:** Provides face to face therapeutic services to eligible recipients that include assessments, treatment planning, ongoing treatment, crisis, recovery and discharge planning.
2. **Medication Services:** Provides for the assessment of the efficacy of medication and evaluation of side effects, and administration of medication by qualified personnel when it cannot be self administered. Also provides educationally structured face to face activities delivered to eligible recipients, their families and caregivers regarding medication management.
3. **Community Based Crisis Interventions:** Provides coordinated services via an appropriately trained staff member or utilizing a crisis team.
4. **Professional Consultation:** Provides consultation services by mental-health professionals as part of treatment team, eligible recipients for the purpose of assessing and/or evaluating, clinical case review, and treatment plan development.
5. **Group Psychosocial Interventions:** Provides rehabilitation services directed towards the remediation of functional limitations, deficits, and behavioral excesses exhibited in eligible recipients. Services focus on improving daily living skills, impaired social skills, and problem solving.

Services are provided by governmental and non-governmental entities licensed as community mental health centers, and Indian Health Service agencies, 638 tribal facilities, and federally qualified health centers (FQHCs) as approved by the New Mexico Department of Health as meeting licensing standards.

Each of the identified five services may have different staffing qualifications. For Therapeutic Interventions and Professional Consultation, staff must be masters level mental health professional licensed in the state of New Mexico as social workers or counselors, or be a PhD Psychologist or MD Psychiatrist. For Medication Services, staffing may be a MD Psychiatrist, Psychologist with Prescriptive Authority or a licensed Registered Nurse. Crisis services may be performed by a licensed master's level mental health professional with one year experience with mental health and/or substance related disorders. Group Psychosocial Interventions may be performed by a staff with a high school degree with four years relevant experience up to a Bachelor's level with 1 year relevant experience.

**II. Rehabilitative Option Services - Assertive Community Treatment (ACT)**

ACT provides intensive, integrated rehabilitative, crisis intervention, treatment and community support services that are medically necessary by an interdisciplinary staff team available 24-hours seven days a week. Services are rendered in a community setting or the home. ACT is an intensive, highly individualized service for eligible recipients discharged from hospitals or incarceration after multiple or extended stays, or who are difficult to engage in treatment, and have continuous high service needs that are not being met in more traditional service settings.

Services are rendered through an assembled and fully trained team constituted according to certification requirements of the Behavioral Health Services Division of the Human Services Department that include standards for education, skills, abilities, and experience necessary to perform the activities that comprise assertive community treatment services. Each assertive community treatment team includes at least one psychiatrist (licensed and board eligible or certified); two registered nurses (licensed); two mental health professionals (licensed psychiatric nurse practitioner or independently licensed behavioral health professional); one substance abuse professional (licensed alcohol and drug abuse counselor "LADAC" or licensed master's level behavioral health professional with experience in substance abuse treatment), at least one employment specialist, at least one New Mexico certified peer specialist, and at least one administrative staff person.

Assertive Community Treatment services include the following activities:

- a. Assessing the service needs of the eligible recipient to assure the services obtained are medically necessary; and identifying services appropriate for the individual's needs.
- b. Establishing a care plan to assure medically necessary services are provided and reassessing the eligible recipient's needs to ensure that the services obtained continue to be necessary and effective.
- c. Crisis intervention for an eligible recipient needing emergent psychiatric care, available 24 hours 7 days a week.
- d. Medication assessment and management for an eligible recipient who needs ongoing pharmacological management including prescribing and administering psychiatric medications.
- e. Medically necessary psychiatric, psychological, and behavioral health and substance abuse treatment.

Services must be provided by qualified providers of rehabilitative services for the mentally ill, whose staff members are being trained according to standards for ACT and who have also signed an ACT agreement with the Human Service Department.

**III. Rehabilitative Option Services - Comprehensive Community Support Services (CCSS)**

Comprehensive Community Support Services are goal-directed mental health rehabilitation services and supports for an eligible recipient necessary to assist him or her in achieving recovery and resiliency goals. The service assists in the development and coordination of the eligible recipient's service plan and includes therapeutic interventions which address barriers that impede the development of skills necessary for independent functioning in the community. It includes one-on-one interventions with the eligible recipient to develop interpersonal and community coping skills; adaptation to home, school and work environments; assessment support and intervention in crisis situations; and symptom monitoring and self-management of symptoms.

Comprehensive Community Support Services must be medically necessary, promote recovery and rehabilitation, and be provided as part of a comprehensive service plan that includes a recovery or resiliency management plan, a crisis management plan, and when requested, advanced directives related to the eligible recipient's behavioral health care. The crisis management plan recognizes the early signs of

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crisis or relapse, the use of natural supports, and the use of alternatives to emergency departments and inpatient services.

Services are rendered by a federally qualified health center (FQHC), an Indian Health Service (IHS) facility, a PL 93-638 tribally-operated facility, or a public or private agency designated as a Core Service Agency by the New Mexico Human Services Department or its designee.

CCSS Agency supervisory staff must possess the education, skills, abilities, and experience to perform the activities that comprise the full spectrum of CCSS including having a bachelor's degree in a human services field from an accredited university, four years of relevant experience in the delivery of case management or community support services with the target population, one year of demonstrated supervisory experience, and having 20 hours of documented training or continuing education, as identified in the CCSS service definition.

Agency clinical supervisory staff must possess the education, skills, abilities, and experience to perform the activities that comprise the full spectrum of CCSS including being a licensed independent practitioner (psychiatrist, psychologist, LISW, LPCC, LMFT, LPAT, CNS) practicing under the scope of his or her licensure; and have one year of documented supervisory training.

Community support workers (other than a peer or family specialist), under appropriate supervisory staff must possess the education, skills, abilities, and experience to perform the activities that comprise the full spectrum of CCSS including having a bachelor's degree in a human service field from an accredited university and one year of relevant experience with the target population; or, an associate's degree and a minimum of two years of experience working with the target population; or, a high school graduation or general educational development (GED) test and a minimum of three years of experience working with the target population; or, a New Mexico peer or family specialist certification; and, 20 hours of documented training or continuing education, as identified in the CCSS service definition.

Peer specialists must be 18 years of age or older, have a high school diploma or GED, be self-identified as a current or former consumer of mental health or substance abuse services, have at least one year of mental health or substance abuse recovery, and have received certification as a certified peer specialist.

Family specialists must be 18 years of age or older and have a high school diploma or GED, and have personal experience navigating any of the child/family-serving systems and/or advocating for family members who are involved with the child/family behavioral health systems. The specialist must also have an understanding of how these systems operate in New Mexico, and if the individual is a current or former consumer, they must be well-grounded in their symptom self-management, and have received certification as a certified family specialist.

Services must be provided within the scope of the practice and licensure for each agency and each rendering provider within that agency. Services must be in compliance with the statutes, rules and regulations of the applicable practice act.

**IV. Rehabilitative Option Services - Multi-Systemic Therapy (MST)**

MST provides an intensive family preservation model of treatment for youth and their families who are at risk of out-of-home placement. The MST model is based on evidence-based interventions that target specific behaviors with individualized behavioral interventions. Services include an initial assessment to identify the focus of the MST intervention and face-to-face therapeutic interventions

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with the eligible recipient and family in the following functional domains: adaptive, communication, psychosocial, problem solving, and behavior management. Specialized therapeutic and rehabilitative interventions are available to address special areas such as substance abuse, sexual abuse, sexual offending behaviors, domestic violence, delinquency, and violent behavior.

Any public or private agency, including a federally qualified health center (FQHC), an Indian Health Service (IHS) facility or a PL 93-638 tribally-operated facility, that seeks and is licensed by MST, Inc. can provide MST services. Services are provided in-home, at school and in other community settings.

All agencies must be able to provide twenty-four (24) hour coverage, seven (7) days per week, by licensed Masters and/or Bachelors level staff, and have at least one supervisor who is an independently licensed behavioral health professional.

Bachelor's level staff must have a degree in social work, counseling, psychology or a related human services field and must have at least three (3) years of experience working with the target population, that is, children/adolescents and their families.

Master's level staff must have a master's degree in social work, counseling, psychology or a related human services field and must have at least three (3) years of experience working with the target population, that is, children/adolescents and their families. Licensed master's level behavioral health practitioners are required to perform all therapeutic interventions; bachelor's level behavioral health practitioners are limited to performing functions defined within the scope of their licensure or practice.

Staffing for MST services shall be comprised of no more than one-third Bachelors level staff and, at minimum, two-thirds licensed Masters level staff.

Services must be provided within the scope of the practice and licensure for each agency and each rendering provider within that agency. Services must be in compliance with the statutes, rules and regulations of the applicable practice act including any required clinical supervision.

**V. Rehabilitative Option Services - Intensive Outpatient Services (IOP)**

IOP services provide a time-limited, multi-faceted approach to treatment service for an eligible recipient who requires structure and support to achieve and sustain recovery. The IOP model is based on research and evidence-based interventions that target specific behaviors with individualized behavioral interventions. Services must be delivered through an approved agency, as specified in this section. IOP services are provided to: (1) an eligible recipient 13 through 18 years of age diagnosed with substance disorder. or with a co-occurring disorder-(Serious Emotional Disturbance and substance abuse), or that meets the American Society of Addiction Medicine (ASAM) patient placement criteria for level two (II)-intensive outpatient treatment; and (2) 18 years of age and over diagnosed with substance abuse disorder, or with a co-occurring disorder (Severe Mental Illness and substance abuse), or that meets the ASAM patient placement criteria for level two (II) - intensive outpatient treatment.

Before engaging in an IOP program, the eligible recipient must have a treatment file containing: one diagnostic evaluation; and one individualized treatment or service plan that includes IOP as an intervention.

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The IOP model is based on research and evidence-based interventions that target specific behaviors with individualized behavioral interventions. Services must be culturally sensitive and incorporate recovery and resiliency values into all service interventions. Treatment services should address substance use disorders, as well as co-occurring mental health disorders, when indicated. The IOP services are provided through an integrated multi-disciplinary approach or through coordinated, concurrent services with behavioral health providers, with the intent that the IOP service shall not exclude an eligible recipient with co-occurring disorder.

Specific to IOP, the following types of agencies are eligible to be reimbursed for providing IOP services when they have a research-based model meeting certain requirements :

- (a) a community mental health center (CMHC)
- (b) a federally qualified health clinic (FQHC);
- (c) an Indian health services (IHS) hospital and clinic;
- (d) a PL 93-638 tribally operated hospitals and clinics;
- (e) a core service agency ; or
- (f) an agency approved by the Human Services Department after demonstrating that the agency meets all the requirements of IOP program services and supervision requirements; such an HSD approved IOP agency is allowed to have services rendered by non-independent practitioners as below.

Each IOP program must have a clinical supervisor. The clinical supervisor may also serve as the IOP program supervisor. Both clinical services and supervision by licensed practitioners must be conducted in accordance with respective licensing board regulations. An IOP clinical supervisor must meet all the following requirements:

- (a) be licensed as an HSD approved independent practitioner.
- (b) two years relevant experience with an IOP program;
- (c) one year demonstrated supervisory experience; and
- (d) expertise in both mental health and substance abuse treatment.

The IOP agency is required to develop and implement a program evaluation system. The agency must maintain the appropriate state facility licensure if offering medication treatment or medication replacement services.

The agency must hold an HSD IOP approval letter and be enrolled by HSD to render IOP services to an eligible recipient. A HSD IOP agency will be provisionally approved for a specified timeframe to render IOP services to an eligible recipient. During this provisional approved time, HSD or its designee will determine if the IOP agency meets HSD IOP requirements and if so, the agency will receive an approval letter for IOP full enrollment.



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**VI. Rehabilitative Option Services - Medication Assisted Treatment (MAT)**

MAT services provided through an Opioid Treatment Center include the provision, administration, and/or dispensing of methadone or other narcotic replacement or narcotic agonist drug items as part of a detoxification treatment or maintenance treatments as defined in 42 CFR part 8, Certification of Opioid Treatment Programs. The Opioid Treatment Center must comply with the requirements and meet all accreditation and certification standards as specified in 42 CFR part 8, Accreditation and Certification and Treatment Centers.