December 29, 2014

Bill Brooks, Medicaid Associate Regional Administrator
Division of Medicaid and Children’s Health
Centers for Medicare and Medicaid Services
1301 Young St.
Dallas, TX 75202

Dear Mr. Brooks,

Enclosed are documents related to New Mexico State Plan Amendment (SPA) 14-13, updating and reorganizing the EPSDT services and reimbursement pages.

The primary purpose of this state plan amendment is to update and reorganize both the services (supplement A to attachment 3.1A) and reimbursement (attachment 4.19-B) sections of the state plan that primarily address early and periodic screening, diagnostic, and treatment (EPSDT) services.

This amendment is not for the purpose of making program changes. Rather, this is part of our continuing effort in working with CMS to assure the reimbursement pages clearly correspond to the service sections of the state plan and to implement the now required wording regarding public notice and the dates for which reimbursement rates were set for these services.

While there are no intended content changes other than improved descriptions, there are some behavioral health services in the EPSDT section with fee schedule increases and additions to school services for which public notice has been provided that become effective on January 1, 2015. That date for establishing the fee schedule has been added to the amendment and that increase is the sole reason for the financial impact indicated on the transmittal form.
We appreciate your consideration of this state plan amendment. Should you have any questions on this amendment, please contact Ellen Costilla at (505) 827-3180 or at Ellen.Costilla@state.nm.us

Sincerely,

Julie B. Weinberg
Director

Copies:
Stacy Shuman, CMS, Region VI
Ellen Costilla, MAD Health Care Operations Manager
Robert Stevens, MAD Chief, Program Policy & Integrity Bureau
Russell Toal, Deputy Director, Medical Assistance Division
TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):
   □ NEW STATE PLAN   □ AMENDMENT TO BE CONSIDERED AS NEW PLAN   X AMENDMENT

6. FEDERAL STATUTE/REGULATION CITATION:
   Section 1905(r) of the Social Security Act (the Act)
   42 CFR 447.200

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Attachment 4.19-B pages 3, 15 – 22, and new page 22a
   State Supplement A to Attachment 3.1A pages 5, 5a, 5b, 5c, 5d, 5e, 5f, and 5g

10. SUBJECT OF AMENDMENT:
    Updating and reorganization of EPSDT services and reimbursement pages

11. GOVERNOR’S REVIEW (Check One):
    □ GOVERNOR’S OFFICE REPORTED NO COMMENT
    □ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
    X OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Julie B. Weinberg

14. TITLE: Director, Medical Assistance Division

15. DATE SUBMITTED: December 29, 2014

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 18. DATE APPROVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:
Item 3  Other Laboratory and X-ray Services

a. A professional component associated with laboratory services is covered only when the work is actually performed by a pathologist who is not billing for the complete procedure and is covered only for anatomic and surgical pathology (includes cytopathology and histopathology).

b. Specimen collection fees are covered when drawn by venipuncture or collected by catheterization unless the eligible recipient is in a nursing home. Specimen collection fees are not payable for nursing home recipients.

c. Laboratory tests are not covered if the tests are conveyed from an ordering physician’s office to a non-certified laboratory. Physician and other private practitioners may not bill for laboratory tests which are sent to an outside laboratory or other facility.

d. Laboratory specimen handling or mailing charges are not a benefit of the program.

e. Individual lab procedures that are routinely considered to be included in a profile or panel must be billed as a panel.
Item 4b  EPSDT Services Included In the State Plan

Services already included in the state plan are described in Attachment 3.1A. Limitations to those services are described in the other sections of State Supplement A to Attachment 3.1A.

Under 1905(r) of the Act any limitation of services for EPSDT eligible recipients under age 21 may be exceeded based on medical necessity for EPSDT services.

Specific program coverage restrictions, limitations in duration or service, and limitations in frequency of service, as described elsewhere in State Supplement A to Attachment 3.1A.

   a) Experimental procedures are limited as described in Item 5, State Supplement A to Attachment 3.1A.
   b) Documentation requirements must be met for abortion services, sterilization services, and hysterectomies.
   c) Limitations in duration and frequency of service otherwise described in the state plan are not applicable when documented as medically necessary for the recipient.

EPSDT Services Not Otherwise In The State Plan

All services provided in Section 1905 (a) of the Act which are medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions identified during an EPSDT screen, periodic or interperiodic, whether or not such services are covered or exceed the benefit limits in the state plan, are provided. Specifically, the following services, which are not otherwise covered under the state plan, are provided when medically necessary:

1. EPSDT Case management services are for medically at risk recipients under 21 years of age. Recipients who are eligible for EPSDT case management must be considered medically at risk. "Medically at risk" is defined as those individuals who have a diagnosed physical or mental condition which has a high probability of impairing their cognitive, emotional, neurological, social or physical development.
   Government or community agencies, Indian tribal governments, Indian Health Services and Federally Qualified Health Centers may provide EPSDT Case management services.
2. Inpatient and residential services provided by institutions 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, including free standing psychiatric facilities and accredited residential treatment centers. Services must be provided under the direction of a physician or other licensed practitioner as allowed by state law.

Accredited Residential treatment center services are primarily for children or adolescents who have been diagnosed as having a severe emotional disturbance, mental disorder, or chemical dependency (drugs or alcohol), and for whom less restrictive settings are not appropriate. Services must be designed to reduce or control the individual's symptoms or maintain the individual's level of functioning. Also included is partial hospitalization in a free-standing psychiatric or general hospital.

3. Outpatient services provided by institutions 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, including free standing psychiatric facilities.

4. Psychosocial rehabilitation services (PSR) which are rehabilitative in nature and furnished in accordance with a written treatment plan. Specifically excluded from coverage are room and board, educational programs, and vocational training.

Services are as defined in Dallas Regional Medical Services Letter (DRMSL) No. 92-73. They may be provided in either residential or home and community settings. Residential settings include Residential Treatment Centers and Group Homes. Non-residential settings include the home (natural, adoptive, or specialized therapeutic foster care), the school, or any other natural setting within the community.

Services consist of non - accredited Residential Treatment Centers and Group Homes; Treatment Foster Care; Behavior Management Skills Development Services; Day Treatment; Crisis services, Psychosocial Rehabilitation Services in groups or classrooms, PSR psychotherapy (individual and group), specialized consultations, assessment and initial treatment plan, treatment plan periodic updates, and pharmacological management.
Each individual has a level of dysfunction determined by an interdisciplinary panel. The level is based upon diagnoses, psychological evaluations, and psychosocial criteria including current situations and past history concerning family and placements.

Activities include individual and group counseling and therapy; activities of daily living which facilitate age-appropriate skills re-development in the areas of household management, independent living, relaxation and self-care techniques; and crisis intervention.

Providers must be trained and certified in the services being provided, in accordance with the applicable certification standards adopted by the Department. The Department has adopted the certification standards for EPSDT psychosocial rehabilitation services promulgated and administered by the Children, Youth and Families Department. Providers must meet the qualifications for their particular services in these standards.

5. Private duty nursing services. Services must be provided through a licensed nursing agency, home health agency, or by a Federally Qualified Health Center. Services must be provided by a registered nurse or a licensed practical nurse.


7. EPSDT Personal Care services may be provided by licensed nursing or home health agencies that are public agencies, private for-profit agencies, or private non-profit agencies. Nurses who supervise personal care attendants must be licensed by the New Mexico Board of Nursing as Registered Nurses.

8. Chiropractic services. Services must be provided by chiropractors licensed by the state.

9. Orthodontic and other dental services not otherwise covered under the state plan. Services must meet criteria for medical necessity and must be provided by a licensed dentist or other licensed practitioner as allowed by state law.
10. EPSDT Rehabilitative Services are physical, occupational and speech-language, hearing and other rehabilitative therapies by licensed individual therapists and rehabilitation centers. Included are rehabilitative services and therapies which are considered “maintenance” rather than “restorative” in nature.

EPSDT rehabilitative services include the following service providers:

a) Physical therapists licensed by the physical therapy board under the state of New Mexico regulation and licensing department. Physical therapy assistants licensed by the physical therapy board under the state of New Mexico regulation and licensing department and working under the supervision of a licensed physical therapist.

b) Occupational therapists licensed by the occupational therapy board under the state of New Mexico regulation and licensing department. Occupational therapy assistants licensed by the occupational therapy board under the state of New Mexico regulation and licensing department and working under the supervision of a licensed occupational therapist.

c) Speech pathologists licensed by the board of speech-language pathology and audiology under the New Mexico regulation and licensing department. Speech language pathology apprentices, clinical fellows, and paraprofessionals licensed by the board of speech-language pathology and audiology under the New Mexico regulation and licensing department therapy board and working under the supervision of a licensed speech pathologist.

11. Nutritional assessment and nutritional counseling

12. Supplies, prosthetics, orthotics, and durable medical equipment to meet special physical needs.

13. Specific school services provided by school districts or local education agencies certified by the State Department of Education. Services include EPSDT screens (periodic, interperiodic and partial); skilled nursing services; mental health services; case management; occupational therapy; physical therapy; speech pathology; audiology services; and transportation to and from medically necessary services prescribed in an Individual Education Plan (IEP) or an Individualized Family Service Plan (IFSP).
14. Special rehabilitation services are Family Infant Toddler program early intervention services for children birth through three years of age, who are developmentally delayed or at risk for delay. These services include evaluation, diagnostics and treatment necessary to correct or treat any defects or conditions or to teach compensatory skills for deficits that directly result from a medical condition. The appropriate information from evaluation and diagnostics is interpreted and integrated in the Individual Family Service Plan.

Special rehabilitation services (Family Infant Toddler early intervention services) include the following:

a) Speech, Language and Hearing: These are services for individuals with speech, language and hearing disorders. The services are provided by or under the direction of a speech pathologist or audiologist as defined in 42 CFR 440.110(c) as a result of a referral from a physician or primary care provider (PCP). These services include evaluations to determine an individual’s need for services and recommendations for a course of treatment. Treatment is provided for an individual with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the individual.

b) Occupational Therapy: These services are provided by or under the direction of a qualified occupational therapist as defined in 42 CFR 440.110(b) as a result of a referral from a physician or primary care provider. These services include evaluations to determine an individual’s need for services and recommendation for a course of treatment. Treatment is provided for an individual with problems interfering with functional performance. Treatment is rehabilitative, active or restorative and designed to correct or compensate for a medical problem interfering with age appropriate functional performance.

c) Physical Therapy: These services are provided by or under the direction of a qualified physical therapist as defined in 42 CFR 440.110(a) as a result of a referral from a physician or primary care provider (PCP). These services include evaluations to determine an individual’s need for services and recommendation for a course of treatment. Treatment is provided for an individual with problems interfering with functional performance. Treatment is rehabilitative, active or restorative and designed to correct or compensate for a medical problem interfering with age appropriate functional performance.
d) Psychological, Counseling and Social Work: Psychological, counseling and social work services are performed by licensed or equivalent psychological, counseling, and social work staff acting within their scope of practice. These services are diagnostic or active treatments with the intent to reasonably improve the individual’s physical or mental condition as the result of a referral from a physician or primary care provider (PCP) within the scope of his or her practice. Services are provided for individuals whose condition or functioning can be expected to improve with these interventions. Psychological, counseling and social work services are performed by 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 includes planning, managing and providing a program of psychological services to individuals with diagnosed psychological problems.

e) Developmental Evaluation and Rehabilitation: These services are performed by or under the supervision of a licensed physician or other provider acting within their scope of practice. These services are 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 purpose of identifying or determining the nature and extent of rehabilitating an individual’s medical or other health-related condition. These services are provided as a result of a referral from a physician or primary care provider (PCP) acting within their scope of practice.

f) Nursing: These services are performed by a certified nurse practitioner (CNP), certified nurse specialist (CNS), advance practice nurse, registered nurse or licensed practical nurse within the scope of his/her practice relevant to the medical and rehabilitative needs of the individual. These services are provided as a result of a referral from a physician or other licensed practitioner as allowed by state law. Services include administration and monitoring of medication, catheterization, tube feeding, suctioning, screening and referral for health needs. Nursing services also include explanations to the family or other professional staff concerning treatments, therapies, and physical or mental conditions.
g) FIT Early Intervention special rehabilitation services are provided under the direction of professionals acting with their scope of practice as defined by State law; and in the most appropriate least restrictive environment.
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.
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.
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
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.
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.
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
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.
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.
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
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.