



State of New Mexico
Medical Assistance Program Manual
Supplement



DATE: April 12, 2009

NUMBER: 09-03

TO: HOME AND COMMUNITY BASED SERVICES WAIVER PROVIDERS
FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
THROUGH: SARAH BARTH, BUREAU CHIEF, LONG-TERM SERVICES AND SUPPORT BUREAU
BY: TALLIE TOLEN, HCBS STAFF MANAGER, LONG-TERM SERVICES AND SUPPORT BUREAU
SUBJECT: UPDATES TO THE DEVELOPMENTAL DISABILITIES (DD) HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER RATE TABLE

A revised DD Waiver Rate Table is attached to this Supplement that includes a description for each DD Waiver procedure code. The following changes have also been made:

- S5100 Adult Habilitation Day Care has been removed from the rate table.
- T2027 HA Child Habilitation Day Care has been removed from the rate table.
- T2033 U1/HQ Supervised Living 1 has been removed from the rate table.
- T2033 U2/HQ Supervised Living 2 has been removed from the rate table.
- T2033 U3/HQ Supervised Living 3 has been removed from the rate table.
- H2019 HQ Behavior Consultant, Group Setting has been removed from the rate table.
- H2019 HQ/U1 Behavior Consultant, Group Setting, Exception has been removed from the rate table.

Please refer to the rate table for supported employment procedure codes that have replaced the following procedure codes:

- T2018 Supported Employment, Individual has been removed the rate table.

- T2018 UA Supported Employment, Individual, Intensive has been removed from the rate table.
- T2019 Supported Employment, Intensive has been removed from the rate table.
- T2019 UA Supported Employment, Intensive, Exception has been removed from the rate table.

Questions regarding this supplement should be directed to Tallie Tolen, HCBS Waivers Staff Manager, Long-Term Services and Support Bureau (505) 827-3176.

Attachment

DEVELOPMENTAL DISABILITIES WAIVER RATE TABLE

Procedure Description	Code	MOD 1	MOD 2	Unit	Unit Price
Adult Habilitation 1, Outlier	T2021	U4		15 min	\$ 2.28
Adult Habilitation 2, Outlier	T2021	U5		15 min	\$ 3.30
Adult Habilitation 3, Outlier	T2021	U6		15 min	\$ 3.79
Adult Habilitation Level 1	T2021	U1		15 min	\$ 3.87
Adult Habilitation Level 2	T2021	U2		15 min	\$ 2.79
Adult Habilitation Level 3	T2021	U3		15 min	\$ 2.27
Behavior Consultant, Center Based	H2019	TT		15 min	\$ 12.24
Behavior Consultant Center Based, Exception	H2019	TT	U1	15 min	\$ 12.24
Behavior Consultant, Client Location,	H2019			15 min	\$ 20.65
Behavior Consultant, Client Location, Exception	H2019	U1		15 min	\$ 20.65
Case Management Assessment	T2024			Hour	\$ 55.06
Case Management On-Going	T2022			Month	\$ 263.06
Community Access	H2021	U1		15 min	\$ 6.00
Supplemental Dental Care	T1015			Visit	\$ 120.00
Environmental Modifications	S5165			Each	\$ 10.00
Family Living	T2033			Day	\$ 100.25
Goods and Services	T2028			Item	\$ 1.00
Independent Living	T2030			Month	\$1,866.63
Intensive Independent Living	T2030	U1		Month	\$2,668.60
Non-Medical Transportation Pass/Ticket	A0170			Item	\$ 1.02
Non-Medical Transportation Per Mile	A0160			Per Mile	\$ 0.34
Nutritional Counseling	S9470			Visit	\$ 42.83
Occupational Integrated Therapy	G0152	GO		15 min	\$ 23.71
Occupational Integrated Therapy, Exception	G0152	GO	U1	15 min	\$ 23.71
Occupational Group Integrated Therapy	G0152	GO	U2	15 min	\$ 8.24
Occupational Group Integrated Exception	G0152	GO	U3	15 min	\$ 8.24
Occupational Group Therapy, Clinic Based	G0152	GO	U4	15 min	\$ 5.67
Occupational Group Therapy, Clinic Based Exception	G0152	GO	U5	15 min	\$ 5.67
Occupational Therapy Assistant (Certified)	G0152	HM		15 min	\$ 9.69
Occupational Therapy Assistant, (Certified), Exception	G0152	HM	U1	15 min	\$ 9.69
Occupational Therapy, Clinic Based	G0152			15 min	\$ 12.74
Occupational Therapy, Clinic Based, Exception	G0152	U1		15 min	\$ 12.74
Personal Plan Facilitation	T1007			Each	\$ 1.00
Home Visit Day Life Activity (Personal Support Services)	99509			Hour	\$ 14.60
Physical Group Integrated Therapy	G0151	GP	U2	15 min	\$ 8.24
Physical Group Therapy, Client Location, Exception	G0151	GP	U3	15 min	\$ 8.24
Physical Group Therapy, Clinic Based	G0151	GP	U4	15 min	\$ 5.67
Physical Group Therapy, Clinic Based, Exception	G0151	GP	U5	15 min	\$ 5.67
Physical Integrated Therapy	G0151	GP		15 min	\$ 24.22
Physical Integrated Therapy, Exception	G0151	GP	U1	15 min	\$ 24.22
Physical Therapy Assistant (PTA),	G0151	HM		15 min	\$ 10.20
Physical Therapy Assistant (PTA), Exception	G0151	HM	U1	15 min	\$ 10.20
Physical Therapy, Clinic Based	G0151			15 min	\$ 13.51
Physical Therapy, Clinic Based, Exception	G0151	U1		15 min	\$ 13.51

DEVELOPMENTAL DISABILITIES WAIVER RATE TABLE

Procedure Description	Code	MOD 1	MOD 2	Unit	Unit Price
Private Duty Nursing, LPN	T1003			15 min	\$ 6.79
Private Duty Nursing, RN	T1002			15 min	\$ 10.90
Respite	T1005			15 min	\$ 3.57
Speech Group Integrated Therapy	G0153	GN	U2	15 min	\$ 8.24
Speech Group Integrated Therapy, Exception	G0153	GN	U3	15 min	\$ 8.24
Speech Group Therapy Clinic Based	G0153	GN	U4	15 min	\$ 5.67
Speech Group Therapy Clinic Based, Exception	G0153	GN	U5	15 min	\$ 5.67
Speech Integrated Therapy	G0153	GN		15 min	\$ 24.22
Speech Integrated Therapy, Exception	G0153	GN	U1	15 min	\$ 24.22
Speech Therapy Clinic Based	G0153			15 min	\$ 16.06
Speech Therapy Clinic Based, Exception	G0153	U1		15 min	\$ 16.06
Substitute Care	T1005	U1		15 min	\$ 3.50
Supported Employment Job Developer	T2038			Each	\$ 794.25
Supported Employment Level 1 Group	T2019	U1		15 min	\$ 3.76
Supported Employment Level 1, Group, Exception	T2019	U1	UA	15 min	\$ 3.76
Supported Employment Level 2 Group	T2019	U2		15 min	\$ 2.67
Supported Employment Level 2, Group, Exception	T2019	U2	UA	15 min	\$ 2.67
Supported Employment Level 3 Group	T2019	U3		15 min	\$ 2.15
Supported Employment Level 3 Group, Exception	T2019	U3	UA	15 min	\$ 2.15
Supported Employment/Self-Employment	T2019	U4		15 min	\$ 7.00
Supported Employment, Individual	T2013			Hour	\$ 211.80
Supported Employment, Individual, Exception	T2013	U1		Hour	\$ 211.80
Supported Employment, Intensive	T2013	U2		Hour	\$ 39.18
Supported Employment, Intensive, Exception	T2013	U3		Hour	\$ 39.18
Supported Living Level 1 Awake	T2033	U1	UJ	Day	\$ 316.69
Supported Living Level 1 Asleep	T2033	U1		Day	\$ 231.77
Supported Living Level 2 Awake	T2033	U2	UJ	Day	\$ 201.38
Supported Living Level 2 Asleep	T2033	U2		Day	\$ 152.10
Supported Living Level 3 Awake	T2033	U3	UJ	Day	\$ 151.06
Supported Living Level 3 Asleep	T2033	U3		Day	\$ 118.56
Supported Living Level 1 Awake, Outlier	T2033	U4	UJ	Day	\$ 88.11
Supported Living Level 1 Asleep, Outlier	T2033	U4		Day	\$ 166.31
Supported Living Level 2 Awake, Outlier	T2033	U5	UJ	Day	\$ 196.01
Supported Living Level 2 Asleep, Outlier	T2033	U5		Day	\$ 239.56
Supported Living Level 3 Awake, Outlier	T2033	U6	UJ	Day	\$ 241.54
Supported Living Level 3 Asleep, Outlier	T2033	U6		Day	\$ 272.23
Tier III Crisis (Support in Alternative Residential Setting)	T2016			Day	\$ 432.00
Tier III Crisis (Support in Individual's Residence)	T2017			15 min	\$ 6.00