



State of New Mexico
Medical Assistance Program Manual
Supplement



DATE: December 5, 2006

NUMBER: 06-08

TO: ALL HOME AND COMMUNITY-BASED SERVICES WAIVER PROVIDERS
AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION

THROUGH: CONSUELO "SADI" TRUJILLO, BUREAU CHIEF,
PROGRAM OVERSIGHT AND SUPPORT BUREAU

BY: JUDY PARKS, PROGRAM MANAGER
HOME & COMMUNITY-BASED SERVICES UNIT
PROGRAM OVERSIGHT AND SUPPORT BUREAU

**SUBJECT: RATE TABLES FOR THE DEVELOPMENTAL DISABILITIES (DD)
HOME AND COMMUNITY-BASED SERVICES WAIVER (HCBSW)**

The Human Services Department, Medical Assistance Division, has updated the DD Waiver Procedure Descriptions and Rates. These updates are based on the DD Waiver Application which was approved on September 27, 2006, by the Department of Health & Human Services, Centers for Medicare and Medicaid Services (CMS).

A new DD Waiver Rate Table is attached to this Supplement. Implementation of the Rate Table will effect dates of service beginning January 1, 2007.

Questions regarding this supplement should be directed to Judy Parks, HCBS Program Manager, at 827-3150 and/or Steve Coca, DD Waiver Coordinator, at 827-3139.

Attachment

**HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION
Home and Community Based Services**

DEVELOPMENTALLY DISABLED WAIVER

Rate Table
Effective January 1, 2007

Procedure Description	Code	Modifier(s)	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	\$3.65
Adult Habilitation Level 2	T2021	U2	15 min	\$2.63
Adult Habilitation Level 3	T2021	U3	15 min	\$2.14
Behavior Consultant, Client Location	H2019		15 min	\$20.05
Behavior Consultant, Center Based	H2019	TT	15 min	\$11.88
Behavior Consultant, Center Based, Exception	H2019	TT/U1	15 min	\$11.88
Behavior Consultant, Client Location, Exception	H2019	U1	15 min	\$20.05
Behavior Consultant, Group	H2019	HQ	15 min	\$8.41
Behavior Consultant, Group, Exception	H2019	HQ/U1	15 min	\$8.41
Case Management Assessment	T2024		Hour	\$53.46
Case Management On-Going	T2022		Month	\$255.40
Community Access	H2021	U1	15 min	\$6.00
Community Access, Family Counseling	H2021		15 min	\$15.48
Community Access, Family/Child/Info/Training	H2021		15 min	\$15.48
Community Access, Peer Mentorship	H2021		15 min	\$15.48
Community Access, Stipends	H2021	TC	Unit	\$0.99
Community Access, Support Coach	H2021		15 min	\$15.48
Community Membership	H2015		15 min	\$3.71
Environmental Modifications	S5165		Each	\$9.90
Family Living	T2033		Day	\$97.33
Goods and Services	T2025	U1	Item	\$1.00
Habilitation Day Care, Adult	S5100		15 min	\$1.32
Habilitation Day Care, Child	T2027	HA	15 min	\$1.29
Home Based	T2032		Month	\$3,428.12
Independent Living	T2030		Month	\$1762.63

**HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION
Home and Community Based Services**

Procedure Description	Code	Modifier(s)	Unit	Unit Price
Intensive Independent Living	T2030	U1	Month	\$2,519.92
Non-Medical Transportation Per Mile	A0160		Mile	\$0.33
Non-Medical Transportation Pass/Ticket	A0170		Item	\$0.99
Nutritional Counseling	S9470		Visit	\$41.58
Occupational Group Integrated Therapy	G0152	GO/U2	15 min	\$8.00
Occupational Group Integrated Therapy Exception	G0152	GO/U3	15 min	\$8.00
Occupational Group Therapy, Clinic Based	G0152	GO/U4	15 min	\$5.50
Occupational Group Therapy, Clinic Based, Exception	G0152	GO/U5	15 min	\$5.50
Occupational Integrated Therapy	G0152	GO	15 min	\$23.02
Occupational Integrated Therapy Exception	G0152	GO/U1	15 min	\$23.02
Occupational Therapy Assistant (Certified)	G0152	HM	15 min	\$9.41
Occupational Therapy Assistant (Certified), Exception	G0152	HM/U1	15 min	\$9.41
Occupational Therapy, Clinic Based	G0152		15 min	\$12.37
Occupational Therapy, Clinic Based, Exception	G0152	U1	15 min	\$12.37
Personal Plan Facilitation	T2025		Each	\$1.00
Personal Plan Facilitation (pre- assessment)	T2025	U2	Each	\$1.00
Personal Support Companion	99506		Hour	\$14.17
Physical Group Integrated Therapy	GO151	GP/U2	15 min	\$8.00
Physical Group Therapy, Client Location, Exception	GO151	GP/U3	15 min	\$8.00
Physical Group Therapy, Clinic Based	GO151	GP/U4	15 min	\$5.50
Physical Group Therapy, Clinic Based, Exception	GO151	GP/U5	15 min	\$5.50
Physical Integrated Therapy	G0151	GP	15 min	\$23.51
Physical Integrated Therapy, Exception	G0151	GP/U1	15 min	\$23.51
Physical Therapy Assistant (PTA)	G0151	HM	15 min	\$9.90
Physical Therapy, Assistant (PTA), Exception	G0151	HM/U1	15 min	\$9.90
Physical Therapy, Clinic Based	G0151		15 min	\$13.12

**HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION
Home and Community Based Services**

Procedure Description	Code	Modifier(s)	Unit	Unit Price
Physical Therapy, Clinic Based, Exception	G0151	U1	15 min	\$13.12
Private Duty Nursing, LPN	T1003		15 min	\$6.79
Private Duty Nursing, RN	T1002		15 min	\$10.90
Respite	T1005		15 min	\$3.47
Speech Group Integrated Therapy	GO153	GN/U2	15 min	\$8.00
Speech Group Integrated Therapy, Exception	GO153	GN/U3	15 min	\$8.00
Speech Group Therapy Clinic Based	GO153	GN/U4	15 min	\$5.50
Speech Group Therapy Clinic Based, Exception	GO153	GN/U5	15 min	\$5.50
Speech Integrated Therapy	G0153	GN	15 min	\$23.51
Speech Integrated Therapy, Exception	G0153	GN/U1	15 min	\$23.51
Speech Therapy Clinic Based	G0153		15 min	\$15.59
Speech Therapy Clinic Based, Exception	G0153	U1	15 min	\$15.59
Substitute Care	T1005	U1	15 min	\$3.47
Supervised Living 1	T2033	U1/HQ	Day	\$80.19
Supervised Living 2	T2033	U2/HQ	Day	\$54.45
Supervised Living 3	T2033	U3/HQ	Day	\$42.57
Supplemental Dental Care	D1110		Visit	\$120.00
Supported Employment Job Developer	T2038		Each	\$750.00
Supported Employment Level 1, Group	T2019	U1	15 min	\$3.55
Supported Employment Level 1, Group, Exception	T2019	U1/UA	15 min	\$3.55
Supported Employment Level 2, Group	T2019	U2	15 min	\$2.52
Supported Employment Level 2, Group, Exception	T2019	U2/UA	15 min	\$2.52
Supported Employment Level 3, Group	T2019	U3	15 min	\$2.03
Supported Employment Level 3, Group, Exception	T2019	U3/UA	15 min	\$2.03
Supported Employment, Individual	T2013		Hour	\$200.00
Supported Employment, Individual, Exception	T2013	U1	Hour	\$200.00
Supported Employment, Intensive	T2013	U2	Hour	\$37.00
Supported Employment, Intensive,	T2013	U3	Hour	\$37.00

**HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION
Home and Community Based Services**

Procedure Description	Code	Modifier(s)	Unit	Unit Price
Exception				
Supported Employment/Self-Employment	T2019	U4	15 min	\$7.00
Supported Living Level 3 Awake, Outlier	T2033	U6/UJ	Day	\$241.54
Supported Living Level 1 Asleep	T2033	U1	Day	\$218.86
Supported Living Level 1 Asleep, Outlier	T2033	U4	Day	\$166.31
Supported Living Level 1 Awake	T2033	U1/UJ	Day	\$299.05
Supported Living Level 1 Awake, Outlier	T2033	U4/UJ	Day	\$88.11
Supported Living Level 2 Asleep	T2033	U2	Day	\$143.63
Supported Living Level 2 Asleep, Outlier	T2033	U5	Day	\$239.56
Supported Living Level 2 Awake	T2033	U2/UJ	Day	\$190.16
Supported Living Level 2 Awake, Outlier	T2033	U5/UJ	Day	\$196.01
Supported Living Level 3 Asleep	T2033	U3	Day	\$111.95
Supported Living Level 3 Asleep, Outlier	T2033	U6	Day	\$272.23
Supported Living Level 3 Awake	T2033	U3/UJ	Day	\$142.64
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