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TITLE 8 SOCIAL SERVICES
CHAPTER 315 OTHER LONG TERM CARE SERVICES
PART 6 COMPREHENSIVE COMMUNITY SUPPORT SERVICES

8.315.6.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[8.315.6.1 NMAC - N, 1-1-08]

8.315.6.2 SCOPE: The rule applies to the general public.
[8.315.6.2 NMAC - N, 1-1-08]

8.315.6.3 STATUTORY AUTHORITY: The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, and by state statute. See Section 27-2-12 et seq NMSA 1978 (Repl. Pamp. 1991).
[8.315.6.3 NMAC - N, 1-1-08]

8.315.6.4 DURATION: Permanent
[8.315.6.4 NMAC - N, 1-1-08]

8.315.6.5 EFFECTIVE DATE: January 1, 2008, unless a later date is cited at the end of a section.
[8.315.6.5 NMAC - N, 1-1-08]

8.315.6.6 OBJECTIVE: The objective of these regulations is to provide policies for the service portion of the New Mexico medical assistance programs.
[8.315.6.6 NMAC - N, 1-1-08]

8.315.6.7 DEFINITIONS:

A. **Comprehensive community support services (CCSS) agency:** An agency that is licensed by HSD or its authorized agent, as a community mental health center or licensed by the children, youth and families department (CYFD) as a children's core service agency to provide comprehensive community support services.

B. **Community mental health center (CMHC):** An agency licensed by the department of health and enrolled as a MAD community mental health center provider.

C. **Children's core service agency (CSA):** A CCSS agency enrolled as a MAD provider and licensed or certified by HSD or its authorized agent.

D. **Family specialist:** An approved provider who is certified as a family specialist through the approved state of New Mexico certification program.

E. **Peer support specialist:** An approved provider who is certified as a peer specialist through the approved state of New Mexico certification program.

[8.315.6.7 NMAC - N, 1-1-08]

8.315.6.8 MISSION STATEMENT: The mission of New Mexico medical assistance division (MAD) is to maximize the health status of eligible recipients by furnishing payment for quality health services at levels comparable to private health plans.
[8.315.6.8 NMAC - N, 1-1-08]

8.315.6.9 COMPREHENSIVE COMMUNITY SUPPORT SERVICES (CCSS): MAD pays for medically necessary services furnished to eligible recipients. To help New Mexico eligible recipients receive necessary services, MAD pays for covered CCSS.
[8.315.6.9 NMAC - N, 1-1-08]

8.315.6.10 ELIGIBLE PROVIDERS: In order to be eligible to be reimbursed for providing CCSS services, a provider agency must be: a federally qualified health center (FQHC); an Indian health service (IHS) hospital or clinic; a PL 93-638 tribally operated hospital or clinic; a community mental health center licensed by the New Mexico department of health (DOH); or a children's core service agency licensed by the New Mexico children, youth and families department (CYFD). Prior to the introduction of CSA's as a medicaid provider type, providers of CCSS to adults and to children 18 years of age and older must be an FQHC, IHS hospital or clinic, PL 93-638

hospital or clinic, licensed as a CMHC, certified for psychosocial rehabilitation services (PSR) by DOH or certified for targeted case management (TCM) by DOH. Providers of CCSS for children less than 18 years of age must be an FQHC, IHS hospital or clinic, PL 93-638 hospital or clinic, or certified as a targeted case management agency by CYFD. Upon introduction of CSA's as a medicaid provider type, providers of CCSS to adults and to children 18 years of age or older must be a FQHC, IHS hospital or clinic, PL93-638 hospital or clinic, or licensed as a CMHC. Providers of CCSS for children under 18 years of age must be an FQHC, IHS hospital or clinic, PL 93-638 hospital or clinic, or licensed as a core service agency (CSA). Eligible recipients', ages 18 through 20, may be served by an agency certified or licensed for CCSS by either CYFD or DOH, as appropriate.

A. CCSS provided by agencies must be rendered by qualified practitioners.

- (1) Community support workers (other than a peer or family specialist), who must possess:
 - (a) the education, skills, abilities, and experience to perform the activities that comprise the full spectrum of CCSS;
 - (b) a bachelor's degree in a human service field from an accredited university and one year of relevant experience with the target population; or,
 - (c) an associate's degree and a minimum of two years of experience working with the target population; or,
 - (d) a high school graduation or general educational development (GED) test and a minimum of three years of experience working with the target population; or,
 - (e) New Mexico peer or family specialist certification; and,
 - (f) 20 hours of documented training or continuing education, as identified in the CCSS service definition.
- (2) CCSS Agency supervisory staff, who must possess:
 - (a) the education, skills, abilities, and experience to perform the activities that comprise the full spectrum of CCSS;
 - (b) a bachelor's degree in a human services field from an accredited university;
 - (c) four years of relevant experience in the delivery of case management or community support services with the target population;
 - (d) one year of demonstrated supervisory experience, and
 - (e) 20 hours of documented training or continuing education, as identified in the CCSS service definition.
- (3) Agency clinical supervisory staff, who must possess:
 - (a) the education, skills, abilities, and experience to perform the activities that comprise the full spectrum of CCSS;
 - (b) be a licensed independent practitioner (psychiatrist, psychologist, LISW, LPCC, LMFT, LPAT, CNS) practicing under the scope of his or her licensure; and,
 - (c) have one year of documented supervisory training.
- (4) Peer specialists, who must:
 - (a) must be 18 years of age or older; and
 - (b) have a high school diploma or GED; and
 - (c) be self-identified as a current or former consumer of mental health or substance abuse services, and
 - (d) have at least one year of mental health or substance abuse recovery; and
 - (e) have received certification as a certified peer specialist
- (5) Family specialists, who must:
 - (a) must be 18 years of age or older; and
 - (b) have a high school diploma or GED; and
 - (c) 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. Must also have an understanding of how these systems operate in New Mexico; and
 - (d) if the individual is a current or former consumer, they must be well-grounded in their symptom self-management; and
 - (e) have received certification as a certified family specialist.

B. 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.

C. Upon approval of a New Mexico medical assistance division provider participation agreement by MAD or its designee, a licensed practitioner or facility that meets applicable requirements is eligible to be reimbursed for furnishing covered services to eligible program recipients. A provider must be enrolled before submitting a claim for payment to the MAD claims processing contractors. MAD makes available on the HSD/MAD website, on other program-specific websites, or in hard copy format, information necessary to participate in health care programs administered by HSD or its authorized agents, including program policies, billing instruction, utilization review instructions, and other pertinent materials. Once enrolled, a provider receives instruction on how to access these documents. It is the provider's responsibility to access these instructions or ask for paper copies to be provided, to understand the information provided and to comply with the requirements. The provider must contact HSD or its authorized agents to request hard copies of any program policy manuals, billing and utilization review instructions, and other pertinent materials and to obtain answers to questions on or not covered by these materials. To be eligible for reimbursement a provider is bound by the provisions of the MAD provider participation agreement.

[8.315.6.11 NMAC - N, 1-1-08]

8.315.6.11 PROVIDER RESPONSIBILITIES: A provider who furnishes services to medicaid and other health care programs eligible recipients agree to comply with all federal and state laws and regulations relevant to the provision of medical services as specified in the MAD provider participation agreement. A provider also agrees to conform to MAD program policies and instruction as specified in this manual and its appendices, and program directions and billing instructions, as updated. A provider is also responsible for following coding manual guidelines and CMS correct coding initiatives, including not improperly unbundling or up-coding services. See 8.302.1 NMAC, *General Provider Policies*.

[8.315.6.11 NMAC - N, 1-1-08]

8.315.6.12 ELIGIBLE RECIPIENTS: CCSS are provided to eligible recipients 21 years and under who are at risk of/or experiencing serious emotional/neurobiological/behavioral disorders or with chronic substance abuse, or adults with severe mental illness. A co-occurring diagnosis of substance abuse shall not exclude an eligible recipient from eligibility for the service.

[8.315.6.10 NMAC - N, 1-1-08]

8.315.6.13 COVERAGE CRITERIA:

- A. MAD covers medically necessary CCSS required by the condition of the eligible recipient.
- B. This culturally sensitive service coordinates and provides services and resources to eligible recipients and their families necessary to promote recovery, rehabilitation and resiliency. CCSS identifies and addresses the barriers that impede the development of skills necessary for independent functioning in the community, as well as strengths that may aid the eligible recipient or family in the recovery or resiliency process.
- C. CCSS activities are goal-directed and provided as part of the approved service plan.
- D. CCSS also includes supporting an eligible recipient or family in crisis situations and providing individual interventions to develop or enhance an eligible recipient's ability to make informed and independent choices.
- E. All CCSS must be furnished within the limits of MAD benefits, within the scope and practice of the eligible provider's respective profession as defined by state law, and in accordance with applicable federal, state and local laws and regulations.

F. All services must be provided in compliance with the current MAD definition of medical necessity.

[8.315.6.13 NMAC - N, 1-1-08]

8.315.6.14 COVERED SERVICES:

- A. CCSS activities include:
 - (1) assistance to the eligible recipient in the development and coordination of the eligible recipient's service plan including a recovery or resiliency management plan, a crisis management plan, and, when requested, advanced directives related to the eligible recipient's behavioral health care;
 - (2) assessment support and intervention in crisis situations, including the development and use of crisis plans that recognize the early signs of crisis or relapse, use of natural supports, use of alternatives to emergency departments and inpatient services;
 - (3) individualized interventions, with the following objectives:

- (a) services and resources coordination to assist the eligible recipient in gaining access to necessary rehabilitative, medical and other services;
- (b) assistance in the development of interpersonal, community coping and functional skills (e.g., adaptation to home, school and work environments), including:
 - (i) socialization skills;
 - (ii) developmental issues;
 - (iii) daily living skills;
 - (iv) school and work readiness activities; and
 - (v) education on co-occurring illness;
- (c) encouraging the development of natural supports in workplace and school environments;
- (d) assisting in learning symptom monitoring and illness self-management skills (e.g. symptom management, relapse prevention skills, knowledge of medication and side effects, and motivational/skill development in taking medication as prescribed) in order to identify and minimize the negative effects of symptoms that interfere with the eligible recipient's daily living and to support the eligible recipient in maintaining employment and school tenure;
- (e) assisting the eligible recipient in obtaining and maintaining stable housing; and
- (f) any necessary follow-up to determine if the services accessed have adequately met the eligible recipient's needs;

B. The majority (60% or more) of non facility-based CCSS provided must be face-to-face and *in vivo* (where the eligible recipient is located). The community support must monitor and follow-up to determine if the services accessed have adequately met the eligible recipient's individual treatment needs.

C. CCS may not be filled in conjunction with the following MAD services:

- (1) multi-systemic therapy
- (2) assertive community treatment
- (3) accredited residential treatment
- (4) residential treatment
- (5) group home services
- (6) inpatient hospitalization
- (7) partial hospitalization
- (8) treatment foster care

D. For eligible recipients or their families, the comprehensive community support worker will make every effort to engage the eligible recipient in achieving treatment or recovery goals.

E. When the service is provided by a certified peer or family specialist, the above functions/interventions should be performed with a special emphasis on recovery values and process, such as:

- (1) empowering the eligible recipient to have hope for, and participate in, his own recovery;
- (2) helping the eligible recipient to identify strengths and needs related to attainment of independence in terms of skills, resources and supports, and to use available strengths, resources and supports to achieve independence;
- (3) helping the eligible recipient to identify and achieve his or her personalized recovery goals; and,
- (4) promoting the eligible recipient's responsibility related to illness self-management.

[8.315.6.14 NMAC - N, 1-1-08]

8.315.6.15 NONCOVERED SERVICES: CCSS are subject to the limitations and coverage restrictions which exist for other MAD services. See 8.301.3 NMAC, *General Noncovered Services* [MAD-602]. MAD does not cover the following mental health specific services:

- A. hypnotherapy;
- B. biofeedback;
- C. conditions that do not meet the standard of medical necessity as defined in MAD policies;
- D. treatment for personality disorders;
- E. treatment provided for adults 21 years and older in alcohol or drug rehabilitation units;
- F. milieu therapy;
- G. educational or vocational services related to traditional academic subjects or vocational training;
- H. experimental or investigational procedures, technologies or non-drug therapies and related services;
- I. activity therapy, group activities and other services which are primarily recreational or divisional in nature;

- J. electroconvulsive therapy;
- K. services provided by non-licensed counselors, therapists or social workers; and,
- L. treatment of mental retardation alone.

[8.315.6.15 NMAC - N, 1-1-08]

8.315.6.16 PRIOR AUTHORIZATION AND UTILIZATION REVIEW: All MAD services are subject to utilization review for medical necessity and program compliance. Reviews may be performed before services are furnished, after services are furnished and before payment is made, or after payment is made. See 8.302.5 NMAC, *Prior Authorization and Utilization Review*. Once enrolled, providers receive instructions on how to access provider program policies, billing instructions, utilization review instructions, and other pertinent material and to obtain answers to questions on or not covered by these materials. It is the provider's responsibility to access these instructions or ask for paper copies to be provided, to understand the information provided and to comply with the requirements.

A. **Prior authorization:** Certain procedures or services may require prior authorization from MAD or its designee. Services for which prior authorization was obtained remain subject to utilization review at any point in the payment process.

B. **Eligibility determination:** Prior authorization of services does not guarantee that an individual is eligible for a medicaid or other health care program. Providers must verify that individuals are eligible for a specific program at the time services are furnished and determine if eligible recipients have other health insurance.

C. **Reconsideration:** Providers who disagree with prior authorization request denials or other review decisions can request a re-review and reconsideration. See 8.350.2 NMAC, *Reconsideration of Utilization Review Decisions* [MAD-953].

[8.315.6.11 NMAC - N, 1-1-08]

8.315.6.17 REIMBURSEMENT:

A. CCSS agencies must submit claims for reimbursement on the HCFA/CMS claim form or its successor. See 8.302.2 NMAC, *Billing for MAD Services*. Once enrolled, providers receive instructions on documentation, billing, and claims processing. Reimbursement is made to comprehensive community support agencies for covered services at the lesser of the following:

- (1) the provider's billed charge; or
- (2) the MAD fee schedule for the specific service or procedure.

B. Reimbursement to providers for covered services is made at the lesser of the following:

- (1) the provider's billed charge; or
- (2) the MAD fee schedule for the specific service or procedure for the provider, as established after

considering cost data.

(a) The provider's billed charge must be its usual and customary charge for services.

(b) "Usual and customary charge" refers to the amount that the individual provider charges the general public in the majority of cases for a specific procedure or service.

C. Reimbursement for Indian health service agencies and federally qualified health centers follow the guidelines and special provisions for those entities.

[8.315.6.17 NMAC - N, 1-1-08]

HISTORY OF 8.315.6 NMAC: [RESERVED]