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8.320.4 SPECIAL REHABILITATION SERVICES

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TITLE 8 SOCIAL SERVICES
CHAPTER 320 EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SERVICES
PART 4 SPECIAL REHABILITATION SERVICES

8.320.4.1 ISSUING AGENCY: New Mexico Human Services Department.
[2/1/95; 8.320.4.1 NMAC - Rn, 8 NMAC 4.MAD.000.1, 12/1/03]

8.320.4.2 SCOPE: The rule applies to the general public.
[2/1/95; 8.320.4.2 NMAC - Rn, 8 NMAC 4.MAD.000.2, 12/1/03]

8.320.4.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended and by the state human services department pursuant to state statute. See Section 27-2-12 et seq. NMSA 1978 (Repl. Pamp. 1991).
[2/1/95; 8.320.4.3 NMAC - Rn, 8 NMAC 4.MAD.000.3, 12/1/03]

8.320.4.4 DURATION: Permanent
[2/1/95; 8.320.4.4 NMAC - Rn, 8 NMAC 4.MAD.000.4, 12/1/03]

8.320.4.5 EFFECTIVE DATE: February 1, 1995
[2/1/95; 8.320.4.5 NMAC - Rn, 8 NMAC 4.MAD.000.5, 12/1/03]

8.320.4.6 OBJECTIVE: The objective of these regulations is to provide policies for the service portion of the New Mexico medicaid program. These policies describe eligible providers, covered services, noncovered services, utilization review, and provider reimbursement.
[2/1/95; 8.320.4.6 NMAC - Rn, 8 NMAC 4.MAD.000.6, 12/1/03]

8.320.4.7 DEFINITIONS: [RESERVED]

8.320.4.8 MISSION STATEMENT: The mission of the New Mexico medical assistance division (MAD) is to maximize the health status of medicaid-eligible individuals by furnishing payment for quality health services at levels comparable to private health plans.
[2/1/95; 8.320.4.8 NMAC - Rn, 8 NMAC 4.MAD.002, 12/1/03]

8.320.4.9 SPECIAL REHABILITATION SERVICES: The New Mexico medicaid program (medicaid) pays for medically necessary health services furnished to eligible recipients. To help young New Mexico medicaid recipients receive necessary service, the New Mexico medical assistance division (MAD) pays for special rehabilitation services as part of early and periodic screening, diagnosis, and treatment (EPSDT) services [42 CFR Section 441.57]. The need for special rehabilitation services may be identified in the tot to teen healthcheck screen or other diagnostic evaluation furnished through a healthcheck referral, or a developmental evaluation which includes an assessment by a physician. This part describes eligible providers, covered services, service limitations, and general reimbursement methodology. If the need for special rehabilitation is identified outside of the tot to teen healthcheck process a referral from the child's physician or primary care provider (PCP) must be made for appropriate screening and follow-up.
[3/1/99; 8.320.4.9 NMAC - Rn, 8 NMAC 4.MAD.743 & A, 12/1/03]

8.320.4.10 ELIGIBLE PROVIDERS: Upon approval of New Mexico medical assistance program provider participation contract by MAD, agencies certified by the New Mexico department of health (DOH) as approved special rehabilitation services provider agencies are eligible to be reimbursed for furnishing special rehabilitation services to eligible medicaid recipients. Individual professionals providing special rehabilitation services who are employed by or contracted to approved special rehabilitation provider agencies must meet applicable DOH standards. Once enrolled, approved providers receive a packet of information, including medicaid program policies, billing instructions, utilization review instructions, and pertinent material from MAD. Providers are responsible for ensuring that they have received these materials and for updating them as new materials are received from MAD.

[3/1/99; 8.320.4.10 NMAC - Rn, 8 NMAC 4.MAD.743.1 & A, 12/1/03]

8.320.4.11 PROVIDER RESPONSIBILITIES: Providers who furnish services to medicaid recipients must comply with all specified medicaid participation requirements. See 8.302.1 NMAC, *General Provider Policies*. Providers must verify that individuals are eligible for medicaid at the time services are furnished and determine if medicaid recipients have other health insurance. Providers must maintain records that are sufficient to fully disclose the extent and nature of the services provided to recipients. See 8.302.1 NMAC, *General Provider Policies*.
[3/1/99; 8.320.4.11 NMAC - Rn, 8 NMAC 4.MAD.743.2 & A, 12/1/03]

8.320.4.12 ELIGIBLE RECIPIENTS: Medicaid enrolled children who have been determined through a multidisciplinary developmental evaluation to have, or be at risk for developmental delay and to be in need of special rehabilitative services as defined by DOH are eligible to receive special rehabilitation services. Children diagnosed as mentally retarded or developmentally disabled are not eligible for special rehabilitation services.
[3/1/99; 8.320.4.12 NMAC - Rn, 8 NMAC 4.MAD.743.3 & A, 12/1/03]

8.320.4.13 COVERED SERVICES:

A. Medicaid only covers special rehabilitation services necessary to enhance development in one or more of the following developmental domains:

(1) physical/motor;
(2) communication;
(3) adaptive;
(4) cognitive;
(5) social or emotional; or
(6) sensory.

B. Special rehabilitation services generally involve the family and are designed to support and enhance the eligible child's development. Services, include the following:

(1) Speech, language and hearing services are provided by or under the direction of a speech pathologist or audiologist, as the result of a referral by a physician or primary care provider (PCP). Speech, language and hearing services mean evaluations to determine an individual's need for these services and recommendations for a course of treatment; and treatments provided to an individual with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the individual. Services also include consultations with the family and other professional staff.

(2) Occupational therapy services are provided by or under the direction of a qualified occupational therapist as the result of a referral from a physician or primary care provider (PCP). Occupational therapy services mean evaluations of problems interfering with an individual's functional performance and the provision of therapies that are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem interfering with age appropriate functional performance. Services also include consultation with the family and other professional staff.

(3) Physical therapy services are provided by or under the direction of a qualified physical therapist as a result of a referral from a physician or primary care provider (PCP). Physical therapy services mean evaluations to determine an individual's need for physical therapy and the provision of therapies that are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem. Services also include consultation with the family and other professional staff.

(4) Psychological, counseling and social work: These services mean 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 to 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 that includes planning, managing and providing a program of psychological services to individuals with diagnosed psychological problems; and consultation with the family and other professional staff.

(5) Developmental evaluation and rehabilitation services mean assessments 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 purposes of identifying or determining the

nature and extent of, and rehabilitating an individual's medical or other health-related condition. Services also include consultation with the family and other professional staff. These services are provided as the result of a referral from a physician or primary care provider (PCP).

(6) Nursing services are performed by a certified nurse practitioner (CNP), 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 the result of a referral from a physician or primary care provider (PCP). 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.

C. Providers of special rehabilitation services must be certified by the department of health and approved for participation and enrolled in the New Mexico medicaid program. Services are provided directly by the special rehabilitation service provider or through contractors with the special rehabilitation agency. Providers shall:

(1) provide special rehabilitation services under the direction of professionals acting within their scope of practice as defined by state law;

(2) provide special rehabilitation services in the most appropriate least restrictive environment;

(3) assure that claiming for special rehabilitation services does not duplicate claiming for EPSDT administrative outreach services or services funded under the state general fund contract with the department of health.

[3/1/99; 8.320.4.13 NMAC - Rn, 8 NMAC 4.MAD.743.4 & A, 12/1/03]

8.320.4.14 NONCOVERED SERVICES: Special rehabilitation services are subject to the limitations and coverage restrictions that exist for other medicaid services. See 8.301.3 NMAC, *General Noncovered Services*. Medicaid does not cover the following specific services furnished by special rehabilitation providers:

A. services furnished to individuals who are not medicaid eligible;

B. services furnished that are not within the scope of practice of the professional performing them or supervising the activity;

C. services that are not included in the current treatment plan or individual family service plan (IFSP); and

D. services that are not medically necessary.

[3/1/99; 8.320.4.14 NMAC - Rn, 8 NMAC 4.MAD.743.5 & A, 12/1/03]

8.320.4.15 TREATMENT PLAN: The need for special rehabilitation services must be documented in a treatment plan or individualized family service plan (IFSP) developed in accordance with applicable policies and procedures of the department of health and regulations governing Part C of the Individuals with Disabilities Education Act. The treatment plan or IFSP must be developed within forty-five (45) days of the initiation of services and reviewed every six (6) months or more often as indicated. The following must be contained in the treatment plan or IFSP documents and must be available for review in the recipient's file:

A. statement of the child's present levels of physical development including vision, hearing, and health status;

B. communications development;

C. social or emotional development;

D. cognitive development;

E. adaptive development;

F. family history and other relevant family information;

G. description of intermediate and long-range goals, with a projected timetable for their attainment, and dates, duration and scope of services;

H. procedures and time lines to determine the progress made toward achieving the outcomes and whether modifications to or revision of the outcomes or services are needed; and

I. statement of the specific special rehabilitation services needed to meet the unique needs of the child to achieve the outcomes specified, including the frequency, intensity and method of delivering the services, the environment in which services will be provided, and the location of the services.

[3/1/99; 8.320.4.15 NMAC - Rn, 8 NMAC 4.MAD.743.6 & A, 12/1/03]

8.320.4.16 PRIOR APPROVAL AND UTILIZATION REVIEW: All medicaid 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 Approval and Utilization Review*. Once enrolled, providers receive instructions and documentation forms necessary for prior approval and claims processing. Services for which prior approval was obtained remain subject to utilization review at any point in the payment process.

A. A maximum of nineteen (19) hours per month of special rehabilitation services can be furnished by providers before prior approval from the New Mexico department of health is required.

B. Prior approval of services does not guarantee that individuals are eligible for medicaid. Providers must verify that individuals are eligible for medicaid at the time services are furnished and determine if medicaid recipients have other health insurance.

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

[3/1/99; 8.320.4.16 NMAC - Rn, 8 NMAC 4.MAD.743.7 & A, 12/1/03]

8.320.4.17 REIMBURSEMENT: Providers of special rehabilitation services must submit claims for reimbursement on the HCFA-1500 claim form or its successor. See 8.302.2 NMAC, *Billing for Medicaid Services*. Once enrolled, providers receive instructions on documentation, billing, and claims processing. Reimbursement to providers is made at the lesser of the following:

A. the provider's billed charge; or

B. the MAD fee schedule for the specific service or procedure.

(1) The provider's billed charge must be their usual and customary charge for the service or procedure.

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

(3) The rate of reimbursement is based on the setting where the services are furnished and the type of services furnished by providers.

[3/1/99; 8.320.4.17 NMAC - Rn, 8 NMAC 4.MAD.743.8 & A, 12/1/03]

HISTORY OF 8.320.4 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center:
ISD 310.1700, EPSDT Services; filed 2/13/80.
ISD 310.1700, EPSDT Services, filed 6/25/80.
ISD Rule 310.1700, EPSDT Services, filed 10/22/84.
MAD Rule 310.17, EPSDT Services, filed 5/1/92.
MAD Rule 310.17, EPSDT Services, filed 7/14/93.
MAD Rule 310.17, EPSDT Services, filed 11/12/93.
MAD Rule 310.17, EPSDT Services, filed 12/17/93.
MAD Rule 310.17, EPSDT Services, filed 3/14/94.
MAD Rule 310.17, EPSDT Services, filed 6/15/94.
MAD Rule 310.17, EPSDT Services, filed 11/30/94.

History of Repealed Material:
MAD Rule 310.17, EPSDT Services, filed 11/30/94 - Repealed effective 2/1/95.