

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Attachment 4.19 – B Page 3aa

4. Adult Accredited Residential Treatment Centers (AARTC) for Adults with Substance Use Disorders (SUD):

Reimbursement is made at a daily rate established ~~by the agency state audit agent~~ after analyzing the costs to provide services. Room and board costs are not included in the rate and are not reimbursable. Costs that are considered in the rate are: direct service costs, direct supervision costs, therapy costs including all salaries, wages, and benefits associated with health care personnel, admission ~~and~~ discharge planning, clinical support costs, non-personnel operating costs including expenses incurred for program related supplies and general administration costs.

Beginning January 1, 2025, Tier 1 services are reimbursed at a statewide prospective rate established by the State of New Mexico.

Beginning January 1, 2025, Tier ~~2H~~ and ~~3H~~ services are reimbursed at the greater of the facility-specific daily rate previously established or the statewide prospective rate established by the State of New Mexico.

Except as otherwise noted in the State Plan, the ~~S~~state-developed fee schedule rates are the same for both governmental and private providers. The ~~agency's~~ fee schedule, ~~was~~ set as of January 1, 2025, ~~and~~ is effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-for-service/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

5. Adult Accredited Residential Treatment Centers (AARTC) for Adults with Serious Mental Illness (SMI):

Reimbursement is made at a daily rate established after analyzing the costs to provide services. Room and board costs are not included in the rate and are not reimbursable. Costs that are considered in the rate are: direct service costs, direct supervision costs, therapy costs including all salaries, wages, and benefits associated with health care personnel, admission and discharge planning, clinical support costs, non-personnel operating costs including expenses incurred for program related supplies and general administration costs.

Except as otherwise noted in the State Plan, the state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule, set as of July 1, 2026, is effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-for-service/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

6. Crisis Triage Centers (CTC): –

Reimbursement is made at service rates that are uniquely determined for each provider based on provider costs, as determined by the state agency contracted audit agency. Costs are determined by considering: direct service costs, direct supervision costs, therapy costs including all salaries, wages and benefits associated with health care personnel, clinical support costs, non-personnel operating costs and general administration costs. CTCs have a cost-based reimbursement, ~~and~~ which is specific to each agency. ~~T~~hese rates are not publicly published. During the rate calculation process, several key factors are reviewed by the agency and the providers upon approval of the rates.

7. Evidence-Based Practices Including Functional Family Therapy, Dialectical Behavior Therapy, Trauma Focused Cognitive Behavior Therapy, and Eye Movement Desensitization and Reprocessing:-

Reimbursement for Evidence-Based Rehabilitative Services, as outlined in item 13.d per Attachment 3.1-A, ~~are~~ is paid based upon Medicaid rates established by the State of New Mexico.

Except as otherwise noted in the State Plan, the ~~S~~state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule, ~~provider agency's rates were~~ set as of January 1, 2025, ~~and are~~ is effective for ~~these~~ services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-for-service/>. Notice of changes to rates will be made as required by 42 CFR 447.205.

The rate development methodology will primarily be composed of provider cost modeling, through New Mexico provider compensation studies and cost data. Rates from similar ~~S~~state Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in rate development:-

- Staffing assumptions and staff wages.
- Employee-related expenses—and benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment insurance, and ~~W~~orkers' Compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.
- Rural rates will include additional travel considerations for community and home-based services.

The rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

8. Mobile Crisis and Stabilization Rehabilitative Services: –

Reimbursement for Mobile Crisis and Stabilization Rehabilitative Services, as outlined in item 13.d per Attachment 3.1-A, ~~are is~~ paid based upon Medicaid rates established by the State of New Mexico.

Except as otherwise noted in the State Plan, the ~~s~~State-developed ~~fee schedule~~ rates are the same for both governmental and private providers. The ~~fee schedule, provider agency's rates were~~ set as of January 1, 2025, ~~and are~~ is effective for ~~these~~ services provided on or after that date. All rates are published on the New Mexico Medicaid website at <https://www.hca.nm.gov/providers/fee-for-service/>. ~~Notice of changes to rates will be made as required by 42 CFR 447.205.~~

The rate development methodology will primarily be composed of provider cost modeling, through New Mexico provider compensation studies and cost data. Rates from similar ~~S~~state Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in rate development:

- ~~• Staffing assumptions and staff wages.~~
- ~~• Employee-related expenses—benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation).~~
- ~~• Program-related expenses (e.g., supplies).~~
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- Employee-related expenses ~~—and~~ benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment insurance, and ~~W~~workers' ~~C~~eompensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

9. Community Health Worker (CHW)/Community Health Representative (CHR): –

CHWs and CHRs are reimbursed on a fee schedule basis.

Except as otherwise noted in the ~~S~~state ~~P~~plan, the state-developed fee schedule rates are the same for both governmental and private providers. The ~~agency's~~ fee schedule, ~~rates were~~ set as of July 1, 2023, ~~is and are~~ effective for services provided on or after that date. All rates are published on the New Mexico Medicaid website at: ~~<https://www.hsd.state.nm.us/providers/fee-schedules/>~~ <https://www.hca.nm.gov/providers/fee-for-service/>. Notice of changes to rates will be made as required by 42 CFR 447.205.