



HEALTH CARE
AUTHORITY

Behavioral Health Service Division
Behavioral Health Service Standards
June 1st, 2025

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Appendix I. Behavioral Health Specialty Program Services

I. Introduction:

Purpose of this Document: This document is intended to provide guidance to existing rules, regulations and standards recognized by the state of New Mexico's Health Care Authority, Behavioral Health Service Division (BHSD).

Because this document references only selected portions of these published regulations, it should not be used or relied upon as a replacement document and specific questions should always be addressed by referring to the original documents.

HCA Mission: We ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

Vision: Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

Organizational Structure:

- a) [New Mexico Health Care Authority \(HCA\)](#) Effective July 1, 2024, the HCA began operations as a new executive department, integrating resources and mandates from key entities, including the Human Services Department (HSD), the Employee Benefits Bureau from the General Services Department (GSD), the Health Care Affordability Fund team from the Office of Superintendent of Insurance (OSI), and the Division of Health Improvement and Developmental Disabilities Supports Division from the Department of Health (NMHealth). The HCA leverages purchasing power, partnerships and data analytics to create innovative policies and models of comprehensive coverage for New Mexicans.
 - [The HCA Medical Assistance Division \(MAD\)](#) is the direct administrator of the New Mexico Medicaid program.
 - The [Behavioral Health Services Division \(BHSD\)](#) is the Mental Health and Substance Abuse State Authority for New Mexico, is tasked to address need, services, planning, monitoring and continuous quality systemically across the state, including approving specialized behavioral health programs.
 - The [Division of Health Improvement \(DHI\)](#) is the regulatory entity of the HCA providing compliance oversight for Health Facility Licensing and Certification and Community-based Programs for the Developmental Disabilities Waiver, Medically Fragile Waiver and the Mi Via Waiver.
- b) The [Administrative Office of the Courts \(AOC\)](#) exists to enable the courts of New Mexico to accomplish their mission through; Ensuring that the courts have adequate, equitably distributed resources; Ensuring that the courts have and use

current technology; Providing a fair and equitable statewide human resources system; Developing and implementing improved court processes and supporting courts in their use; Collecting and providing information on and for the courts; Ensuring sound financial, budgeting and procurement practices in the management of court resources; Maintaining liaison with the legislative and executive branches of state government.

- c) [New Mexico Children, Youth, and Families Department \(CYFD\)](#) is the behavioral and mental health authority for all children in New Mexico. CYFD's Children's Behavioral Health Services (CBHS) division is the lead on children's behavioral health policy in collaboration with other State Agencies. CYFD Licensing and Certification Authority (LCA) licenses and certifies children's BH programs.

II. Rules and Regulations:

The primary state rules and regulations referenced in this document are the New Mexico Administrative Code (NMAC) and the Behavioral Health Policy and Billing Manual (BH Manual).

A. New Mexico Administrative Code

The [New Mexico Administrative Code 8.321.2 Specialized Behavioral Health Services](#) outlines regulations for all of the different specialized BH services reimbursed by Medicaid. In addition, it delineates which providers can offer these services and what requirements exist for how they provide them. The NMAC is a primary source and should be consulted frequently. For ease of access and understanding of how the NM Administrative Code for BH services is organized, the table of contents is presented below:

[NMAC Table of Contents](#)

Section	Section Title
8.321.2.9	General Provider Instruction
8.321.2.9C	List of independent providers with active licenses eligible for reimbursement by MAD
8.321.2.9D	List of types of agencies eligible for reimbursement for providing behavioral health services
8.321.2.9E	List of types of non-independently or non-licensed providers eligible to provide services
8.321.2.9 J-L	General guidance on conducting a comprehensive assessment or diagnostic evaluation and treatment plan

8.321.2.10	Adult Accredited Residential Treatment Center (AARTC) for Adults with Substance Use Disorders
8.321.2.11	Adult Accredited Residential Treatment Center (AARTC) for Adults with Serious Mental Health Conditions
8.321.2.12	Accredited Residential Treatment Center for Youth (ARTC)
8.321.2.13	Applied Behavior Analysis (ABA)
8.321.2.14	Assertive Community Treatment Services
8.321.2.15	Behavioral Health Professional Services for Screenings, Evaluations, Assessments, and Therapy
8.321.2.16	Behavioral Health Respite Care (Managed Care Organization (MCO))
8.321.2.17	Behavior Management Skills Development Services
8.321.2.18	Cognitive Enhancement Therapy (CET)
8.321.2.19	Comprehensive Community Support Services (CCSS)
8.321.2.20	Crisis Intervention Services
8.321.2.21	Crisis Triage Center
8.321.2.22	Day Treatment
8.321.2.23	Family Support Services (FSS) (MCO reimbursed only)
8.321.2.24	Inpatient Psychiatric Care in Freestanding Psychiatric Hospitals and Psychiatric Units of Acute Care Hospitals
8.321.2.25	Institution for Mental Diseases (IMD) for Substance Use Disorder (SUD)
8.321.2.26	Intensive Outpatient Program (IOP) for Substance Use Disorders (SUD)
8.321.2.27	Intensive Outpatient Program (IOP) for Mental Health Conditions
8.321.2.28	Medication Assisted Treatment (MAT): Buprenorphine Treatment for Opioid Use Disorder
8.321.2.29	Multi-Systemic Therapy (MST) and MST Sexual Behavior (MST-PSB)
8.321.2.30	Non-Accredited Residential Treatment Centers (RTC) and Group Homes
8.321.2.31	Opioid Treatment Program (OTP)
8.321.2.3	Partial Hospitalization Services
8.321.2.3	Psychosocial Rehabilitation Services
8.321.2.34	Recovery Services (MCOs only)
8.321.2.35	Screening, Brief Intervention & Referral to Treatment (SBIRT)

8.321.2.36	Smoking Cessation Counseling
8.321.2.37	Supportive Housing Pre-Tenancy and Tenancy Services (PSH-TSS)
8.321.2.38	Treatment Foster Care I and II
8.321.2.39	Therapeutic Interventions: trauma-focused cognitive behavioral therapy (TF-CBT); eye movement desensitization and reprocessing (EMDR); and dialectical behavior therapy (DBT)
8.321.2.40	Functional Family Therapy (FFT)
8.321.2.41	High Fidelity Wraparound (HFW)
8.321.2.42	Peer Support Services

B. Policy and Billing

The [Behavioral Health Policy and Billing Manual](#) (BH Manual) outlines service, documentation, site visit, and staffing requirements for each specific behavioral health (BH) service reimbursed by Medicaid. It is a reference for the policies and processes related to Medicaid BH services, as defined in the NMAC Section 8.321.2.

Behavioral health services are diagnosed and billed for in relation to The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) and the International *Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. For children 0-5 years of age, the HCA utilizes a separate diagnostic criterion that can be cross-walked to the DSM-5 and ICD-10.

The provisions in the BH Manual reflect the current general operating policies and essential procedures specific to behavioral health services related to Serious Mental Illness (SMI), Severe Emotional Disturbance (SED) and Substance Use Disorders (SUD).

These are not all inclusive and may be amended or revoked at any time by HCA. If there is a conflict between the BH Manual and the NMAC, the NMAC rules are the final word. As the BH Manual is updated regularly, the most recent version can be found on the [New Mexico Health Care Authority website](#).

BH Policy and Billing Manual Contents with Page Numbers

Accredited Residential Treatment Center (ARTC for Youth)	3
Adult Accredited Residential Treatment Center for Substance Use Disorder (AARTC)	6
Adult Accredited Residential Treatment Center (Adult AARTC) for Mental Health	13
Applied Behavior Analysis (ABA)	18
ASAM Level 1 and 1-WM (Outpatient SUD Services)	31
ASAM Level 4 (Medically Managed Intensive Inpatient Services)	39
ASAM Level 4-WM (Medically Managed Intensive Inpatient Withdrawal Management in a Hospital)	45
Assertive Community Treatment (ACT)	47
Behavior Management Services (BMS)	53
Behavioral Health Professional Services for Screenings, Evaluations, Assessments, and Therapy	56
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Comprehensive Multidisciplinary Assessment and Treatment Planning	67
Comprehensive Community Support Services (CCSS)	72
Crisis Intervention Services	77
Crisis Triage Center (CTC)	91
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Recovery Services (Managed Care Benefit Only)	179
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	181
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Permanent Supportive Housing and Tenancy Support Services (PSH-TSS)	185
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	189
Treat First Clinical Model	192
Treatment Foster Care I and II	195

C. Special Regulations and Processes for Working with Children and Adolescents

Specific regulations exist relating to the certification and licensing to serve children and adolescents. The CYFD Licensing and Certification Unit (LCA) survey sheets provided below aid LCA staff in monitoring provider facilities and/or services.

Certification and Licensing of residential facilities should include training requirements of the Turquoise Alert System. This allows notification of children, especially in CYFD custody, to have specific identifiers for Native youth (Licensing 7.20.12.30 Policies and Procedures, section B., D. F).

This does not include all the standards that are assessed. Providers are accountable for compliance with all applicable Standards and/or Regulations regarding Licensing, Certification and Criminal Records Checks. Full Standards and Regulations are available at the following links:

- [Certification \(7.20.11 NMAC\)](#)
- [Licensing \(7.20.12 NMAC\)](#)
- [Criminal Records Checks \(8.8.3 NMAC\)](#)

D. Licensing Scopes of Practices (SOP)

The New Mexico Regulation and Licensing Department oversees and ensures licensing requirements for a variety of professions, including those in behavioral health. Each profession listed below must meet these requirements in New Mexico in order to provide behavioral health services. Some, such as Social Work, have different levels of licensure which may limit a professional's scope of practice. The links below detail training and licensing requirements, reciprocity, discipline and enforcement, as well as statutes, rules and regulations for each profession outlined by their respective board.

- o [Counseling and Therapy Practice](#) oversees Licensed Counselors, Licensed Marriage and Family Therapists, Licensed Art Therapists, and Licensed Alcohol and Drug Abuse Counselors.
- o [Psychologist Examiners](#) oversees psychologists.
- o [Social Work Examiners](#) oversees both masters' level and independently licensed social workers.

The following professions have their own state boards:

- o [Board of Nursing](#) oversees SOP for psychiatric nurses and psychiatric nurse practitioners (NPs).

- [Medical Board](#) outlines SOP for physicians and Physician Assistants (PAs).
- [NM Credentialing Board for Behavioral Health Professionals](#) oversees SOP for Certified Peer Support Workers, Certified Family Peer Support Workers, Certified Wraparound Facilitators, Certified Alcohol and Drug Counselors, and Certified Youth Peer Support Workers.

In addition, there exist national professional practice guidelines as outlined by professional organizations relevant to behavioral health. These guidelines impact relevant ongoing workforce training and accreditation of professional training programs.

- [Psychiatry](#)
- [Psychology](#)
- [Social Work](#)
- [Clinical Counseling](#)
- [Art Therapy](#)
- [Addiction Counseling](#)
- [Addiction Medicine](#)
- [Family and Marriage Counseling](#)
- [Certified Peer Support Workers](#)
- [Psychiatric Nurse Practitioner](#)

E. Other Regulations for Facilities and Programs

There are regulations for medical and other facilities as well as other important services and programs that relate in some way to behavioral health as well. Their focus includes ensuring safety for some of the most vulnerable individuals receiving services. **Division of Health Improvement (DHI)** is the regulatory entity providing compliance oversight for the following areas:

- [Health Facility Licensing and Certification](#) licenses health facilities such as: Acute and Continuing care, long-term care, assisted living home care and hospice, free standing birth centers, community mental health centers and other facilities.
- [Community-Based Programs](#) for the Developmental Disabilities Waiver, Medically Fragile Waiver and the Mi Via Waiver.
- Conducts investigations of [Abuse, Neglect & Exploitation](#) for licensed health facilities and home and community-based Medicaid waiver programs.
- Operates the [Caregivers Criminal History Screening Program](#) (CCHSP) which provides criminal background checks on potential caregivers.

- Operates the [Employee Abuse Registry](#) (EAR) also known as, the Consolidated Online Employee Abuse Registry (COR) which provides background checks for all caregivers, ensuring they have not been disqualified by a substantiated case of ANE. Individuals placed on the EAR are not eligible for hire as caregivers.
- Operates the [Certified Nurse Aide Registry](#) (NAR) and Training program.
- Certifies all [clinical laboratories](#) operating in New Mexico meet health and safety requirements.

F. Medicaid Enrollment for New Providers

Providers in New Mexico need to be enrolled in Medicaid in order to receive the system's reimbursement. The [New Mexico Medicaid Portal](#) fact page includes detailed answers to frequently asked questions and instructions on enrollment. The new provider registration page is found [here](#). Once providers complete the enrollment process, they are automatically included in the HCA Behavioral Health Provider Alert System which announces updates and other important information as they occur.

III. Application Process for Specialty Behavioral Health Services

Organizations must apply through the appropriate accreditation for licensing, certification and registration. Below are quick links to pages with more information about how to apply:

- [Adult Accredited Residential Treatment Center](#) (AARTC)
- [Assertive Community Treatment](#) (ACT)
- [CareLink /Health Homes](#)
- [Certified Community Behavioral Health Clinics](#) (CCBHC)
- [Comprehensive Community Support Services](#) (CCSS)
- [Intensive Outpatient Program](#) (IOP)
- [Mobile Crisis Teams](#) (MCT)
- [Psychosocial Rehabilitation Services](#) (PSR)
- [Children's Behavioral Health Services Bureau License Application](#)

It is important to note that children's specialty services maintain their own processes. Services provided across life span include, IOP, CCSS, CCBHC, and CYFD. For further details regarding this distinction, please refer to **Appendix I**.

IV. National Behavioral Health Standards Guidelines:

- American Society of Addiction Medicine ([ASAM](#)): Treatment Criteria for Addictive, Substance-Related, and co-occurring Conditions.
- American Academy of Child and Adolescent Psychiatry ([AACAP](#)) and the American Association for Community Psychiatry ([AACCP](#)) Child and Adolescent Level of Care/Service Intensity Utilization System: Child and Adolescent Level of Care Utilization System ([CALOCUS](#)) and the Child and Adolescent Service Intensity Instrument ([CASII](#)).
- American Association for Community Psychiatry Level of Care Utilization System ([LOCUS](#))
- Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) Behavioral Health Coordinated System of Crisis Care Guidelines.

V. National Behavioral Health Accreditation:

- The Commission on Accreditation of Rehabilitation Facilities ([CARE](#)): Behavioral health and human services standards of quality and approved by the American Society of Addiction Medicine to certify residential substance use disorder treatment services.
- The Council on Accreditation ([COA](#)): Human services standards for quality and effectiveness of care.
- The Joint Commission ([JC](#)): Behavioral Health Care and Human Services standards relating to safety and quality of care.
- The National Committee for Quality Assurance ([NCQA](#)) standards for healthcare organizations to achieve and meet accreditation in the areas of program evaluation, credentialing, population health, case management, utilization management, and Medicaid.

V. DEFINITIONS:

See below for a non-exhaustive list of definitions relevant to understand aspects of BH services in the State of New Mexico:

1115(a) Waiver refers to the State of New Mexico’s Medicaid 5-year demonstration project, authorized by CMS pursuant to Section 1115(a) of the Social Security Act to implement Turquoise Care.

Abuse means: (i) any intentional, knowing or reckless act or failure to act that produces or is likely to produce physical or great mental or emotional harm, unreasonable confinement, sexual abuse, or sexual assault consistent with the Resident Abuse and Neglect Act, NMSA 1978, 30-47- 1, et seq.; or (ii) Provider practices that are inconsistent with sound fiscal, business, medical, or service-related practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not Medically Necessary Services or that fail to meet professionally recognized standards for health care. Abuse also includes Individual practices that result in unnecessary cost to the Medicaid program pursuant to 42 C.F.R. § 455.2.

Adult Protective Services (APS) is a division of New Mexico’s Aging and Long-Term Services Department that provides a system of protective services to persons over the age of 18 who are unable to protect themselves from abuse, neglect, or exploitation.

Advance Directive means written instructions (such as an advance health directive, a mental health Advance Directive, a psychiatric Advance Directive, a living will, a durable health care power of attorney or a durable mental health care power of attorney) recognized under State law (whether statutory or as recognized by the courts of the State) relating to the provision of health care when an individual is incapacitated. Such written instructions must comply with NMSA 1978, § 24-7A-1 through 24-7A-18 and 24-7B-1 through 24-7B-16.

American Society of Addiction Medicine (ASAM) The American Society of Addiction Medicine is a professional medical society representing over 7,000 physicians, clinicians, and associated professionals in the field of addiction medicine.

Behavioral Health (BH) is the umbrella term for mental health conditions (including psychiatric illnesses and emotional disorders) and substance use disorders (involving addictive and chemical dependency disorders). The term also refers to preventing and treating co-occurring mental health conditions and substance use disorders (SUDs).

Behavioral Health Planning Council (BHPC) means the body created to meet State and federal advisory council requirements and to provide consistent, coordinated input to the Behavioral Health service delivery system in New Mexico.

Care Coordination involves deliberately organizing Individual care activities and sharing information among all of the participants concerned with an Individual's care to achieve safer and more effective care. This means that the Individual's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the Individual.

Caregiver means, for purposes of Children in State Custody (CISC), the CISC's parent, guardian, or Resource Parent (New Mexico Administrative Code [NMAC] 8.26.2.7) and will be identified for the CONTRACTOR in the meeting outlined in Section 4.4.9.8.4 of this Agreement by the Permanency Coordinators (PC) within three (3) Business Days of the Individual's involvement in CYFD.

Centers for Independent Living are typically non-residential, private, non-profit, consumer-controlled, community-based organizations providing services and advocacy by and for persons with all types of disabilities. Their goal is to assist individuals with disabilities to achieve their maximum potential within their families and communities.

Centers for Medicare & Medicaid Services (CMS) means the federal agency responsible for administering Medicare and overseeing state administration of Medicaid.

Certified Community Behavioral Health Clinic (CCBHC) means an organization that has been provisionally or fully certified by the New Mexico Behavioral Health Services Division and Children's Youth and Families Department to provide, directly or through a formal contract with a designated collaborating organization (DCO), the state-defined CCBHC services. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age - including providing developmentally appropriate care for children and youth. CCBHCs must also provide care coordination with other health and social service providers to integrate physical health, behavioral health, and supportive services.
[CCBHC - New Mexico Recovery Project](#)

Certified Family Support Worker (CFSW) means Family Peer Support Workers who are primary Caregivers and have "lived experience" of being actively involved in raising a child with emotional, behavioral, mental health and/or substance use challenges. This includes young people with neurobiological differences as well as those diagnosed with severe emotional disorder or substance abuse disorder. Endorsement for credentialing includes successful completion of a training program. CFSW also must pass the credentialing exam administered by the New Mexico Credentialing Board for Behavioral Health Professionals and remain current with continuing education requirements.

Certified Peer Support Worker (CPSW) is an individual in recovery from mental health and/or substance use issues who has been found eligible to be trained by HCA's Office of Peer Recovery and Engagement (OPRE), successfully completed the training program offered by OPRE, has passed the certification examination administered by the New Mexico Credentialing Board for Behavioral Health Professionals, has obtained certification and is current with continuing education requirements.

Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

Children(s) Behavioral Health Services (CBHS) means the Behavioral Health Services division of the CYFD and is the children's behavioral health authority of New Mexico.

Child(ren) in State Custody (CISC) means child(ren) and youth in the legal custody of CYFD's Protective Services division, including Native Children and children never removed from the Respondent's home or children returned to the Respondent's home following a removal. (Respondent(s) are defendant(s) in an abuse and neglect case under the New Mexico Children's Code.)

Community Health Representatives (CHR) means a Tribal or Native individual who is community-based, well-trained, medically guided, and who may include Native concepts in his/her/their work conducting outreach to American Indian Individuals. They also provide health promotion and disease prevention services to their communities.

Community Health Workers (CHWs) are frontline public health workers who are trusted individuals of the community they serve. CHWs function as a liaison/link/intermediary between health and social services and communities to facilitate access to services and improve the quality and cultural competence of service delivery.

Comorbid Conditions means the presence of one or more additional disorders (or diseases) co-occurring with a primary disorder or disease; or the effect of such additional disorder(s) or disease(s). An additional disorder or disease may also be behavioral or mental.

Comprehensive Addiction and Recovery Act (CARA) is national legislation that promotes programs and strategies to address the impact of substance use disorders on individuals, communities, and families. CARA helps fund prevention, education, harm reduction, treatment and recovery services. In New Mexico, CARA is reflected in HB 230 and requires a plan of care to be created by hospitals and freestanding birth centers when applicable.

Comprehensive Care Plan (CCP) means a comprehensive plan of services that meets the individual's physical, behavioral, and long-term care needs.

Comprehensive Needs Assessment (CNA) is an assessment of the Individual's physical health, behavioral health and long-term care (LTC) needs; it will identify potential risks and provide social and cultural information. The results of the CNA will be used to create the care plan which is based on the Individual's assessed needs. The CNA may also include a functional assessment, if applicable.

Core Service Agencies (CSA) means multi-service agencies that help to bridge treatment gaps in the child and adult treatment systems, promote the appropriate level of service intensity for individuals with complex behavioral health service needs, including SUD, ensure that community support services are integrated into treatment and develop the capacity for individuals to have a single point of accountability for identifying and coordinating their behavioral health, physical health, and other social services.

Critical Incident means a reportable incident that may include but is not limited to: abuse; neglect; exploitation; death; environmental hazard; law enforcement intervention; emergency services; severe harm; abduction; elopement; sexual abuse or assault; and flame or unanticipated smoke, heat, or flashes occurring during an episode of Individual care.

Cultural Competence means an awareness and appreciation of an individual's customs, values, socioeconomic considerations, and beliefs and the ability to incorporate them into the screening, assessment, treatment and all Individual/family interactions to increase the quality of health care services and improve health outcomes. Cultural humility is a necessary component of cultural competence, including recognition of power dynamics and imbalances, and a desire to fix those power imbalances and to develop partnerships with people and groups who advocate for others.

Cultural Humility means sensitivity and ongoing curiosity of the complex characteristics that make an individual and their interaction with the health care system unique to better connect with individuals and communities. These complex characteristics include, but are not limited to cultural norms, values, rituals, dietary preferences, beliefs, race, ethnicity, gender, language, dress, religion/spirituality, sexual orientation, education, socioeconomic status, and disability status.

Diagnostic and Statistical Manual of Mental Disorders (DSM) is the handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders. *DSM* contains descriptions, symptoms and other criteria for diagnosing mental disorders

Developmental Disability 1915(c) Waiver means the State of New Mexico’s Medicaid home- and community-based waiver program for individuals with developmental disabilities authorized by CMS pursuant to Section 1915(c) of the Social Security Act.

Durable Medical Equipment (DME) means equipment and supplies that are primarily used to serve a medical purpose, that are medically necessary to individuals with an illness, physical disability, or injury and that are commonly used at home.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) means the federally required Early and Periodic Screening, Diagnostic and Treatment program, as defined in Section 1905(r) of the Social Security Act and 42 C.F.R. § 441, Subpart B for Individuals under the age of twenty-one (21). It includes comprehensive periodic and inter-periodic screening and diagnostic services to determine Physical and Behavioral Health needs as well as the provision of all Medically Necessary Services listed in Section 1902(a) of the Social Security Act even if the service is not available under the State’s Medicaid State Plan.

Electronic Health Record (EHR) means a record in digital format that is a systematic collection of electronic health information. EHRs may contain a range of data, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal statistics such as age and weight, and billing information.

Emergency Medical Condition means a Physical Health or Behavioral Health condition manifesting itself through acute symptoms of sufficient severity (including nerve pain) such that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in: (i) placing the Individual’s health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (ii) serious impairment to bodily functions; (iii) serious dysfunction of any bodily organ or part; or (iv) serious disfigurement to the Individual.

Emergency Medical Transportation means services provided by ground or air transportation for an emergency medical or Behavioral Health condition as described in NMAC 8.324.7.

Emergency Room (ER) or Emergency Department (ED) means a portion of the hospital where emergency diagnosis and treatment of illness or injury is provided.

Emergency Services means Covered Services that are inpatient or outpatient and are: (i) furnished by a Provider that is qualified to furnish these services; and (ii) needed to evaluate or stabilize an Emergency Medical Condition.

Evidence-Based Practices are programs or practices that (1) incorporate methods demonstrated to be effective for the intended population through scientifically based research, including

statistically controlled evaluations or randomized trials, (2) can be implemented with a set of procedures to allow successful replication in New Mexico, and (3) when possible, have been determined to be cost beneficial.

Federally Qualified Health Center (FQHC) means an entity that meets the requirements of, and receives a grant and funding pursuant to, the Public Health Service Act. An FQHC also includes an outpatient health program, a facility operated by a tribe or tribal organization under the Indian Self-Determination Act (PL 93-638) and an Urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act, codified at 25 U.S.C. 1601 et seq.

Guardian means, in accordance with NMSA 1978 § 32A-1-4, a person appointed as guardian by a court or Indian tribal authority or a person authorized to care for the child by a parental power of attorney as permitted by law.

Guardian Ad Litem means an attorney appointed by the children's court to represent and protect the best interests of the child in an Abuse and neglect case under the New Mexico Children's Code who has the powers and duties described in NMSA 1978 § 32A-1-7.

Health Home means an individual Provider, team of health care professionals or health team that meets all federal requirements and provides the following six (6) services to persons with one (1) or more specified chronic conditions: (i) comprehensive care management; (ii) Care Coordination and health promotion; (iii) comprehensive transitional care/follow-up; (iv) Individual and family support; (v) referral to community and social support services; and (vi) use of Health Information Technology (HIT) to link services, if applicable.

Health Information Exchange (HIE) means the transmission of health-care-related data among facilities, health information organizations and government agencies according to national standards. HIE is also an entity that provides services to enable the electronic sharing of health information.

Health Information Technology (HIT) means the area of information technology involving the design, development, creation, use and maintenance of information systems for the health care industry.

Health Insurance Portability and Accountability Act (HIPAA) means the Health Insurance Portability and Accountability Act of 1996, as amended and codified at 42 U.S.C. §§160, et seq. and its regulations to include provisions of the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), codified at 42 U.S.C §§17931 et seq.

Home Health Care means medically necessary health services furnished to Individuals, including home health services described in 42 C.F.R. part 484 and 42 C.F.R. § 440.70.

Individuals with Intellectual Disabilities (IID) means an individual with significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, consistent with further definition in <https://www.nmhealth.org/publication/view/help/3881/> and the Managed Care Policy Manual.

Justice-Involved Individual is a person (both minors and adults) who has a formal relationship with the criminal justice system, including but not limited to an incarcerated individual, an incarcerated individual who is eligible for release, an individual in the community who is on probation or has an ongoing relationship with the criminal justice system and an individual serving a jail or prison sentence within the community.

Kinship means the relationship that exists between a child and a relative of the child, a godparent, a member of the child's tribe or clan or an adult with whom the child has a significant bond.

Kinship Support means assistance provided to relatives and kinship caregivers to help obtain case management, behavioral/medical health services, educational support, financial assistance, legal advocacy; and other services in an effort to increase stability in the family setting, allow children to remain connected to their families and culture, and reduce long term effects of childhood trauma.

Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS) provides a common language and set of standards with which to make consistently sound judgments and recommendations.

Managed Care Organization (MCO) means an entity that meets the requirements of 42 CFR § 438.2 and participates in Turquoise Care under contract with HCA to assist the State in meeting the requirements established under NMSA 1978, § 27-2-12.

Medicaid Home Visiting (MHV) Program means evidence-based early childhood home visiting delivery models that provide services to eligible pregnant and Postpartum women and their infants by Providers adhering to the approved MHV model that meets criteria established by US Department of Health and Human Services (DHHS).

Medically Fragile 1915(c) Waiver means the State of New Mexico's Medicaid home- and community-based waiver program for the medically fragile, authorized by CMS pursuant to Section 1915(c) of the Social Security Act and/or classified by COE code "095".

Mi Via 1915(c) Waiver means a self-directed Medicaid home- and community-based waiver program for individuals with developmental disabilities and/or individuals who are Medically Fragile.

New Mexico Crisis Assessment Tool (CAT) is a decision support and communication tool to allow for the rapid and consistent communication of the needs of children, youth and their Caregivers. It is intended to be completed by those who are directly involved with the individual.” The form serves as both a decision support tool and as documentation of the identified needs of the child/youth served along with the decisions made with regard to treatment and placement.

Patient-Centered Medical Home (PCMH) means an approach to delivering high-quality, cost-effective primary care. Using a patient-centered, culturally appropriate, and team-based approach, the PCMH model coordinates Individual care across the health system. Guidelines for PCMH can be found in [*Guidelines for Patient-Centered Medical Home \(PCMH\) Recognition and Accreditation Programs.*](#)

Permanency Planning Worker (PPW) means the Child Protective Service (CPS) staff who plans, organizes, and coordinates the activities of the CPS Permanency Planning Program, a CYFD program responsible for conducting assessments and developing permanency plans for CISC to promote child safety, permanency, and wellbeing. The PPW conducts ongoing assessments to determine child safety, permanency, and well-being. The PPW visits with family Individuals monthly to assess safety and to determine if the case plan is being implemented and services are effective.

Primary Care means integrated, accessible health care service, provided by clinicians (general practitioner, family physician, internal medicine physician, nurse practitioner, physician assistant, obstetrician/gynecologist, pediatrician, or other practitioner as authorized by HCA) accountable to be the principle point of contact to manage an Individual’s personal health care needs in a flexible and customized manner, developing a sustained partnership with Individuals, their other Providers, and practicing in the context of family and community.

Primary Care Physician or Primary Care Provider (PCP) means an individual who is a Contract Provider and has the responsibility for supervising, coordinating, and providing Primary Care to Individuals, initiating referrals for specialist care and maintaining the continuity of the Individual’s care, as further described in Section 4.8.5 of this Agreement.

Prospective Payment System (PPS) means a method of reimbursement in which payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service – for example, diagnosis-related groups for inpatient hospital services.

Serious Mental Illness (SMI) is a determination based on the age of the individual, functional impairment, duration of the disorder, and the diagnosis.

Setting of Care (SOC) identifies the various settings in which a Individual receives LTC services.

Severe Emotional Disturbance (SED) is a determination based on the age of the individual, diagnoses, functional impairment, or symptoms, and duration of the disorder.

Substance Use Disorder (SUD) means a disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications.

Telemedicine (also referred to as "telehealth") means the use of electronic information, imaging, and communication technologies (including interactive audio, video, and data communications as well as store-and-forward technologies) to provide and support health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education in accordance with NMAC 8.310.2.12.M.

Trauma-Informed means a strengths-based approach to service delivery that realizes the widespread impact of Trauma and understands potential paths to recovery; recognizes the signs and symptoms of Trauma in Individuals, families, staff, and others involved with the system; and responds by fully integrating knowledge about Trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

Traumatic Brain Injury (TBI) means an injury to the brain of traumatic or acquired origin, including an open or closed head injury caused by: an insult to the brain from an outside physical force; Anoxia; electrical shock; shaken baby syndrome; a toxic or chemical substance; near-drowning; infection; a tumor; a vascular lesion; an event that results in either temporary or permanent, partial or total impairments in one (1) or more areas of the brain that results in total or partial functional disability, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory perception and motor abilities, psychosocial behavior, physical functions, information processing, and speech.

Treat First Model means a practice approach for Just Health and Comprehensive Addiction and Recovery Act (CARA) populations used to achieve immediate formation of a relationship while gathering needed historical assessment and treatment planning information over the course of four (4) therapeutic encounters.

Tribal 638 Facility means a Tribal facility authorized to provide services pursuant to the Indian Self-Determination and Education Assistance Act, 25 U.S.C. 450 et seq. Tribes utilize governmental and tribal funds to provide medical services for their members while holding the status of Non-profit (501 C3).

Turquoise Care means the State of New Mexico's Medicaid program operated under Section 1115(a) of the Social Security Act waiver authority.

Value-Based Purchasing (VBP) means payment arrangements with Providers that shift FFS reimbursement toward payment methodologies that reward value or improved quality of care outcomes, including but not limited to Primary Care incentives, performance-based contracts, or risk contracts such as bundled/episode payments, shared savings and shared risk, global Capitation Payments, or any other payment arrangement that HCA approves as a VBP model that rewards effective Population Health management over volume of delivered services.

VI. Acronyms:

See below for a list of acronyms relevant to the field of BH. While this is not a complete list, we have done our best to create as comprehensive a list as possible.

Acronym	Definition
ABA	Applied Behavior Analysis
ACA	Affordable Care Act
ACT	Assertive Community Treatment
ADL	Activities of Daily Living
ALTSD	New Mexico Aging & Long-Term Services Department
AMA	American Medical Association OR Against Medical Advice
AOD	Alcohol and/or Other Drugs
APA	American Psychological Association
APR	Advanced Practice Registry
APS	Adult Protective Services
ARTC	Accredited Residential Treatment Center
ASAM	American Society of Addiction Medicine
(b)(3)/B3	1915(b)(3) Waiver
BH	Behavioral Health
BHPC	Behavioral Health Planning Council
CBHS	Behavioral Health Services Division of CYFD
BMS	Behavioral Management Service

CALOCUS-CASII	Child and Adolescent Level of Care Utilization System
CARF	Commission on Accreditation of Rehabilitation Facilities
CARA	Comprehensive Addiction and Recovery Act
CAT	New Mexico Crisis Screening Tool
CBH	Community Behavioral Health
CCBHC	Certified Community Behavioral Health Clinic
CCL	Care Coordination Level
CCP	Comprehensive Care Plan
CCSS	Comprehensive Community Support Services
CFR	Code of Federal Regulations
CFSW	Certified Family Support Worker
CHW	Community Health Worker
CHR	Community Health Representative
CISC	Children in State Custody
CLNM	CareLink New Mexico (New Mexico's Health Home)
CM	Case Management
CMHC	Community Health Center
CMS	Centers for Medicare & Medicaid Services
CNA	Certified Nurse Aide
CNS	Clinical Nurse Specialist
COA	Council on Accreditation
CPSW	Certified Peer Support Worker
CPT Code	Current Procedural Technology
CSA	Core Service Agencies
CYFD	New Mexico Children, Youth and Families Department
DD	Developmental Disability
DOH	New Mexico Department of Health
DSM	Diagnostic and Statistical Manual of Mental Disorders
EHR	Electronic Health Record
EI	Early Intervention
E/M	Evaluation and Management

EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ER	Emergency Room
FFS	Fee for Service
FQHC	Federally Qualified Health Center
HEDIS	Healthcare Effectiveness Data and Information Se
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HITECH Act	Health Information Technology for Economic and Clinical Health Act
HIT	Health Information Technology
HFW	High Fidelity Wraparound
HCA	New Mexico Health Care Authority
HHS	US Department of Health and Human Services
ICD-10	International Classification of Diseases, Tenth Edition
ICM	Intensive Case Management
ICWA	Indian Child Welfare Act
IHS	Indian Health Services
IID	Individuals with Intellectual Disabilities
IOP	Intensive Outpatient Program
JCAHO	Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)
JJS	Juvenile Justice Services
LCSW	Licensed Clinical Social Worker
LISW	Licensed Independent Social Worker
LMFT	Licensed Marriage and Family Therapist
LMPH	Licensed Mental Health Professional
LOC	Level of Care
LPCC	License Professional Clinical Counselor
LSW	Licensed Social Worker
MAD	Medical Assistance Division
MAT	Medication Assisted Treatment
MCO	Managed Care Organization

MCT	Mobile Crisi Team
MH	Mental Health
MHP	Mental Health Professional
MST	Multi-Systemic Therapy
NMAC	New Mexico Administrative Code
NMHIC	New Mexico Health Information Collaborative
NP	Nurse Practitioner
NPP	Non-Physician Practitioner
OTP	Opiod Treatment Provider
PCMH	Patient Centered Medical Home
PCP	Primary Care Provider / Physician
PHI	Protected Health Information
PMPM	Per Member Per Month
PPS	Prospective Payment System
PPW	Permanency Planning Worker
PS	Protective Services
PSR	Psychosocial Rehabilitation
RN	Registered Nurse
RTC	Residential Treatment Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Serious Emotional Disturbance
SI	Suicidal Ideation
SMI	Serious Mental Illness
SNF	Skilled Nursing Facility
SOC	Setting of Care
SSN	Social Security Number
SUD	Substance Use Disorder
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
TFC	Treatment for Foster Care
WRAP	Wellness Recovery Action Plan