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Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

Letter of Direction #63

Date: August 7, 2025

To: Turquoise Care Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division 

Subject: Temporary Economic Recovery Payment Increase for Home and Community Based Services (HCBS)

Title: July 1, 2024 - December 1, 2024, 24.3% Temporary Economic Recovery Payments for HCBS Services

The purpose of this Letter of Direction (LOD) is to provide guidance and directives to the Turquoise Care Managed Care Organizations (MCOs) to implement an estimated temporary economic recovery payment rate increase of 24.3 percent (24.3%) reimbursement for specific Home and Community Based Services (HCBS) providers, for Managed Care Only, as part of Proposal W.2 from HCA's *Spending Plan for the Implementation of the American Rescue Plan Act of 2021, Section 9817*. The New Mexico Health Care Authority Medical Assistance Division (HCA/MAD) has received approval from the Centers for Medicare and Medicaid Services (CMS) to implement a directed payment in accordance with Section 438.6(c) for HCBS providers for July 1, 2024 – December 31, 2024. These providers were essential to helping many New Mexicans stay safely in their homes throughout the COVID-19 pandemic. This temporary economic recovery payment is intended to support agencies who have had additional costs resulting from the pandemic and to be passed on to direct care providers.

Distribution of Directed Payments

HCA will distribute payments to MCOs separate from the regular capitated payment and the MCOs will distribute the funds to the eligible providers. The 24.3% rate increase in reimbursement will be applied to the specific services detailed in this LOD for dates of service from July 1st, 2024, to December 31st, 2024. The 24.3% rate increase is an estimate, and the final rate increase will be determined based on actual utilization. HCA/MAD will make a payment to each MCO in October 2025 for payment to eligible HCBS providers based on the distribution of HCBS service claims from July 1, 2024 – December 31, 2024, according to the payment schedule provided in the table below.

Payment Distribution Schedule

Directed Payment Date	Incurred and Paid Data Analysis Period
October 2025	7/1/2024 – 12/31/2024

MCOs are directed to make payments to HCBS providers, 45 calendar days after receipt of the HCBS payments from HCA/MAD or 30 days after receipt of signed attestation from provider.

Provider Attestation

Prior to issuing the 24.3% payment to Agency-Based Community Benefit providers, Self-Directed Community Benefit Agency providers, Evidence Based Practice Rehabilitative Services, EPSDT PCS and PDN providers, (Managed Care Only) the MCO will ensure that the provider has signed the attached Attestation Form (*Attachment 2*). The provider is required to sign an additional attestation form prior to receiving the 24.3% payment. The MCO will maintain the signed attestations in the provider's file, or direct Conduent to maintain the form as applicable.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit Services

The 24.3% rate increase applies to the following Private Duty Nursing (PDN) and Personal Care Services (PCS) services under the EPSDT benefit as described in NMAC 8.308.9.15 with provider type 324. Temporary economic recovery payments apply to managed care only and will not be applied to Fee-for-Service.

Code	Description
T1000 TD (RN Rendered)	Private duty / independent nursing service(s) - licensed, up to 15 minutes
T1000 TE (LPN Rendered)	Private duty / independent nursing service(s) - licensed, up to 15 minutes
S5125 (PCS Code)	Attendant Care, Per 15 minutes

Community Benefit Services

Agency-Based Community Benefit (ABCB)

The 24.3% rate increase applies to the following ABCB procedure codes with provider type 363. Temporary economic recovery payments will not impact the member's Nursing Facility cost of care limit.

Procedure Code	Description
S5100	Adult Day Health
T2031	Assisted Living
LTT2038	Community Transition Services
S5161	Emergency Response
S5161 U1	Emergency Response High Need
S5165	Environmental Modifications

H2019	Behavior Support Consultation
H2019 TT	Behavior Support Consultation (Clinic Based)
H2024	Employment Supports
S9122	Home Health Aide
S9470	Nutritional Counseling
99509	Personal Care-Consumer Directed
T1019	Personal Care-Consumer Delegated
S5110	Personal Care-Training
G9006	Personal Care-Directed-Administrative Fee
G9012	Personal Care-Directed-Advertisement Reimbursement Fee
T1002	Private Duty Nursing for Adults-RN
T1003	Private Duty Nursing for Adults-LPN
T1002 U1	Respite RN
99509 U1	Respite
G0151	Physical Therapy
G0152	Occupational Therapy
G0153	Speech Language Therapy

Self-Directed Community Benefit (SDCB)

The 24.3% rate increase applies to the following SDCB procedure codes for provider type 363.

Procedure Code	Description
99509	Self-Directed PCS
T2019	Employment Supports
S5100	Customized Community Supports
G0151	Physical Therapy
G0152	Occupational Therapy
G0153	Speech Language Pathology
H2019	Behavior Support Consultation
T1002	Private Duty Nursing-RN
T1003	Private Duty Nursing-LPN
S9470	Nutritional Counseling
97810	Acupuncture
90901	Biofeedback
98940	Chiropractic
97532 or 97129	Cognitive Rehab Therapy
S8940	Hippotherapy
97124	Massage Therapy
S8990	Naprapathy
S9445	Traditional Healing
T1005	Respite
S5161	Emergency Response (monthly fee)
S5160	Emergency Response (testing and maintenance)
S5165	Environmental Modifications
T2049	Non-Med Transportation (mile)

T2004	Non-Med Transportation (carrier pass)
T1999	Related Goods (for services only as applicable-on a case-by-case basis)
97122	Home Health Aide

Evidence Based Practice Rehabilitative Services

The 24.3% rate increase applies to the following Evidence Based Practice Rehabilitative Services. *Attachment 1: Evidence Based Practice Rehabilitative Services* provides additional information for these services, including provider types and specialties associated with each procedure code and modifier.

Gross Receipts Tax (GRT)

MCOs are reminded that per 2023 Senate Bill 147, ARPA payments issued to providers are exempt from NM GRT.

Reporting of ARPA HCBS Paid Claims

The MCOs do not have to reprocess claims for services rendered from July 1, 2024-December 31, 2024. However, the MCOs are required to submit utilization and paid amounts for dates of service from July 1, 2024-December 31, 2024, by month of service, provider type, and rate cohort and as prescribed below. **MCOs must submit the data no later than 15 days after issuance of this LOD.** Then after HCA/MAD provides payment exhibits to the MCOs based on this LOD, the MCOs will provide weekly updates, via email, to HCA/MAD on the status of provider payments every Friday by 5 pm until the providers are paid and HCA/MAD requests to cease the status update. **The MCOs must submit the electronic version of paid claim files to HCA's secure DMZ FTP site using the following filename structure:**

[MCO acronym].[LOD reference].[submission reference].[calendar year reporting cycle].[version number]

Acceptable File Formats:

- Delimited text file (*.txt or *.csv)

Requirements:

- Table 1 illustrates the data required and information about how the field should be formatted and Table 2 provides an example of the data output.
- Data should be limited to services and provider types outlined in this LOD.
- The report should be based on incurred **and** adjudicated paid claims.
- Denied or voided claims should be excluded.
- Rate cohort assignment **must** be based on the cohort assignment for the member as of the incurred date of the claim.

Table 1 - Data File Fields

Field Name	Field Information	Format
Month of Service	The date of service must be formatted as 4-character year and 2 characters month. “YYYYMM”	Text
Billing Provider NPI	Billing Provider NPI	Text
Procedure Code	CPT or HCPCS code	Text
Procedure Code Modifiers	Applicable procedure code modifiers	Text
Provider Type	Billing provider type associated with the claim	Text
Provider Specialty	Billing provider specialty associated with the claim	Text
Rate Cohort	<p>This should be the rate cohort assigned by HCA/MAD to the member for the month the service was incurred. If a member cohort is changed retroactively by HCA/MAD the report should reflect the cohort assigned as of the date of the report.</p> <p>Acceptable values align with Financial Reporting Package Rate Cohorts: 001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 300, 300B, 300C, 301, 302A, 302B, 302C, 303, 304, 310, 312, 322, 110, 111, 112, 114, 115, 116, 117, 118, 119, 120, 121, 122 (<i>113 does not exist</i>)</p>	Text
Paid Claims	Number of paid claims	Number
Paid Amount	Amount paid by the MCO excluding GRT	Number

Table 2 - Data File Example

Month of Service	Billing Provider NPI	Proc Code	Proc Code Mod	Prov Type	Prov Spec	Rate Cohort	Paid Claims	Paid Amount
202407	1689033 250	T1000	TD	324		002	5	\$287.80
202408	1689033 250	T1019		363	182	003	4	\$193.44
202408	1689033 250	H0039	U1	432	130	009	3	\$249.50

HCBS Services Directed Payment Operational and Reporting Requirements

This section provides information about operational and reporting requirements associated with the directed payment.

- The directed payments are classified as revenue attributed to medical expenses and therefore classified as “premium.” The one-time payment will include gross-up amounts to account for

underwriting gain, premium and surtax taxes.

- o HCA/MAD will provide each MCO with the amount of the directed payment and break out the gross-up amounts for each rate cohort.
- The directed payment will be included in the MCOs' Medical Loss Ratio and Underwriting Gain calculations outlined in the MEDICAID MANAGED CARE SERVICES AGREEMENT
 - o HCA/MAD directs each MCO to report the revenue received for the directed payment in the quarterly and annual Financial Reporting package as "other revenue". The amounts recorded in the financial reporting package must match the total payment made by HCA/MAD to the MCO by rate cohort.
 - o HCA/MAD directs each MCO to report the amount paid by the MCO to the eligible HCBS providers for the directed payment in the quarterly and annual Financial Reporting package as "other services". The amounts recorded in the financial reporting package **must** match the total payment made by HCA/MAD to the MCO by rate cohort.
 - o HCA/MAD directs the MCOs to support the eligible HCBS providers by providing additional support to Medicaid beneficiaries to improve quality of care outcomes.
- Amounts paid by the MCO to the eligible HCBS providers for the directed payment should also Be reported in FIN- Report #5 for "Other Services" in the Shared Risk/Incentive Arrangements (All programs – Line 42). This will ensure that the FIN-Report Check Totals tab does not identify submission errors.
- Reconciliations performed as part of the MCO contract (Retroactive Period and Patient Liability) will not include the directed payment revenue or expense.
- The directed payment amount paid by the MCO to the eligible HCBS providers should not be included in encounter data submissions.

This LOD will be sunset with the completion of this portion of the economic recovery payment increase.



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Attachment 1: LOD #63 Evidence Based Practice Rehabilitative Services

Procedure Code	Modifiers	Description	Provider Type	Specialty
H0039	required: U1-face to face U2-collateral encounter U3-assertive outreach U4-group	ASSERTIVE COMMUNITY TREATMENT (ACT) FACE TO FACE Unit = 15 min Max units = 40	301, 302, 313, 316, 317, 430, 431, 432, 433, 435, 436, 437, 438, 439, 440, 443, 444, 445, 446	130, 240, 241, 242, 243, 244, 245
H2019	HK HO (masters level existing team)	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family- based and manual driven treatment program Unit: 15 minutes	221, 313, 344, 363, 431, 432, 435, 436, 444, 445, 446, 992	135, 138
H2019	HK HO TN (masters level existing team; rural)	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family- based and manual driven treatment program Unit: 15 minutes	221, 313, 344, 363, 431, 432, 435, 436, 444, 445, 446, 992	135, 138
H2019	HK HN (bachelors level existing team)	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family- based and manual driven treatment program Unit: 15 minutes	221, 313, 344, 363, 431, 432, 435, 436, 444, 445, 446, 992	135, 138
H2019	HK HN TN (bachelors level existing team; rural)	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family- based and manual driven treatment program Unit: 15 minutes	221, 313, 344, 363, 431, 432, 435, 436, 444, 445, 446, 992	135, 138
H2019	HK HO (masters level new team)	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family- based and manual driven treatment program Unit: 15 minutes	221, 313, 344, 363, 431, 432, 435, 436, 444, 445, 446, 992	135, 138
H2019	HK HO TN (masters level new team; rural)	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family- based and manual driven treatment program Unit: 15 minutes	221, 313, 344, 363, 431, 432, 435, 436, 444, 445, 446, 992	135, 138
H2019	HK HN (bachelors level new team)	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family- based and manual driven treatment program Unit: 15 minutes	221, 313, 344, 363, 431, 432, 435, 436, 444, 445, 446, 992	135, 138

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H2019	HK HN TN (bachelors level new team; rural)	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family- based and manual driven treatment program Unit: 15 minutes	221, 313, 344, 363, 431, 432, 435, 436, 444, 445, 446, 992	135, 138
H2033	HO (masters level existing team)	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of- home placement or are returning home from an out of home placement Unit: 15 minutes	221, 313, 432, 433, 446	131
H2033	HO TN (masters level existing team; rural)	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of- home placement or are returning home from an out of home placement Unit: 15 minutes	221, 313, 432, 433, 446	131
H2033	HN (bachelors level existing team)	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of- home placement or are returning home from an out of home placement Unit: 15 minutes	221, 313, 432, 433, 446	131
H2033	HN TN (bachelors level existing team; rural)	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of- home placement or are returning home from an out of home placement Unit: 15 minutes	221, 313, 432, 433, 446	131
H2033	HO (masters level new team)	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-	221, 313, 432, 433, 446	131



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		home placement or are returning home from an out of home placement Unit: 15 minutes		
H2033	HO TN (masters level new team; rural)	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out of home placement Unit: 15 minutes	221, 313, 432, 433, 446	131
H2033	HN (bachelors level new team)	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out of home placement Unit: 15 minutes	221, 313, 432, 433, 446	131
H2033	HN TN (bachelors level new team; rural)	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out of home placement Unit: 15 minutes	221, 313, 432, 433, 446	131
90832	U1	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 30)	201, 203, 205, 221, 301, 302, 303, 306, 313, 316, 317, 321, 343, 345, 430, 431, 432, 433, 435, 436, 437, 438, 439, 440, 443, 445, 446, 922	no specialty selected
90834	U1	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) conjoint child and parent psychotherapy model	201, 203, 205, 221, 301, 302, 306, 313, 316, 317, 321, 343, 345, 430, 431,	no specialty selected



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		for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 45)	432, 433, 435, 436, 437, 438, 439, 440, 443, 444, 445, 446, 922	
90837	U1	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes =60)	201, 203, 205, 221, 301, 302, 303, 305, 306, 313, 316, 321, 343, 345, 430, 431, 432, 435, 436, 437, 438, 439, 440, 443, 445, 446, 922	no specialty selected
90846	U1	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 50)	201, 203, 205, 221, 301, 302, 303, 306, 313, 316, 317, 321, 343, 345, 430, 431, 432, 433, 435, 436, 437, 438, 439, 440, 443, 445, 446, 922	026, 047, 050, 058, 059, 087, 088, 097, 099, 111, 112, 119, 121, 122, 123, 124, 125, 126, 136, 137, 240, 241, 242, 243, 244, 245, 248
90847	U1	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 50)	221, 301, 302, 303, 306, 313, 316, 317, 321, 343, 345, 430, 431, 432, 433, 435, 436, 437, 438, 439, 440, 443, 444, 445, 446, 922	026, 047, 050, 058, 059, 087, 088, 097, 099, 111, 112, 119, 121, 122, 123, 124, 125, 126, 136, 137, 240, 241, 242, 243, 244, 245
90832	U3	Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 30)	201, 203, 205, 221, 301, 302, 303, 306, 313, 316, 317, 321, 343, 345, 430, 431, 432, 433, 435, 436, 437, 438, 439, 440, 443, 445, 446, 922	no specialty selected
90834	U3	Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving	201, 203, 205, 221, 301, 302, 306, 313, 316, 317, 321, 343, 345, 430, 431, 432, 433, 435, 436, 437,	no specialty selected



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		unprocessed traumatic memories of the brain (Minutes = 45)	438, 439, 440, 443, 444, 445, 446, 922	
90837	U3	Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 60)	201, 203, 205, 221, 301, 302, 303, 305, 306, 313, 316, 321, 343, 345, 430, 431, 432, 435, 436, 437, 438, 439, 440, 443, 445, 446, 922	no specialty selected
90846	U3	Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 50)	201, 203, 205, 221, 301, 302, 303, 306, 313, 316, 317, 321, 343, 345, 430, 431, 432, 433, 435, 436, 437, 438, 439, 440, 443, 445, 446, 922	026, 047, 050, 058, 059, 087, 088, 097, 099, 111, 112, 119, 121, 122, 123, 124, 125, 126, 136, 137, 240, 241, 242, 243, 244, 245, 248
90847	U3	Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 50)	221, 301, 302, 303, 306, 313, 316, 317, 321, 343, 345, 430, 431, 432, 433, 435, 436, 437, 438, 439, 440, 443, 444, 445, 446, 922	026, 047, 050, 058, 059, 087, 088, 097, 099, 111, 112, 119, 121, 122, 123, 124, 125, 126, 136, 137, 240, 241, 242, 243, 244, 245
H2019	HO	Dialectical Behavioral Therapy (DBT) - Therapist a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes)	221, 313, 344, 363, 431, 432, 435, 436, 444, 445, 446, 992	135, 138
H2020	HN	Dialectical Behavioral Therapy (DBT)- Trainee a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes)	301, 302, 305, 316, 322, 323	no specialty selected



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H2021		Dialectical Behavioral Therapy (DBT) - Care Manager a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 Minutes)	343, 344, 363, 435	no specialty selected
H2022	HQ UN	Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:2 a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes)	344, 446	no specialty selected
H2023	HQ UP	Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:3 (group of 3-4 individuals) a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 Minutes)	922	no specialty selected
H2024	HQ UR	Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:5 (group of 5-9 individuals) a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes)	301, 302, 305, 316, 322, 323, 363	no specialty selected
H2025	HQ US	Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:10 (group of 10 or more individuals)	344	no specialty selected



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		a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 Minutes)		
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**Letter of Direction #63 Attachment 2 – 24.3% Temporary Economic Recovery Payments for HCBS
Services Home and Community Based Services (HCBS) American Rescue Plan Act (ARPA)
Supplemental Payment Provider Attestation Form**

Background:

On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA) into law, enacting a \$1.9 trillion COVID-19 relief package. The legislation includes a number of provisions that impact state and federal health care policies and programs, including the availability of enhanced federal funding for state Medicaid spending on HCBS. These services help older adults, people with disabilities and people with behavioral health needs live independently in the community by providing a variety of supports.

In particular, Section 9817 of the American Rescue Plan provides states with a one-year, 10 percentage point increase in their federal medical assistance percentage (FMAP)—the share of state Medicaid spending paid for by the federal government—for certain Medicaid HCBS expenditures. This percentage point increase will apply only to HCBS expenditures provided between July 1, 2024, and December 31, 2024

The State of New Mexico, Health Care Authority (HCA), requires all Community Benefit, EPSDT, and EBP Rehabilitation providers to attest that payments received for use of temporary economic relief were used in accordance with New Mexico’s ARPA Spending Plan. Recovery payments can be used for hiring and retention of direct service providers, increased wages, training and support, direct worker bonuses, hazard pay, employment incentives, personal protective equipment (PPE), infrastructure, technology improvements, costs related to the Public Health Emergency (PHE), liability insurance, and/or other activities that enhance current HCBS delivery. Per 2023 Senate Bill 147, ARPA payments issued to providers are exempt from NM GRT.

By signing below, the provider attests the additional funds provided were used in the manner as stipulated above.

Provider Identifying Information

Provider Name: _____

Street Address: _____

City/Zip: _____

Email: _____ Phone: (____) _____

Signature of Authorized Provider Representative:

Date: _____

*Please submit completed form to: ****INSERT MCO CONTACT INFORMATION*****