

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW MEXICO
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY**

State Supplement A to Attachment 3.1A

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- A. Definition: Accredited Residential Treatment Centers (ARTC) ~~for Adults with Substance Use Disorder~~ are facilities for ~~adult recipients individuals age 18 and older~~ who have been diagnosed as having a ~~S~~substance ~~U~~se ~~D~~isorder (SUD). ARTC services, ~~at all levels of care,~~ include individual, group, and family therapy; medication management; and psychoeducation to facilitate the application of recovery skills, relapse prevention, and emotional coping strategies. ~~Level 3.7 Medically Managed Residential Treatment includes the following additional services: direct withdrawal management, biomedical services, management of common psychiatric disorders, and clinical services.~~
- B. Sub-~~L~~evels of ~~C~~are for ~~S~~UD:
1. Level 3.1: Clinically managed, low-intensity residential services; ~~include~~ 24-hour structure with trained personnel ~~and;~~ at least 5 hours of clinical services/week. This level is often a step down from a higher level of care and prepares the ~~recipient individual~~ for outpatient treatment and community life.
 2. ~~Level 3.3, 3.5; and 3.2 withdrawal management are clustered together in a second level of service with specific programming for each subtype:~~ Clinically managed, high intensity residential services include 24-hour care with trained counselors and at least 20 hours per week of clinical services to stabilize multi-dimensional, imminent danger, and preparation for outpatient treatment.
 - a. ~~Level 3.3, clinically managed population specific high intensity residential services: 24-hour structure with trained counselors to stabilize multi-dimensional imminent danger; less intense programming and group treatment for those with cognitive or other impairments unable to use full therapeutic community; and preparation for outpatient treatment.~~
 - b. ~~Level 3.5, clinically managed high intensity residential services: 24-hour care with trained counselors to stabilize multi-dimensional imminent danger; and preparation for outpatient treatment.~~
 - c. ~~Level 3.2 withdrawal management, clinically managed residential withdrawal management: Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.~~

The recipient remains in a Level 3.2 withdrawal management program until:

 - i. ~~withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care; or~~
 - ii. ~~the recipient's signs and symptoms of withdrawal have failed to respond to treatment and have intensified such that transfer to a more intensive level of withdrawal management services is indicated.~~
 3. ~~Level 3.7 and 3.7 withdrawal management are clustered together in a third level of service with specific programming for each sub-type.~~
 - a. Level 3.7; ~~medically monitored, intensive residential~~ Medically Managed Residential Treatment services are delivered by medical and nursing professionals; provides 24-hour evaluation and monitoring services under the direction of a physician or clinical nurse practitioner who is available by phone 24-hours a day. Nursing staff is on-site 24-hours a day. ~~Clinical services are provided at a minimum of 20 hours per week.~~ Other staff may include counselors, social workers, and psychologists available to assess and treat the ~~recipient individual~~. ~~Medically Managed Residential Treatment includes direct withdrawal management and biomedical services, along with clinical services and management of common psychiatric disorders.~~
 - b. ~~Level 3.7 withdrawal management, medically monitored residential withdrawal management for severe withdrawal; services provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists under the direction of a licensed physician with 24-hour nursing care and physician availability; includes appropriate toxicology tests as well as individual, group, and family therapy.~~

The ~~recipient individual~~ remains in a level 3.7 withdrawal management program until:

 - i. ~~The individual's withdrawal signs and symptoms are sufficiently resolved and they that he or she~~ can be safely managed at a less intensive level of care; or
 - ii. ~~The recipient's individual's withdrawal~~ signs and symptoms ~~of withdrawal~~ have failed to respond to treatment and have intensified such that transfer to a more intensive level of withdrawal management services is indicated.

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Regardless of service level, ARTCs must include by an interdisciplinary staff of licensed nurses, counselors, social workers, addiction specialists, Certified Peer Support Workers (CPSWs), or other health and technical personnel who provide services under the direction of a licensed physician. Facilities must maintain staff, working within their scope of licensure, available on a 24-hour basis to respond to a crisis and provide stabilization services.

- C. **Definition: Accredited Residential Treatment Centers (ARTC) for adults with Serious Mental Illness (SMI) are facilities for individuals age 18 and older who have been diagnosed as having a SMI. ARTC services include individual, group, and family therapy; medication management; and psychoeducation to facilitate the application of recovery skills, relapse prevention, and emotional coping strategies.**
- D. **Sub-Levels of Care for SMI:**
1. **Level 4: Medically monitored, non-residential or residential services. These services are provided in a 24-hour, structured residential setting with clinical oversight. Staff provide supervision, skills training, and therapeutic support, though the level of psychiatric and medical intervention is limited compared with inpatient treatments. This level is often a step down from hospitalization and prepares the individual for outpatient treatment and community integration.**
 2. **Level 4 (Specialized Subtypes): Residential care for complex needs.**
 - a. **Population-specific residential services: These services are provided in a 24-hour, structured residential setting with staff trained to support individuals with cognitive impairments, chronic psychoses, or other functional deficits who cannot fully participate in higher-intensity programs. The focus is stabilization, daily living skills, and preparation for outpatient services.**
 - b. **High-intensity residential services: These services provide 24-hour, structured care for individuals at risk of decompensation or relapse. Programming is more intensive than standard residential services, but not equivalent to full inpatient hospitalization. The focus is stabilization of psychiatric symptoms, risk management, and preparation for outpatient services.**
 - c. **Short-term crisis stabilization/respite: These services provide a 24-hour setting for individuals experiencing acute psychiatric distress that do not yet meet the criteria for inpatient hospitalization. Services include monitoring, medication support, and crisis intervention until symptoms resolve or escalate.**
 3. **Level 5: Medically monitored, intensive inpatient psychiatric services.**
 - a. **Inpatient psychiatric unit: These services provide 24-hour nursing care and daily psychiatrist evaluation for individuals experiencing an acute psychiatric crisis, such as suicidal or homicidal intent, severe mania, or florid psychosis. Staff include psychiatrists, nurses, social workers, psychologists, and peer specialists. The focus is on rapid stabilization, safety, and intensive treatment.**
 - b. **Acute stabilization: For individuals with high risk of harm to self or others, severe psychiatric symptoms, or inability to care for basic needs. Provides continuous monitoring, rapid medication management, and therapeutic interventions.**
 - c. **Withdrawal/decompensation management: Equivalent to medically monitored withdrawal in SUD; here, the focus is on managing acute psychiatric decompensation requiring intensive monitoring (e.g., severe psychosis or mania). Individuals remain until symptoms are stabilized enough for step-down or require transfer to a more secure setting.**
 4. **Level 6: Medically managed, secure inpatient psychiatric services. The highest-intensity level of care. Provides 24-hour secure containment, daily physician-led care, and nursing oversight. Appropriate for treatment-resistant illness, chronic high-level risk, or forensic involvement requiring long-term management. Emphasis is on stabilization, containment, and in some cases, extended care when less restrictive environments are unsafe.**

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10. Crisis Triage Centers (CTCs)

- A. Definition: Crisis Triage Centers are community-based alternatives to hospitalization or incarceration. The facilities are either outpatient only (providing crisis stabilization as indicated above), or outpatient and residential, with no more than 16 beds. They serve youth and adults to provide voluntary and involuntary stabilization of behavioral health crises including emergency mental health evaluation, withdrawal management, and care.