

**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. **Accredited Residential Treatment Centers for Adults with Substance Use Disorders – Prior to January 1, 2025 reimbursement** ~~Reimbursement~~ is made at a **facility specific** 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. Cost 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 discharge planning, clinical support costs, non-personnel operating costs including expenses incurred for program related supplies and general administration costs. ~~ARTC's have a cost based reimbursement and is specific to each agency these rates are not publicly published. During the rate calculation process several key factors are reviewed by the agency and the providers upon approval of rates.~~

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

Beginning January 1, 2025, Tier II and III 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 State-developed rates are the same for both governmental and private providers.

5. **Crisis Triage Centers** – 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. CTC's have a cost-based reimbursement and is specific to each agency these 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.
6. **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 paid based upon Medicaid rates established by the State of New Mexico.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of January 1, 2023, and are effective for these services provided on or after that date. All rates are published on the Human Services Department website:
<https://www.hsd.state.nm.us/providers/fee-for-service/>

The rate development methodology will primarily be composed of provider cost modeling, through New Mexico provider compensation studies and cost data. Rates from similar 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).
- 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.

7. **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 paid based upon Medicaid rates established by the State of New Mexico.

Except as otherwise noted in the State Plan, the State-developed rates are the same for both governmental and private providers. The provider agency's rates were set as of July 1, 2023 and are effective for these services provided on or after that date. All rates are published on the Human Services Department website:
<https://www.hsd.state.nm.us/providers/fee-for-service/>

The rate development methodology will primarily be composed of provider cost modeling, through New Mexico provider compensation studies and cost data. Rates from similar 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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