



State of New Mexico  
Medical Assistance Program Manual  
**Supplement**



DATE: October 10, 2012

NUMBER: 12-12

TO: ALL DEVELOPMENTAL DISABILITIES WAIVER (DDW) PROVIDERS  
PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM

FROM: JULIE WEINBERG, DIRECTOR, MEDICAL ASSISTANCE DIVISION

SUBJECT: NEW DEVELOPMENTAL DISABILITIES WAIVER SERVICES FEE SCHEDULE

**This supplement replaces the State of New Mexico Medical Assistance Program Manual Supplement #12-07 dated June 27, 2012.**

The Medical Assistance Division of the Human Services Department has concluded its comment period for the new DDW provider fee schedule; the final fee schedule is attached. The new fee schedule and service packages will become effective for services provided to DDW eligible recipients on **November 1, 2012**. The New Mexico Department of Health/Developmental Disabilities Supports Division will publish instructions that outline when eligible DDW recipients will be transitioned to the new service packages. Providers will utilize the new fee schedule, in billing for DDW services, for all eligible participants whose service packages were developed using the SIS (Supports Intensity Scale) assessment.

This supplement completes the final rate setting process for DDW services; following a provider rate study completed by Burns & Associates, Inc. which included a provider survey and discussions with provider representatives in a Rate Study Steering Committee; a series of public meetings during March 2012 regarding proposed rates and DDW changes; a general comment period directed by the Department of Health/Developmental Disabilities Supports Division (DOH/DDSD) that concluded March 30, 2012; and an additional comment period, that ended on August 1, 2012, based on the State of New Mexico Medical Assistance Program Manual Supplement #12-07 dated June 27, 2012.

Providers may view the proposed rates on the MAD website by clicking on the "Provider Information, Enrollment & Program Policy" bullet, selecting "Fee for Service" from the drop down list, and then following the "Fee Schedules" link, which leads to the following web page:

<http://www.hsd.state.nm.us/mad/PFeeSchedules.html>

**DEVELOPMENTAL DISABILITIES WAIVER RATE TABLE**

<b>Procedure Description</b>	<b>Proc Code</b>	<b>Mod 1</b>	<b>Mod 2</b>	<b>Mod 3</b>	<b>Unit</b>	<b>Unit Price</b>
Assist Tech Purch Agent	T2028	HB			Each	\$1.00

**Behavioral Support Consultation**

Behavioral Support Consultation, Standard	H2019	HB			15 min	\$17.98
Behavioral Support Consultation, Incentive	H2019	HB	TN		15 min	\$23.20
Behavioral Support Consultation, Evaluation	H0031	HB			Each	\$343.21

**Case Management**

Case Management On-Going	T2022	HB			Month	\$249.91
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**Community Integrated Employment Services**

Community Integrated Employment, Individual Job Development	T2019	HB	UK		15 min	\$9.13
Community Integrated Employment, Individual Job Maintenance	H2025	HB			15 min	\$8.02
Community Integrated Employment, Group, Category 1 (NM SIS A-D)	T2019	HB	HQ		15 min	\$1.95
Community Integrated Employment, Group, Category 2 (NM SIS E - G)	T2019	HB	HQ	TG	15 min	\$2.95
Community Integrated Employment, Self-Employment, Individual	T2019	HB	UA		15 min	\$6.65
Community Integrated Employment Job Aide	99509	HB			Hour	\$17.68

**Customized Community Supports**

Customized Community Support, Individual	H2021	HB	U1		15 min	\$6.90
Customized Community Support, Individual, Intensive Behavioral	H2021	HB	TG		15 min	\$8.04
Customized Community Support, Group, Category 1 (NM SIS A-D)	T2021	HB	U7		15 min	\$2.58
Customized Community Support, Group, Category 2 (NM SIS E - G)	T2021	HB	U8		15 min	\$3.86
Customized Community Support Group Community Only	T2021	HB	U9		15 min	\$3.84
Community Inclusion Aide	99509	HB			Hour	\$17.68

**Customized In-Home Supports**

Customized In-Home Supports, Living with Natural Supports	S5125	HB			15 min	\$4.42
Customized In-Home Supports, Living Independently	S5125	HB	UA		15 min	\$6.34
Customized In-Home Supports, Living Independently (2 Clients)	S5125	HB	UN		15 min	\$3.96
Customized In-Home Supports, Living Independently (3 Clients)	S5125	HB	UP		15 min	\$3.17

**Crisis Support**

Crisis Support (in Alternative Residential Setting)	T2034	HB			Day	\$345.17
Crisis Support (in Individual's Residence)	T2011	HB			15 min	\$9.05

**Environmental Modification**

Environmental Modifications	S5165	HB			Each	\$9.50
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**Independent Living Transition Services**

Independent Living Transition	T2038	HB			Each	\$1.00
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**Intense Medical Living Supports**

Intensive Medical Residential	T2033	HB	TG		Day	\$420.76
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**Living Supports**

Family Living, Adult	T2033	HB			Day	\$116.52
Supported Living, Category H (NM SIS A-B)	T2016	HB	U4		Day	\$191.69
Supported Living, Category 2 (NM SIS C-D)	T2016	HB	U5		Day	\$223.04
Supported Living, Category 3 (NM SIS E-G)	T2016	HB	U6		Day	\$281.26
Supported Living, Non-Ambulatory	H2022	HB	TG		Day	\$60.72

**DEVELOPMENTAL DISABILITIES WAIVER RATE TABLE**

Procedure Description					Unit	Unit Price
<b>Non-Medical Transportation</b>						
Non-Medical Transportation Per Mile	A0160	HB			Per Mile	0.41
Non-Medical Transportation Pass/Ticket	A0170	HB			Item	\$1.00
<b>Nutritional Counseling</b>						
Nutritional Counseling	S9470	HB			15 min	\$12.71
<b>Personal Support Technology/ On-Site Support</b>						
Personal Support Technology, Installation	A9270	HB			Each	\$1.00
Personal Support Technology, Monthly Maintenance	A9270	HB	RR		Daily	\$5.48
<b>Preliminary Risk Screening and Consultation Related to Inappropriate Sexual Behavior</b>						
Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior, Standard	T1023	HB	UA		15 min	\$19.92
Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior, Incentive	T1023	HB	UA	TN	15 min	\$25.52
<b>Adult Nursing</b>						
Nursing Services, RN	T1002	HB			15 min	\$18.85
Nursing Services, LPN	T1003	HB			15 min	\$13.65
<b>Respite</b>						
Respite	T1005	HB			15 min	\$4.58
Respite - Group	T1005	HB	HQ		15 min	\$2.62
<b>Socialization and Sexuality Education</b>						
Socialization and Sexuality Education, Standard	S9446	HB			Each	\$354.00
Socialization and Sexuality Education, Incentive	S9446	HB	TN		Each	\$708.00
<b>Supplemental Dental Care</b>						
Supplemental Dental Care	T1015	HB			Per Visit	\$114.00
<b>Therapies</b>						
Occupational Therapy, Standard	G0152	HB	GO		15 min	\$22.45
Occupational Therapy, Incentive	G0152	HB	TN		15 min	\$28.63
Occupational Therapy, Evaluation	G0160	HB	UA		Each	\$423.22
Occupational Therapy Assistant (Certified), Standard	G0158	HB	HM		15 min	\$18.47
Occupational Therapy Assistant (Certified), Incentive	G0158	HB	TN		15 min	\$24.23
<b>Physical Therapy</b>						
Physical Therapy, Standard	G0151	HB	GP		15 min	\$22.45
Physical Therapy, Incentive	G0151	HB	TN		15 min	\$28.63
Physical Therapy, Evaluation	G0159	HB	UA		Each	\$423.22
Physical Therapy Assistant (PTA), Standard	G0157	HB	HM		15 min	\$18.47
Physical Therapy Assistant (PTA), Incentive	G0157	HB	TN		15 min	\$24.23
<b>Speech Therapy</b>						
Speech Therapy, Standard	G0153	HB	GN		15 min	\$22.45
Speech Therapy, Incentive	G0153	HB	TN		15 min	\$28.63
Speech Therapy, Evaluation	G0161	HB	UA		Each	\$423.22