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TITLE 8 SOCIAL SERVICES
CHAPTER 305 MEDICAID MANAGED CARE
PART 7 BENEFIT PACKAGE

8.305.7.1 ISSUING AGENCY: Human Services Department
[8.305.7.1 NMAC - Rp 8.305.7.1 NMAC, 7-1-04]

8.305.7.2 SCOPE: This rule applies to the general public.
[8.305.7.2 NMAC - Rp 8.305.7.2 NMAC, 7-1-04]

8.305.7.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended and by the state human services department pursuant to state statute. See NMSA 1978 Section 27-2-12 et. seq.
[8.305.7.3 NMAC - Rp 8.305.7.3 NMAC, 7-1-04]

8.305.7.4 DURATION: Permanent
[8.305.7.4 NMAC - Rp 8.305.7.4 NMAC, 7-1-04]

8.305.7.5 EFFECTIVE DATE: July 1, 2004, unless a later date is cited at the end of a section.
[8.305.7.5 NMAC - Rp 8.305.7.5 NMAC, 7-1-04]

8.305.7.6 OBJECTIVE: The objective of these regulations is to provide policies for the service portion of the New Mexico medicaid managed care program.
[8.305.7.6 NMAC - Rp 8.305.7.6 NMAC, 7-1-04]

8.305.7.7 DEFINITIONS: See 8.305.1.7 NMAC.
[8.305.7.7 NMAC - Rp 8.305.7.7 NMAC, 7-1-04]

8.305.7.8 MISSION STATEMENT: The mission of the medical assistance division is to reduce the impact of poverty on people living in New Mexico and to assure low income and disabled individuals in New Mexico equal participation in the life of their communities.
[8.305.7.8 NMAC - Rp 8.305.7.8 NMAC, 7-1-04; A, 7-1-09]

8.305.7.9 BENEFIT PACKAGE: This part defines the medicaid benefit package for which the MCO/SE shall be paid fixed per-member per-month payment rates. The MCO/SE shall cover these services. The MCO/SE shall not delete benefits from the medicaid-defined benefit package. The MCO/SE may utilize providers licensed in accordance with state and federal requirements to deliver services.
[8.305.7.9 NMAC - Rp 8.305.7.9 NMAC, 7-1-04; A, 7-1-05; A, 9-1-06; A, 7-1-07]

8.305.7.10 MEDICAL ASSISTANCE DIVISION PROGRAM POLICY MANUAL: The medical assistance division program policy manual contains a detailed explanation of the services covered by medicaid, limitations and exclusions to covered services and services that are not covered by medicaid. The manual is the official source of information on covered and noncovered services. The MCO/SE shall determine their own utilization management (UM) protocols which are based on reasonable medical evidence, and are not bound by those found in the medicaid program manual. HSD may review and approve the MCO's or SE's UM protocols.
[8.305.7.10 NMAC - Rp 8.305.7.10 NMAC, 7-1-04; A, 7-1-05; A, 7-1-07]

8.305.7.11 SERVICES INCLUDED IN THE MEDICAID BENEFIT PACKAGE:

A. **Inpatient hospital services (MCO/SE):** The benefit package includes hospital inpatient acute care, procedures and services for members, as detailed in 8.311.2 NMAC, *Hospital Services*. The MCO shall comply with the maternity length of stay in the Health Insurance Portability and Accountability Act of 1996. Coverage for a hospital stay following a normal, vaginal delivery may not be limited to less than 48 hours for both the mother and the newborn child. Health coverage for a hospital stay in connection with childbirth following a caesarian section may not be limited to less than 96 hours for mother and newborn child.

B. **Transplant services (MCO only):** The following transplants are covered in the benefit package

as long as the indications are not considered experimental or investigational: heart transplants, lung transplants, heart-lung transplants, liver transplants, kidney transplants, autologous bone marrow transplants, allogeneic bone marrow transplants and corneal transplants, as detailed in 8.325.5 NMAC, *Transplant Services*. Also see 8.325.6 NMAC, *Experimental or Investigational Procedures, Technologies or Non-Drug Therapies* for guidance on determining if transplants are experimental or investigational.

C. **Hospital outpatient service (MCO/SE):** The benefit package includes hospital outpatient services for preventive, diagnostic, therapeutic, rehabilitative or palliative medical or behavioral health services as detailed in 8.311.2 NMAC, *Outpatient Covered Services*.

D. **Case management services (MCO):** The benefit package includes case management services necessary to meet an identified service need as detailed in 8.326.2 NMAC through 8.326.6 NMAC and 8.320.5 NMAC [MAD 771 through MAD 775 and MAD 744].

E. **Specific case management programs:** The following are specific case management programs available to Medicaid members within the MCO, which meet the requirements specified in policy manual parts:

(1) **case management services for adults with developmental disabilities (MCO only):** Case management services provided to adult members (21 years of age or older) who are developmentally disabled, as detailed in 8.326.2 NMAC [MAD 771], *Case Management Services for Adults with Developmental Disabilities*;

(2) **case management services for pregnant women and their infants (MCO only):** Case management services provided to pregnant women up to 60 days following the end of the month of the delivery, as detailed in 8.326.3 NMAC [MAD 772], *Case Management Services for Pregnant Women and Their Infants*;

(3) **case management services for traumatically brain injured adults (MCO only):** Case management services provided to adults who are 21 years of age or older who are traumatically brain injured, as detailed in 8.326.5 NMAC [MAD 774], *Case Managed Services for Traumatically Brain Injured Adults*;

(4) **case management services for children up to the age of three (MCO only):** Case management services for children up to the age of three who are medically at risk due to family conditions and not developmentally delayed, as detailed in 8.326.6 NMAC [MAD 775], *Case Management Services for Children Up to Age Three*; and

(5) **case management services for the medically at risk (MCO only):** Case management services for individuals who are under 21 who are medically at risk for physical or behavioral health conditions, as detailed in 8.320.5 NMAC [MAD 744], *EPSDT Case Management*; the benefit package does not include case management provided to developmentally disabled children ages 0-3 who are receiving early intervention services, or case management services provided by the children, youth and families department and defined as protective services case management or juvenile probation and parole officer case management; “medically at risk” is defined as those individuals who have a diagnosed physical or behavioral health condition which has a high probability of impairing their cognitive, emotional, neurological, social, behavioral or physical development.

F. **Emergency services (MCO/SE):** The benefit package includes inpatient and outpatient services meeting the definition of emergency services. It is the responsibility of the MCOs to cover emergency room facility costs even when the primary diagnosis is a behavioral health diagnosis, with the exception of UNM psychiatric emergency room, which will be the responsibility of the SE. Services shall be available 24 hours per day and 7 days per week. Services meeting the definition of emergency services shall be provided without regard to prior authorization or the provider’s contractual relationship with the MCO/SE. If the services are needed immediately and the time necessary to transport the member to a network provider would mean risk of permanent damage to the member’s health, emergency services shall be available through a facility or provider participating in the MCO/SE network or from a facility or provider not participating in the MCO/SE network. Either provider type shall be paid for the provision of services on a timely basis. Emergency services include services needed to evaluate and stabilize an emergency medical or behavioral condition. Post stabilization care services means covered services, related to an emergency medical or behavioral condition, that are provided after a member is stabilized in order to maintain this stabilized condition. This coverage may include improving or resolving the member’s condition if either the MCO/SE has authorized post-stabilization services in the facility in question, or there has been no authorization; and

(1) the hospital was unable to contact the MCO/SE; or

(2) the hospital contacted the MCO/SE but did not get instructions within an hour of the request.

G. **Physical health services (MCO only):** The benefit package includes primary (including those provided in school-based settings) and specialty physical health services provided by a licensed practitioner performed within the scope of practice, as defined by state law and detailed in 8.310.2 NMAC, *Medical Services Providers*; 8.310.10 NMAC, *Midwife Services*, including out of hospital births and other related birthing services performed by certified nurse midwives or direct-entry midwives licensed by the state of New Mexico, who are either validly contracted with and fully credentialed by the MCO or validly contracted with HSD and participate in HSD’s

birthing options program; 8.310.11 NMAC, *Podiatry Services*; 8.310.3 NMAC, *Rural Health Clinic Services*; and 8.310.4 NMAC [MAD 713], *Federally Qualified Health Center Services*.

H. **Laboratory services (MCO or SE):** The benefit package includes laboratory services provided according to the applicable provisions of Clinical Laboratory Improvement Act (CLIA), as detailed in 8.324.2 NMAC, *Laboratory Services*. Laboratory costs shall be the responsibility of the SE when they are provided within, and billed by, a freestanding psychiatric hospital, a PPS exempt unit of a general acute hospital or UNM psychiatric emergency room. In the event that a psychiatrist orders lab work but completes that lab work in his/her office/facility and bills for it, the SE shall be responsible for payment. Lab costs shall be the responsibility of the MCO when a BH provider orders lab work that is performed by an outside, independent laboratory, including those lab services provided for persons within a freestanding psychiatric hospital, a psychiatric unit, a psychiatric unit within a general hospital or UNM psychiatric ER. All other covered laboratory services shall be the responsibility of the MCO.

I. **Diagnostic imaging and therapeutic radiology services (MCO or SE):** The benefit package includes medically necessary diagnostic imaging and radiology services, as detailed in 8.324.3 NMAC, *Diagnostic Imaging and Therapeutic Radiology Services*. Radiology costs shall be the responsibility of the SE when they are provided within, and billed by, a freestanding psychiatric hospital, a PPS exempt unit of a general acute hospital or UNM psychiatric emergency room. In the event that a psychiatrist orders radiology services but completes those tests in his/her office/facility and bills for it, the SE shall be responsible for payment. Radiology costs shall be the responsibility of the MCO when a BH provider orders radiology services that are performed by an outside, independent radiology facility, including those radiology services provided for persons within a freestanding psychiatric hospital, a psychiatric unit, a psychiatric unit within a general hospital or UNM psychiatric ER. All other diagnostic imaging and therapeutic radiology services shall be the responsibility of the MCO.

J. **Anesthesia services (MCO):** The benefit package includes anesthesia and monitoring services necessary for the performance of surgical or diagnostic procedures, as detailed in 8.310.5 NMAC, *Anesthesia Services*. Reimbursement for anesthesia related to electroconvulsive therapy (ECT) shall be the responsibility of the MCO.

K. **Vision services (MCO only):** The benefit package includes vision services, as detailed in 8.310.6 NMAC, *Vision Care Services*.

L. **Audiology services (MCO only):** The benefit package includes audiology services, as detailed in 8.324.6 NMAC, *Hearing Aids and Related Evaluation*.

M. **Dental services (MCO only):** The benefit package includes dental services, as detailed in 8.310.7 NMAC, *Dental Services*.

N. **Dialysis services (MCO only):** The benefit package includes medically necessary dialysis services, as detailed in 8.325.2 NMAC, *Dialysis Services*. Dialysis providers shall assist members in applying for and pursuing final medicare eligibility determination.

O. **Pharmacy services (MCO/SE):** The benefit package includes all pharmacy and related services, as detailed in 8.324.4 NMAC, *Pharmacy Services*. The MCO/SE shall maintain written policies and procedures governing its drug utilization review (DUR) program in compliance with all applicable federal medicaid laws. The MCO/SE shall use a single medicaid preferred drug list (PDL). The MCO/SE shall cover brand name drugs and drug items not generally on the MCO/SE formulary or PDL when determined to be medically necessary by the MCO/SE or through a fair hearing process. The MCO/SE shall include on their formulary or PDL all multi-source generic drug items with the exception of items used for cosmetic purposes, items consisting of more than one (+) therapeutic ingredient, anti-obesity items, items which are not medically necessary, and cough, cold and allergy medications. The MCO/SE shall reimburse family planning clinics, school-based health clinics, and DOH public health clinics for oral contraceptive agents and Plan B when dispensed to members and billed using HCPC codes and CMS 1500 claim forms. The MCO shall coordinate as necessary with the SE, and the SE shall coordinate with the MCO and the member's PCP when administering pharmacy services. The SE shall be responsible for payment of all drug items prescribed by a behavioral health provider, such as psychiatrists, psychologists certified to prescribe, psychiatric clinical nurse specialists, psychiatric nurse practitioners, and any other prescribing practitioner contracted with the SE. The MCO/SE shall ensure that Native American members accessing the pharmacy benefit at IHS or tribal 638 facilities will be exempt for the MCO's/SE's preferred drug list.

P. **Durable medical equipment and medical supplies (MCO only):** The benefit package includes the purchase, delivery, maintenance and repair of equipment, oxygen and oxygen administration equipment, nutritional products, disposable diapers, augmentative alternative communication devices and disposable supplies essential for the use of the equipment, as detailed in 8.324.5 NMAC, *Durable Medical Equipment and Medical Supplies*.

Q. EPSDT services (MCO/SE): The benefit package includes the delivery of the federally mandated early and periodic screening, diagnostic and treatment (EPSDT) services provided by a PCP and physical or behavioral health specialist, as detailed in 8.320.2 NMAC, *EPSDT Services*. The SE shall provide access to early intervention programs/services for members identified in an EPSDT screen as being at risk for developing or having a severe emotional, behavioral or neurobiological disorder.

R. Tot-to-teen health checks (MCO only): The MCO shall adhere to the periodicity schedule and ensure that eligible members receive EPSDT screens (tot-to-teen health checks). The services include the following with respect to treatment follow-up:

- (1) education of and outreach to members regarding the importance of the health checks;
- (2) development of a proactive approach to ensure that the members receive the services;
- (3) facilitation of appropriate coordination with school-based providers;
- (4) development of a systematic communication process with MCO network providers regarding screens and treatment coordination;
- (5) processes to document, measure and assure compliance with the periodicity schedule; and
- (6) development of a proactive process to insure the appropriate follow-up evaluation, referral and treatment, including early intervention for vision and hearing screening, dental examinations and current immunizations; the MCO will facilitate referral to the SE for identified behavioral health conditions.

S. EPSDT private duty nursing (MCO only): The benefit package includes private duty nursing for the EPSDT population, as detailed in 8.323.4 NMAC, *EPSDT Private Duty Nursing Services*. The services shall either be delivered in the member's home or the school setting.

T. EPSDT personal care (MCO only): The benefit package includes personal care services for the EPSDT population, as detailed in 8.323.2 NMAC, *EPSDT Personal Care Services*.

U. Services provided in schools (MCO/SE): The benefit package includes services provided in schools, excluding those specified in the individual education plan (IEP) or the individualized family service plan (IFSP), as detailed in 8.320.6 NMAC, *School-Based Services for Recipients under 21 Years Of Age*.

V. Nutritional services (MCO only): The benefit package includes nutritional services furnished to pregnant women and children as detailed in 8.324.9 NMAC, *Nutrition Services*.

W. Home health services (MCO only): The benefit package includes home health services, as detailed in 8.325.9 NMAC, *Home Health Services*. The MCO is required to coordinate home health and the home and community-based waiver programs if a member is eligible for both home health and waiver services.

X. Hospice services (MCO only): The benefit package includes hospice services, as detailed in 8.325.4 NMAC, *Hospice Care Services*.

Y. Ambulatory surgical services (MCO only): The benefit package includes surgical services rendered in an ambulatory surgical center setting, as detailed in 8.324.10 NMAC, *Ambulatory Surgical Center Services*.

Z. Rehabilitation services (MCO only): The benefit package includes inpatient and outpatient hospital and outpatient physical, occupational and speech therapy services, as detailed in 8.325.8 NMAC, *Rehabilitation Services Providers* and licensed speech and language pathology services furnished under the EPSDT program as detailed in 8.323.5 NMAC, *Licensed Speech and Language Pathologists*. The MCO is required to coordinate rehabilitation services with the home and community-based waiver programs if a member is eligible for rehabilitation and waiver services.

AA. Reproductive health services (MCO only): The benefit package includes reproductive health services, as detailed in 8.325.3 NMAC, *Reproductive Health Services*. The MCO will provide female members with direct access to women's health specialists within the network for covered care necessary to provide women's routine and preventive health care services. This is in addition to the member's designated source of primary care if that source is not a women's health specialist.

(1) The MCO shall provide medicaid members with sufficient information to allow them to make informed choices including the following:

- (a) types of family planning services available;
- (b) a member's right to access these services in a timely and confidential manner; and
- (c) freedom to choose a qualified family planning provider who participates in the MCO network or from a provider who does not participate in the MCO network.

(2) If members choose to receive family planning services from an out-of-network provider, they shall be encouraged to exchange medical information between the PCP and the out-of-network provider for better coordination of care.

BB. Pregnancy termination procedures (MCO only): The benefit package includes services for the

termination of pregnancy as allowed by 42 CFR 441.200 et seq. Medically necessary pregnancy terminations which do not meet the requirements of 42 CFR 441.202 are excluded from the capitation payment made to the MCO and shall be reimbursed solely from state funds pursuant to the provisions of 8.325.7 NMAC, *Pregnancy Termination Procedures*.

CC. Emergency and non-emergency transportation services (MCO only): The benefit package includes transportation service such as ground ambulance, air ambulance, taxicab and handivan, commercial bus, commercial air, meal and lodging services as indicated for medically necessary physical and behavioral health services, as detailed in 8.324.7 NMAC, *Transportation Services*. Non-emergency transportation is covered only when a member does not have a source of transportation available and when the member does not have access to alternative free sources. The MCO/SE shall coordinate efforts when providing transportation services for medicaid members/customers requiring physical or behavioral health services.

DD. Prosthetics and orthotics (MCO only): The benefit package includes prosthetic and orthotic services as detailed in 8.324.8 NMAC, *Prosthetics and Orthotics*.

EE. Preventative physical health services (MCO only): The benefit package shall include preventative services that follow current national standards and are recommended by the U.S preventive services task force, the centers for disease control and prevention, or the American college of obstetricians and gynecologists. The MCO shall follow current national standards for preventive health services.

FF. Telehealth services (MCO/SE): The benefit package includes telehealth services as detailed in 8.310.13 NMAC, *Telehealth Services*.
[8.305.7.11 NMAC - Rp 8.305.7.11 NMAC, 7-1-04; A, 7-1-05; A, 9-1-06; A, 7-1-07; A, 7-1-08; A, 7-1-09]

8.305.7.12 SERVICES EXCLUDED FROM THE MEDICAID BENEFIT PACKAGE: The following services are not included in the medicaid benefit package. Reimbursement for these services shall be made by medicaid fee-for-service. However, the MCO/SE is expected to coordinate these services, when applicable, and ensure continuity of care by overseeing PCP consultations, medical record updates and general coordination. The excluded services include the following:

A. services provided in nursing facilities or hospital swing beds to members expected to reside in those facilities on a long-term or permanent basis, as defined in 8.312.2 NMAC, *Nursing Facilities* and 8.311.5 NMAC, *Swing Bed Hospital Services*;

B. services provided in intermediate care facilities for the mentally retarded, as defined in 8.313.2 NMAC, *Intermediate Care Facilities for the Mentally Retarded*;

C. services provided pursuant to the home and community-based services waiver programs, as defined in Chapter 314, *Long Term Care Services - Waivers*;

D. emergency services to undocumented aliens defined in 8.325.10 NMAC, *Emergency Services for Undocumented Aliens*;

E. early intervention therapy and case management services, as detailed in 8.320.4 NMAC, *Special Rehabilitation Services*;

F. case management provided by the children youth and families department defined as child protective services case management and as detailed in 8.320.5 NMAC, *EPSDT Case Management*, this service shall be excluded by the SE;

G. case management provided by the children, youth and families department, as detailed in 8.326.7 NMAC, *Adult Protective Services Case Management*, this service shall be excluded by the SE;

H. case management provided by the children, youth and families department, as detailed in 8.326.8 NMAC, *Case Management for Children Provided by Juvenile Probation and Parole Officers*, this service shall be excluded by the SE;

I. services provided in the schools and specified in the individual education plan (IEP) or individualized family service plan (IFSP), as detailed in 8.320.6 NMAC, *School-Based Services for Recipients under 21 Years of Age*; and

J. experimental or investigational procedures, technologies or therapies, as defined in 8.325.6 NMAC, *Experimental or Investigational Procedures, Technologies or Non-Drug Therapies*. Services that meet the definition of experimental or investigational are not covered under medicaid managed care or fee-for-service.
[8.305.7.12 NMAC - Rp 8.305.7.12 NMAC, 7-1-04; A, 7-1-05]

8.305.7.13 BEHAVIORAL HEALTH SERVICES INCLUDED IN THE BENEFIT PACKAGE FOR ADULTS AND CHILDREN. The SE shall cover the following medicaid services. If, at any time, other medicaid behavioral health services are included in the state plan or a state plan amendment, the SE shall cover those services

also.

A. **Inpatient hospital services:** The benefit package includes inpatient hospital psychiatric services provided in general hospital units and prospective payment system (PPS)-exempt units in a general hospital as detailed in 8.311.2 NMAC, *Hospital Services*.

B. **Hospital outpatient services:** The benefit package includes outpatient psychiatric and partial hospitalization services provided in PPS-exempt units of general hospitals as detailed in 8.311.4 NMAC, *Outpatient Psychiatric Services and Partial Hospitalization*.

C. **Outpatient health care professional services:** The benefit package includes outpatient health care services, as detailed in 8.310.8 NMAC, *Mental Health Professional Services*.

D. **Comprehensive community support services:** The benefit package includes comprehensive community support services as detailed in 8.315.6 NMAC, *Comprehensive Community Support Services*.

E. **Assertive community treatment services (ACT):** The benefit package includes assertive community treatment services for members eighteen (18) years of age and older as detailed in 8.315.5 NMAC, *Assertive Community Treatment Services*.

[8.305.7.13 NMAC - Rp 8.305.7.13 NMAC, 7-1-04; A, 7-1-05; A, 7-1-08]

8.305.7.14 BEHAVIORAL HEALTH SERVICES INCLUDED IN THE SALUD! BENEFIT PACKAGE FOR CHILDREN ONLY:

The SE shall provide the following medicaid services. The benefit package includes prevention, screening, diagnostic, ameliorative services and other medically necessary behavioral health care and substance abuse treatment or services for medicaid members under 21 years of age whose need for behavioral health services is identified by a licensed health care provider or during an EPSDT screen. All behavioral health care services shall be provided in accordance with the current New Mexico Children's Code and the Children's Mental Health and Developmental Disabilities Act, NMSA Section 32A-6-1 to 32A-6-22. The services include the following:

A. **Inpatient hospitalization in free standing psychiatric hospitals:** The benefit package includes inpatient services in free standing psychiatric hospitals as detailed in 8.321.2 NMAC, *Inpatient Psychiatric Care in Freestanding Psychiatric Hospitals*.

B. **Accredited residential treatment center services:** The benefit package includes accredited residential treatment services as detailed in 8.321.3 NMAC, *Accredited Residential Treatment Center Services*.

C. **Nonaccredited residential treatment centers and group homes:** The benefit package includes residential treatment services as detailed in 8.321.4 NMAC, *Non-Accredited Residential Treatment Centers and Group Homes*.

D. **Treatment foster care:** The benefit package includes treatment foster care services as detailed in 8.322.2 NMAC, *Treatment Foster Care*.

E. **Treatment foster care II:** The benefit package includes treatment foster care II, as detailed in 8.322.5 NMAC, *Treatment Foster Care II*.

F. **Outpatient and partial hospitalization services in freestanding psychiatric hospital:** The benefit package includes outpatient and partial hospitalization services provided in freestanding psychiatric hospitals, as detailed in 8.321.5 NMAC, *Outpatient and Partial Hospitalization Services in Freestanding Psychiatric Hospitals*.

G. **Day treatment services:** The benefit package includes day treatment services, as detailed in 8.322.4 NMAC, *Day Treatment Services*.

H. **Behavior management skills development services (BMSDS):** The benefit package includes behavior management services, as detailed in 8.322.3 NMAC, *Behavior Management Skills Development Services*.

I. **School-based services:** The benefit package includes counseling, evaluation and therapy furnished in a school-based setting, but not when specified in the individual education plan (IEP) or the individualized family service plan (IFSP), as detailed in 8.320.6 NMAC, *School-Based Services for Recipients under 21 Years of Age*.

J. **Licensed alcohol and drug abuse counselors:** The benefit package includes alcohol and drug abuse counseling, as detailed in 8.323.3 NMAC, *Licensed Alcohol and Drug Abuse Counselors*.

K. **Multi-systemic therapy services:** The benefit package includes multi-systemic therapy services, as detailed in 8.322.6 NMAC, *Multi-Systemic Therapy Services*.

[8.305.7.14 NMAC - Rp 8.305.7.14 NMAC, 7-1-04; A, 7-1-05; A, 9-1-06; A, 7-1-08]

8.305.7.15 BEHAVIORAL HEALTH SERVICES INCLUDED IN THE BENEFIT PACKAGE FOR ADULTS ONLY:

The benefit package includes psychosocial rehabilitation, as detailed in 8.315.3 NMAC

Psychosocial Rehabilitation Services, and shall be provided by the SE, in accordance with the New Mexico Mental Health and Developmental Disabilities Code, NMSA Sections 43-1-1 to 43-1-25.

[8.305.7.15 NMAC - Rp 8.305.7.15 NMAC, 7-1-04; A, 7-1-05; A, 9-1-06; A, 7-1-08]

8.305.7.16 [RESERVED]

[8.305.7.16 NMAC - Rp 8.305.7.16 NMAC, 7-1-04; A, 7-1-05; A, 9-1-06; Repealed, 7-1-07]

8.305.7.17 [RESERVED]

[8.305.7.17 NMAC - N, 7-1-04; Repealed, 7-1-05]

HISTORY OF 8.305.7 NMAC: The material in this part was derived from that previously filed with the Commission of Public Records - State Records Center and Archives:

8 NMAC 4.MAD.606.6, Managed Care Policies, Benefit Package, 6-19-97.

History of Repealed Material:

8 NMAC 4.MAD.606.6, Managed Care Policies, Benefit Package - Repealed, 7-1-01.

8.305.7 NMAC, Medicaid Managed Care, Benefit Package - Repealed 7-1-04.