Michelle Lujan Grisham, Governor
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Letter of Direction #113-1

Date: **06/30/2024**

To: **Centennial Care 2.0 Managed Care Organizations**

From: **Dana Flannery, Director, Medical Assistance Division**
Nick Boukas, Director, Behavioral Health Services Division

Subject: **Implementation of Behavioral Health Evidence-based Practices Repeal and Replace #LOD 113**

Title: **Behavioral Health Evidence-based Practices**

The purpose of this Letter of Direction (LOD) is to provide guidance to the Centennial Care 2.0 Managed Care Organizations (MCOs) for implementation of behavioral health evidence-based practices (EBP) effective July 1, 2023. HSD is implementing enhanced rates for the following EBPs: Multisystemic Therapy (MST), Functional Family Therapy (FFT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Eye Movement Desensitization and Reprocessing (EMDR); and Dialectical Behavior Therapy (DBT).

Multisystemic Therapy (MST) and Multisystemic Therapy Problem Sexual Behavior (MST-PSB)

Eligible Providers: In addition to the requirements of Subsections A and B of 8.321.2.9 NMAC, in order to be eligible to be reimbursed for providing MST services, an agency must hold a copy of MST Services LLC licensure, or any of its approved subsidiaries and must be approved through a joint letter from the Human Services Department (HSD) and the Children Youth and Families Department (CYFD). Any team providing MST-PSB must have a specific national certification from MST Services, LLC for MST-PSB. Once approved a provider will receive an approval letter which may be used to complete the Medicaid provider enrollment process to receive specialty type 131. MCOs may require a copy of the joint approval letter for contracting purposes.

> Note: Existing NM Medicaid providers who are already enrolled with specialty type 131 must hold a copy of licensure from MST Services, LLC but are not required to complete the joint approval process at this time. Existing MST providers must complete the joint approval process prior to their next Turn Around Document (TAD).

The MST program includes an assigned MST team for each eligible recipient. The MST team must include at minimum:

- A supervisor who is a master's level independently licensed behavioral health professional or

a master's level licensed behavioral health professional working in an agency with access to an independently licensed supervisor supporting the team

- MST-trained behavioral health staff able to provide 24-hour coverage, seven days a week;
- Master's level behavioral health practitioner that is required to perform all MST interventions;
- Bachelor's level staff that has a degree in social work, counseling, psychology or a related human services field and must have at least three years' experience working with the identified population of children, adolescents and their families. A bachelor's level behavioral health practitioner is limited to performing functions defined within the scope of his or her RLD practice board licensure or practice. Bachelor's level staff may provide the non-clinical components of MST treatment including treatment planning, skill-building and family psychoeducation but may not provide family therapy; and
- Staffing for MST services is comprised of no more than one-third bachelor's level staff and, at minimum, two-thirds master's level staff. Unless a formal exception has been granted by MST Services, LLC.
- Any exceptions related to experience must be approved through MST Services, LLC.

Clinical supervision must include at a minimum weekly supervision provided by an independently licensed master level behavioral health practitioner who is MST trained or an MST trained master's level licensed behavioral health professional working in an agency with access to an independently licensed supervisor supporting the team. This supervision, in accordance with MST supervisory protocol, is provided to team members on topics directly related to the needs of the Medicaid member and their family on an ongoing basis. Weekly supervision must also include one hour of local group supervision and one hour of telephone consultation per week with the MST systems supervisor. Clinical staff are required to complete a prescribed five-day MST introductory training and subsequent quarterly trainings. Any staff person providing MST-PSB must have completed the MST-PSB specific training and be on a specially trained team with national certification from MST Services, LLC for MST-PSB.

Identified Population: MST, or MST-PSB, is provided to an eligible recipient 10 to 18 years of age who meets the criteria of SED, involved in or at serious risk of involvement with the juvenile justice system; has antisocial, aggressive, violent, and substance-abusing behaviors; is at risk for an out-of-home placement; or is returning from an out-of-home placement where the above behaviors were the focus of his or her treatment and his or her family's involvement. A co-occurring diagnosis of substance abuse shall not exclude an eligible recipient from the program.

Covered Services: MST is an intensive family and community, evidence-based treatment for youth rendered by a MST team, to provide intensive home, family and community-based treatment for the family of an eligible recipient who is at risk of an out-of-home placement or is returning home from an out-of-home placement.

MST services are primarily provided in the eligible recipient's home, but a MST worker may also intervene at the eligible recipient's school and other community settings. MST addresses the multiple causes of serious antisocial behavior across key systems within which youth are embedded (family, peers, school, and neighborhood). MST-PSB focuses on aspects of a youth's ecology that are functionally related to the problem sexual behavior. MST-PSB includes reduction of parent and youth denial about the sexual offenses and their consequences, promotion of the development of friendships and age-appropriate sexual experiences, and modification of the individual's social perspective-taking skills, belief system, or attitudes that contributed to sexual offending behavior. The MST program

includes an assigned MST/MST-PSB team for each eligible member. Any intervention involving parents and caregivers are for the direct benefit of the beneficiary.

The following components must be furnished as part of the MST service to be eligible for reimbursement:

- an initial assessment to identify the focus of the MST intervention;
  - therapeutic interventions with the eligible recipient and his or her family;
  - case management; and
  - crisis stabilization.

- MST service components include:
  - Treatment Planning – Participating in and utilizing strengths-based treatments/planning which may include assisting the individual and family members or other collaterals with identifying strength and needs, resources, natural supports and developing goals and objectives to utilize personal strengths, resources and natural supports to address functional deficits associated with their mental illness. This only includes developing the treatment plan for the Medicaid behavioral health services provided to the individual.
  - Restoration of social skills - Youth and families receive individualized, skill-building which is available 24 hours a day, seven days a week in the community setting. Skill-building is designed to decrease symptoms of the mental health diagnosis, reduce maladaptive referral behaviors and increase pro-social behaviors at home and across the multiple interconnected systems. The interconnected systems include the family, extended family, peers, neighbors, and the community that exists in the youth's world. The positives that are found in these systems are used as leverage for change. The MST skill-building services are rehabilitation and support with the restoration of social and interpersonal skills, problem solving, conflict resolution, and emotions/behavior management to prevent institutionalization, enhance personal relationships, establish support networks, develop positive coping mechanisms and strategies, and promote effective functioning in the youth's social environment including home, school, and community.
  - Family Therapy and Psychoeducation The family receives family therapy in order to understand and implement how to assist their child based on the child's medical diagnosis. Psychoeducation includes instruction and training of families to increase their knowledge and understanding of the child's psychiatric diagnosis(es), prognosis(es), treatment, and rehabilitation in order to enhance their cooperation and collaboration with treatment, rehabilitation and favorably affect outcomes.

- MST services are conducted by practitioners using the MST team approach. The MST team must have the ability to deliver services in various environments, such as homes, schools, homeless shelters, or street locations. MST services:
  - promote the recipient's family's capacity to monitor and manage his or her behavior;
  - involve the eligible recipient's family and other systems, such as the school, probation officers, extended families and community connections;
  - provide access to a variety of interventions 24-hours a day, seven days a week, by staff that maintain contact and intervene as one organizational unit; and
  - include structured face-to-face therapeutic interventions to provide support and guidance in all areas of the recipient's functional domains, such as adaptive, communication, psychosocial, problem solving, and behavior management.

MST – Exclusions

MST services are comprehensive of all other behavioral health services, with the exception of psychological evaluation or assessment, medication management, and high-fidelity wraparound. These services may be provided and billed separately for a member receiving MST services. MST shall not be billed in conjunction with the following services:

- BH services by licensed and unlicensed individuals, other than medication management, assessment, and high-fidelity wraparound; and
- Residential (RTC) services.
    - MST may be approved concurrently with treatment foster care (TFC) when clinically appropriate.

Medicaid will not reimburse for services provided to children who are residents of institutions for mental diseases (IMDs). These are institutions with greater than 16 beds, where more than 50 percent of the residents require treatment for BH conditions.

MST – Billing Guidance

- MST may be billed for direct staff face-to-face time with the child/youth, family or other collateral contacts. Only direct staff face-to-face time with the child or family or other collateral contacts may be billed. Collateral contacts include probation programs, public guardianship programs, special education programs, child welfare/child protective evidence-based practices in coordination with other child-serving systems such as parole and services and foster care programs. Coordination with these child-serving systems is considered collateral contact and may be necessary to meet their goals of the individual but is not billable through Medicaid if meeting a requirement of another primary program. Services may be provided by these child-serving systems, however, the services provided must be funded through the agency providing the service.
- The child/youth receiving treatment does not need to be present for all contacts; contacts billable to Medicaid should involve contacts with parents, guardians or other individuals having a primary care relationship with the individual receiving treatment.
- All contacts must be based on goals from the child's/youth's plan of care. Phone contacts are not billable;
- Time spent in travel, transporting children, documenting, supervision, training, etc. has been factored into the indirect unit cost and may not be billed directly;
- Medicaid may not reimburse for children in the custody of the New Mexico Juvenile Justice system post-adjudication who reside in detention facilities, public institutions or secure care, and are inmates of a public institution. If the child is in Juvenile Justice custody, but not in a public correctional institution (i.e., is outpatient), Medicaid will reimburse for the MST, except for the oversight of restorative measures, which is a juvenile justice function; and
- Medicaid does not pay when the vocational supports provided via MST qualify for vocational rehabilitation funding, even if the vocational rehabilitation services are not available unless the child is not eligible for vocational rehabilitation.

Functional Family Therapy (FFT)

Eligible Providers: In addition to the requirements of Subsections A and B of 8.321.2.9 NMAC, in order to be eligible to be reimbursed for providing FFT services, an agency must be engaged in

training, consultation and oversight by either FFT, LLC or FFT Partners and must be approved by through a joint letter from HSD and CYFD. Services are available in-home, at school, and in other community settings including a federally qualified health center (FQHC), an Indian Health Service (IHS) facility and a PL 93-638 tribally-operated facility. Once approved a provider will receive an approval letter which may be used to complete the Medicaid provider enrollment process and receive specialty type 135. The provider should also provide the MCO with a copy of the joint approval letter to complete the contracting process. The FFT program staff includes at a minimum:

- A licensed Master's and/or Bachelors level staff. Bachelor's level staff may provide non-clinical components of FFT treatment and must have a degree in social work, counseling, psychology or a related human services field and must have at least three (3) years of experience working with the target population.
- Staffing for FFT services shall be comprised of no more than one-quarter Bachelor's level staff and, at minimum, three-quarters licensed Master's level staff.
- An FFT team requires FFT certification of a Clinical Supervisor and at least two FFT certified treatment providers working collaboratively with one another using the FFT services as defined by the international FFT Services program provided by the State.
- The FFT team must include at a Clinical Supervisor who is a master's level independently licensed behavioral health professional or a master's level licensed behavioral health professional working in an agency with access to an independently licensed supervisor supporting the team. The Clinical Supervisor must have FFT certification.
- Exceptions must be approved through the official FFT training organization.

Identified Population: FFT is provided to an eligible youth meeting medical necessity with serious behavior problems such as conduct disorder, violent acting-out, mental health concerns, truancy, and substance abuse. Functional Family Therapy (FFT) is an evidence-based, short term and intensive family-based treatment. FFT program's goals are to: integrate families' voices in all phases of treatment; develop and grow in innovative, collaborative, dynamic and evidence-based practices (EBP); practice evidence-based programs in evidence-based ways to maintain model fidelity; evolve the model in a way that is responsive to the needs of families, communities, and agencies; and provide innovative, real-time cloud-based technology and training for predictability and outcomes.

Covered Services: FFT can be conducted in clinic settings as an outpatient therapy or a home-based model. FFT interventions occur in three primary phases (engagement/motivation, behavior change, and generalization), each with measurable process goals and family skills that are the targets of intervention with the length of treatment covered based on medical necessity. Each phase has specific goals and practitioner skills associated with it. The specificity of the model allows for monitoring of treatment, training, and practitioner model adherence in ways that are not possible with other less specific treatment interventions.

FFT has a wide range of clinical applications and has been effectively integrated into a wide array of multi-ethnic, multicultural contexts. FFT is listed with the highest rating by the Title IV-E Prevention Services Clearinghouse. Any intervention involving parents and caregivers are for the direct benefit of the beneficiary.

- FFT Service Components Include:
    - Treatment Planning – Participating in and utilizing strengths-based treatments/planning which may include assisting the individual and family members

or other collaterals with identifying strength and needs, resources, natural supports and developing goals and objectives to utilize personal strengths, resources and natural supports to address functional deficits associated with their mental illness. This only includes developing the treatment plan for the Medicaid behavioral health services provided to the individual.

- Restoration of social skills - Youth and families receive individualized, skill-building, which is available 24 hours a day, seven days a week in the community setting. Skill-building is designed to decrease symptoms of the mental health diagnosis, reduce maladaptive referral behaviors and increase pro-social behaviors at home and across the multiple interconnected systems. The interconnected systems include the family, extended family, peers, neighbors, and the community that exists in the youth's world. The positives that are found in these systems are used as leverage for change. FFT skill-building received by the youth and family includes frequent therapy assisting the youth and family in learning and demonstrating the benefits of positive, respectful, strength-based relationships. Positive outcomes are anticipated through the therapy which includes conflict resolution and strategies to enhance the relationships within the family. The youth and family will also gain the ability through therapy to extend their acquired competencies into accessing additional resources to prevent relapse as they continue developing their independence.
- Family Therapy and Psychoeducation - The family receives family therapy in order to understand and implement how to assist their child based on the child's medical diagnosis. Psychoeducation includes instruction and training of families to increase their knowledge and understanding of the child's psychiatric diagnosis(es), prognosis(es), treatment, and rehabilitation in order to enhance their cooperation and collaboration with treatment, rehabilitation and favorably affect outcomes.

FFT – Exclusions

- FFT shall not be billed in conjunction with Residential (e.g., RTC) services.
- As standard practice, FFT may be billed with medication management and assessment. FFT may also be billed in conjunction with another behavioral health service (such as individual therapy, psychosocial rehabilitation or Comprehensive Community Support Services) if:
  - The youth has a high level of need such that a combination of both family-focused and individually-focused services is needed to meet the youth's required level of treatment intensity;
  - There is a clear treatment plan or Plan of Care indicating distinct goals or objectives being addressed by both the FFT/FFT-CW service and by the concurrent service;
  - The services are delivered in coordination of each other to ensure no overlap or contradiction in treatment.

FFT – Billing Guidance

- FFT may be billed for direct staff face-to-face time with the child/youth, family or other collateral contacts. Only direct staff face-to-face time with the child or family or other collateral contacts may be billed. Collateral contacts include probation programs, public guardianship programs, special education programs, child welfare/child protective evidence-based practices is coordination with other child-serving systems such as parole and services and foster care programs. Coordination with these child-serving systems is considered collateral contact and may be necessary to meet their goals of the individual but is not billable through Medicaid if meeting a requirement of another primary program. Services may be

provided by these child-serving systems, however, the services provided must be funded through the agency providing the service.

- The child/youth receiving treatment does not need to be present for all contacts; contacts billable to Medicaid should involve contacts with parents, guardians or other individuals having a primary care relationship with the individual receiving treatment.
- All contacts must be based on goals from the child's/youth's plan of care. Phone contacts are not billable;
- Time spent in travel, transporting children, documenting, supervision, training, etc. has been factored into the indirect unit cost and may not be billed directly;
- Medicaid may not reimburse for children in the custody of the New Mexico Juvenile Justice system post-adjudication who reside in detention facilities, public institutions or secure care, and are inmates of a public institution. If the child is in Juvenile Justice custody, but not in a public correctional institution (i.e., is outpatient), Medicaid will reimburse for the MST, except for the oversight of restorative measures, which is a juvenile justice function; and
- Medicaid does not pay when the vocational supports provided via FFT qualify for vocational rehabilitation funding, even if the vocational rehabilitation services are not available unless the child is not eligible for vocational rehabilitation.

Therapeutic Interventions:

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Trauma-Focused Cognitive Behavior Therapy is a combination of cognitive behavioral therapy, family therapy, and psychosocial education to address the effects of trauma using a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles. Trauma Focus Cognitive Behavioral Therapy Certification Program (tfcbt.org) is an acceptable qualification. Any intervention involving parents and caregivers are for the direct benefit of the beneficiary.

Eye Movement Desensitization and Reprocessing (EMDR) Eye Movement Desensitization and Reprocessing - An evidence-based psychotherapy that treats trauma-related symptoms. EMDR therapy is designed to resolve unprocessed traumatic memories in the brain. The therapist guides the client to process the trauma by attending to emotionally disturbing material in brief, sequential doses, while at the same time focusing on an external stimulus. The most commonly used external stimulus in EMDR therapy is alternating eye movements; however, sounds or taps may be used as well. EMDRIA (EMDR International Association) sets the standards and requirements for EMDR therapy training. EMDRIA certifies individual clinical practitioners in the practice of EMDR therapy by ensuring all basic requirements, initial training, and ongoing certification are met (see www.emdria.org). EMDRIA establishes two levels of training for practitioners in EMDR therapy. For the purposes of providing EMDR therapy under New Mexico Medicaid, either level (EMDRIA Approved Basic Training, or EMDR Certification) are acceptable qualifications. The standard level of training, which allows a practitioner to provide EMDR therapy, is referred to as "EMDRIA Approved Basic Training."

Dialectical Behavior Therapy (DBT) 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. DBT®-Linehan Board of Certification

is an acceptable qualification. This evidence-based practice includes service coordination, individual, group and family therapy. The required components of a comprehensive DBT program are: individual DBT therapy, DBT skills groups, 24/7 availability for skills coaching, and clinical consultation team.

Eligible Providers: In addition to the requirements of Subsections A and B of 8.321.2.9 NMAC, in order to be eligible to be reimbursed for providing TF-CBT, EMDR, or DBT services, an agency must be approved through a joint letter from HSD and CYFD and hold an acceptable certification or licensure for the EBP as noted above. Once approved a provider will receive an approval letter which may be used to complete the Medicaid provider enrollment process. The provider should also provide the MCO with a copy of the approval letter to complete the contracting process. The following Mental Health Practitioners who are licensed in the State of New Mexico to diagnose and treat behavioral health acting within the scope of all applicable state laws and their professional license may provide the above evidence-based practices if certification is obtained from the listed source:

- Medical Psychologists;
- Licensed Psychologists;
- Licensed Clinical Social Workers (LCSWs) and Licensed Masters Level Social Workers (LMSW);
- Licensed Professional Clinical Counselors (LPCCs);
- Licensed Marriage and Family Therapists (LMFTs);
- Alcohol and Drug Abuse Counselors (LADAC); and
- Advanced Practice Registered Nurses (APRN) (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to the extent that services are within the APRN's scope of practice).

For DBT, all agencies must be able to provide 24 hours a day, seven days a week availability for skills coaching. Therapists must be independently licensed but may work with Master's or Bachelor's level staff with a degree in social work, counseling, psychology or a related human services field and must have at least three (3) years of experience working with the target population that is, children/adolescents and their families. Unlicensed staff may not provide DBT therapy – they may only provide service coordination and group therapy in conjunction with a trained licensed therapist. An active DBT team requires DBT certification of at least two certified treatment providers working collaboratively with one another using the DBT services as defined by the DBT Services program selected by the State. DBT Trainees and DBT Care Managers may be the second professional in a group setting where a DBT Therapist is the group lead. In addition, while the DBT Trainees and DBT Care Managers may bill for Service Coordination, they may not bill for DBT therapy. Only a licensed and trained DBT therapist may bill for DBT therapy.

Identified Population: Individuals with mental health disorders. There is no age restriction for EMDR, or DBT. TF-CBT is limited to children under the age of 18 and their families.

TF-CBT and EMDR – Exclusions

Limitations and exclusions for outpatient individual therapy (90832-90837), group (90853) and family therapy (90846 and 90847) apply as otherwise listed in New Mexico guidance.

TF-CBT and EMDR – Billing Guidance

- Only direct staff face-to-face time with the child or family may be billed. TF-CBT and EMDR are face-to-face interventions with the individual and caregiver present; however, the child receiving treatment does not need to be present for all contacts;
- Typical sessions during which there is both a child-delivered portion of the session, and a parent-delivered portion of the session, may be billed as 90832, 90834, or 90837 (or their successors) – Psychotherapy, with patient present, as long as:
    - The client is present for all or the majority (greater than 50%) of the time billed; and
    - The entirety of the service is provided to, or directed exclusively toward the treatment of, the Medicaid-eligible child or youth.
    - If there is a parent-directed session for which the child is not present for the majority of the time, the appropriate procedure code must be billed, e.g. 90846 (or its successor)– Family Psychotherapy without Patient Present:
        - The parent-directed session must be directed exclusively toward the treatment of the Medicaid-eligible child or youth.
        - Collateral contacts billable to Medicaid should involve contacts with parents or guardians using the appropriate procedure code as stated above. All contacts must be based on goals from the child's/youth's plan of care. Phone contacts are not billable;

            NOTE: The exception to the allowance of collateral contacts while providing evidence-based practices is coordination with other child-serving systems such as parole and probation programs, public guardianship programs, special education programs, child welfare/child protective services and foster care programs. Coordination with these child serving systems is considered collateral contact and may be necessary to meet their goals of the individual but is not billable through Medicaid. Services may be provided by these child-serving systems; however, the services provided must be funded through the agency providing the service.
- Therapists bill standard CPT individual and family therapy codes for sessions providing TF-CBT and EMDR;
- The EBP tracking modifier should be indicated on claims to note that the therapy session utilized TF-CBT as an evidence-based model of therapeutic intervention; and
- To use the TF-CBT or EMDR modifier on claims, the therapist must first provide documentation of national certification in TF-CBT or EMDR, as part of the therapist's credentialing package.

DBT – Exclusions

DBT shall not be billed in conjunction with the following services:

- BH services by licensed and unlicensed individuals, other than medication management and assessment; and
- Residential services, including therapeutic foster care and RTC services.

DBT – Billing Guidance

DBT services are comprehensive of all other behavioral health services, with the exception of psychological evaluation or assessment and medication management. These services may be provided and billed separately for a member receiving DBT services.

A full-time outpatient therapist can maintain a maximum case load of 15 hours of DBT treatment on their case load. These hours include groups and individuals. Phone coaching, which does not involve face-to-face occurrences, are available 24 hours per day, including weekends and holidays. DBT

phone coaching is billable. If face-to-face intervention is needed during a phone coaching call, the local mental health emergency hotline or the local emergency room will be utilized.

- Typical sessions during which there is both a child-delivered portion of the session and a parent-delivered portion of the session may be billed with patient present, as long as:
  - The entirety of the service is provided to, or directed exclusively toward the treatment of, the Medicaid-eligible child or youth.
  - If there is a parent-directed session for which the child is not present:
    - The parent-directed session must be directed exclusively toward the treatment of the Medicaid-eligible child or youth.
    - Collateral contacts billable to Medicaid should involve contacts with parents or guardians using the appropriate procedure code as stated above. All contacts must be based on goals from the child's/youth's plan of care.

      NOTE: The exception to the allowance of collateral contacts while providing evidence-based practices is coordination with other child-serving systems such as parole and probation programs, public guardianship programs, special education programs, child welfare/child protective services and foster care programs. Coordination with these child serving systems is considered collateral contact and may be necessary to meet their goals of the individual but is not billable through Medicaid. Services may be provided by these child-serving systems; however, the services provided must be funded through the agency providing the service.
- To use the DBT modifier on claims, the therapist must first provide documentation of national certification in DBT, as part of the therapist's credentialing package.

Service Limitations

Evidence-based practice services are subject to the limitations and coverage restrictions that exist for other MAD services. See Subsection G of 8.321.2.9 NMAC for general non-covered specialized behavioral health services.

All services provided while a person is a resident of an Institution for Mental Disease (IMD) are considered content of the institutional service and are not otherwise reimbursable by Medicaid. Services provided by licensed behavioral health practitioners via telehealth technologies are covered subject to the limitations as set forth in state regulations.

The following activities services shall be excluded from Medicaid coverage and reimbursement of these evidence-based practices:

- Components that are not provided to, or directed exclusively toward, the treatment of the Medicaid eligible individual.
- Services provided at a work site, which are job-oriented and not directly related to the treatment of the member's needs.
- These rehabilitation services shall not duplicate any other Medicaid State Plan service or service otherwise available to the member at no cost.
- Any services or components in which the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of an individual receiving services.

Program Implementation

Effective July 1, 2023, in order to be eligible to be reimbursed at the enhanced rates for providing TF-CBT, EMDR, or DBT services, an agency must be approved through a joint letter from HSD and CYFD. Providers who currently provide these services using general psychotherapy codes may continue to do so but are not eligible for the enhanced rates until/unless they have received the joint approval. Once approved a provider will receive an approval letter from the COI which may be used to complete the Medicaid provider enrollment process. The following Mental Health Practitioners who are licensed in the State of New Mexico to diagnose and treat behavioral health acting within the scope of all applicable state laws and their professional license may provide the above evidence-based practices if certification is obtained from the listed source:

- Medical Psychologists;
- Licensed Psychologists;
- Licensed Clinical Social Workers (LCSWs) and Licensed Masters Level Social Workers (LMSW); ;
- Licensed Professional Clinical Counselors (LPCCs);
- Licensed Marriage and Family Therapists (LMFTs);
- and Drug Abuse Counselors (LADAC); and
- Advanced Practice Registered Nurses (APRN) (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to the extent that services are within the APRN's scope of practice).

Approved providers will be identified by the following provider specialty types:

Evidence Based Practice	**Provider Specialty Type**
MST	131
FFT	135
TF-CBT	136
EMDR	137
DBT	138

The MCOs will contract for these EBP services only with those providers who have been approved.

MCO's are directed to configure their systems accordingly to reimburse for evidence-based practice services.

All rates described in this LOD have been calculated and considered as a component of the MCO capitations rates.

Billing and Reimbursement

Evidence based practices will use the procedure codes and modifiers identified in the table below. Please refer to the Behavioral Health Fee Schedule, available on the HSD website, for Fee for Service Rates.

SERVICE	PROCEDURE CODE	MODIFIER(S)	Unit	
MST MASTERS LEVEL EXISTING TEAM	H2033	HO	15 minutes	
MST MASTER LEVEL EXISTING TEAM, RURAL	H2033	HO, TN	15 minutes	
MST BACHELORS LEVEL EXISTING TEAM	H2033	HN	15 minutes	
MST BACHELORS LEVEL EXISTINGTEAM, RURAL	H2033	HN, TN	15 minutes	
MST MASTERS LEVEL NEW TEAM	H2033	HO, U1	15 minutes	
MST MASTER LEVEL NEW TEAM, RURAL	H2033	HO, TN, U1	15 minutes	
MST BACHELORS LEVEL NEW TEAM	H2033	HN, U1	15 minutes	
MST BACHELORS LEVEL NEW TEAM, RURAL	H2033	HN, TN, U1	15 minutes	
FFT MASTERS LEVEL EXISTING TEAM	H2019	HK, HO	15 minutes	
FFT –MASTERS LEVEL EXISTING TEAM, RURAL	H2019	HK, HO, TN	15 minutes	
FFT BACHELORS LEVEL EXISTING TEAM	H2019	HK, HN	15 minutes	
FFT BACHELORS LEVEL EXISTING TEAM, RURAL	H2019	HK, HN, TN	15 minutes	
FFT MASTERS LEVEL NEW TEAM	H2019	HK, HO, U1	15 minutes	
FFT –MASTERS LEVEL NEW TEAM, RURAL	H2019	HK, HO, TN, U1	15 minutes	
FFT BACHELORS LEVEL NEW TEAM	H2019	HK, HN, U1	15 minutes	
FFT BACHELORS LEVEL NEW TEAM, RURAL	H2019	HK, HN, TN, U1	15 minutes	
TF - CBT	90832	U1	30 minutes	
TF - CBT	90834	U1	45 minutes	
TF - CBT	90837	U1	60 minutes	
TF- CBT	90846	U1	50 minutes	
TF - CBT	90847	U1	50 minutes	
EMDR	90832	U3	30 minutes	
EMDR	90834	U3	45 minutes	
EMDR	90837	U3	60 minutes	

EMDR	90846	U3	50 minutes	
EMDR	90847	U3	50 minutes	
DBT THERAPIST	H2019	HO	15 minutes	
DBT - TRAINEE	H2019	HN	15 minutes	
DBT – CARE MANAGER	H2019		15 minutes	
DBT – GROUP THERAPY 2:2	H2019	HQ, UN	15 minutes	
DBT – GROUP THERAPY 2:3 (GROUP OF 3 OR 4 INDIVIDUALS	H2019	HQ, UP	15 minutes	
DBT – GROUP THERAPY RATE 2:5 (GROUP OF 5-9 INDIVIDUALS)	H2019	HQ, UR	15 minutes	
DBT – GROUP THERAPY RATE 2:10 (GROUP OF 10 OR MORE INDIVIDUALS)	H2019	HQ, US	15 minutes	

MCOs are directed to implement changes associated with these instructions, including system changes and provider contract negotiations as needed no later than 60 days from the date of issuance of this directive. HSD directs the MCOs to provide biweekly updates to HSD on the status of implementation every other Friday beginning February 2, 2024, until otherwise directed by HSD.

For any claims submitted after July 1, 2023 but not paid based on these new parameters, the MCOs are directed to adjust payments retroactive to July 1, 2023. The deadline to reprocess claims is March 30, 2024.

MCOs should also continue to engage in the BHSD facilitated billing and credentialing meetings and find ways to reduce or remove provider administrative barriers for accessing behavioral health services and implementing HFW.

This LOD will sunset upon completion of the Centennial Care Program on June 30, 2024. If the policies and/or procedures in this LOD will continue to apply in Turquoise Care, HSD will reissue the LOD under Turquoise Care or will include the direction in one or more of the following: Turquoise Care Agreement, Policy Manual, NMAC, Systems Manual, or BHSD Billing and Systems Manual.