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746.6 LICENSED ALCOHOL AND DRUG ABUSE COUNSELORS

The New Mexico Human Services Department (HSD) pays for medically necessary health services furnished to identified Medicaid eligible clients under twenty one (21) years of age. To help New Mexico Medicaid clients receive necessary services, HSD pays for covered professional alcohol and drug abuse counseling services.

This section describes eligible providers, covered services, service limitations and general reimbursement methodology.

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746.6.1 Eligible Providers

Upon approval of New Mexico Medical Assistance Program Provider Participation Agreements by the New Mexico Medical Assistance Division (MAD), the following agencies may be reimbursed for services furnished to Medicaid clients by employees or contractors who are New Mexico Licensed Alcohol and Substance Abuse Counselors (LADACs) when the services are furnished under the direction and supervision of physicians, Licensed Psychologists, Licensed Independent Social Workers (LISWs), Licensed Professional Clinical Mental Health Counselors (LPCCs) Licensed Marriage and Family Therapists (LMFTs), Clinical Nurse Specialists (CNSs), and LADACs who are also licensed as a LISW, LPCC, LMFT, or CNS.

1. Community Mental Health Centers
2. Outpatient Hospital Facilities
3. Indian Health Service (IHS)
4. Federally Qualified Health Centers
5. Tribal Health Clinics (638 Facilities)
6. School Based Providers

746.6.1.1 Practitioner Qualifications and Requirements Licensed Alcohol and Drug Abuse Counselors (LADACs) must possess the knowledge, skills, abilities, and experience to perform alcohol and drug abuse counseling services to the identified population, and when necessary, possess language skills, cultural sensitivity, and acquired knowledge unique to a geographic area.

Services provided by Licensed Alcohol and Substance Abuse Counselors must be supervised and periodically evaluated. Supervision must adhere to requirements of the practitioner's applicable licensing board. Evaluation must be conducted at least once every six (6) service hours (12 service hours for bachelor's level LADACs), or more frequently if indicated by the client's condition or as applicable by State/Federal regulation. Such evaluation must be signed by the supervisor and documented in the client's medical record. Evaluations must identify and document the extent to which treatment goals are being met and whether changes in treatment are needed. Supervision and evaluation must specifically address developmental stages of the client and age appropriateness of treatment goals and interventions.

Master's level LADACs who are also Licensed Independent Social Workers (LISWs), Licensed Professional Clinical Mental Health Counselors (LPCCs) Licensed Marriage and Family Therapists (LMFTs), or Clinical Nurse Specialists (CNSs), are considered independent practitioners and do not require the supervision described above.

Once enrolled, providers receive a packet of information, including Medicaid Program policies, billing instructions, utilization review instructions, and other pertinent material from MAD. Providers are responsible for ensuring they have received these materials and for updating them as new materials are received from MAD.

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746.6.2 Provider Responsibilities

Providers who furnish services to Medicaid clients must comply with all specified Medicaid participation requirements. See Section MAD-701, GENERAL PROVIDER POLICIES.

Providers must verify that individuals are eligible for Medicaid at the time services are furnished and determine if Medicaid clients have other health insurance.

Providers must maintain records which are sufficient to fully disclose the extent and nature of the services provided to clients. See Section MAD-701, GENERAL PROVIDER POLICIES.

Documentation must substantiate the date of service, type of contact, length/time units of service furnished, nature/content of the service furnished, result of service or intended result, and relationship of the service furnished to goals identified in the treatment plan.

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746.6.3 Covered Services

Medicaid covers medically necessary alcohol and substance abuse counseling services which includes screening, assessments, consultation, development of treatment plans, reporting, counseling (individual, family, or group), referral, and crisis intervention for the treatment of alcohol and substance abuse for Medicaid eligible clients who are under age 21 and services are furnished by Licensed Alcohol and Drug Abuse Counselors (LADACs). All services must be furnished within the limits of Medicaid benefits and within the scope and practice of the eligible provider's respective profession as defined by state law, and in accordance with applicable federal, state, and local laws and regulations. Services require prior authorization from the New Mexico Utilization Review agent and will be reviewed based on criteria approved by MAD.

Services furnished by eligible providers must be specified in the treatment plan. The plan must be developed within thirty (30) days of initiation of treatment. The treatment plan must document involvement of clients, families, and if applicable, others involved in the client's care. The treatment plan and all supporting documentation must be available for review in the client's record. Services must be consistent with the client's level of psychosocial and cognitive functioning, and the treatment plan in effect at the time services are provided.

In the event that mental health issues emerge during the course of alcohol and drug abuse treatment, the LADAC must refer the individual for mental health services by a mental health professional.

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746.6.4 Prior Approval and Utilization Review

All Medicaid services are subject to utilization review for medical necessity and program compliance. Reviews can be performed before services are furnished, after services are furnished, and before payment is made, or after payment is made. See Section MAD-705, PRIOR APPROVAL AND UTILIZATION REVIEW. Once enrolled, providers receive instructions and documentation forms necessary for prior approval and claims processing.

746.6.4.1 Eligibility Determination Prior approval of services does not guarantee that individuals are eligible for Medicaid. Providers must verify that individuals are eligible for Medicaid at the time services are furnished and determine if Medicaid clients have other health insurance.

746.6.4.2 Reconsideration Providers who disagree with prior approval request denials or other review decisions can request a re-review and a reconsideration. See Section MAD-953, RECONSIDERATION OF UTILIZATION REVIEW DECISIONS.

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746.6.5 Reimbursement

Alcohol and substance abuse counseling service providers must submit claims for reimbursement on the HCFA-1500 claim form or its successor. See Section MAD-702, BILLING FOR MEDICAID SERVICES. Once enrolled, providers receive instructions on documentation, billing, and claims processing.

746.6.5.1 Reimbursement for Non-Governmental Providers For community agencies, tribal government, or Indian Health Services, reimbursement for alcohol and drug abuse counseling services is made at the lessor of the following:

1. The provider's billed charge; or
2. The MAD fee schedule for the specific service or procedure.

- (A) The provider's billed charge must be their usual and customary charge for services.
- (B) "Usual and customary charge" refers to the amount which the individual provider charges the general public in the majority of cases for a specific procedure or service.

Licensed Alcohol and Substance Abuse Counselors (LADACs) cannot bill Medicaid directly, unless they are master's level LADACs who are also LISWs, LPCCs, LMFTs, or CNSs. Services furnished by non-master's level LADACs are billed by the eligible agency provider where they are employed or furnish services under contract.

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