- (c) Private duty nursing services, Christian science nurse services, and personal care services. Effective the first day after the public health emergency (PHE) ends, reimbursement for fee-for-service providers of personal care services (PCS) and private duty nursing (PDN) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit will be set at the same rate as 1915(c) provider rates. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. All rates are published on the state's website at: https://www.hsd.state.nm.us/providers/fee-schedules/.
- (d) Services by licensed master's level practitioners including psychologists, counselors, and social workers, and other individually licensed practitioners.
- (e) Chiropractic services.
- (f) Orthodontic services and other dental services not otherwise covered in the state plan.
- (g) Services provided by school districts and local education agencies. Reimbursement will be at the same rate as other providers of the specific service rendered.
- (h) Services provided by Licensed Alcohol and Drug Abuse Counselors (LADACs).

2. Inpatient Institutional Services

Inpatient services provided by JCAHO accredited institutions are reimbursed using the methodology for specialty hospitals according to the reimbursement principles of 4.19-A.

3. **Outpatient Institutional Services**

Outpatient services provided by JCAHO accredited institutions are reimbursed using the methodology for outpatient hospital according to the reimbursement principles of 4.19-B, III.

4. Rural Health Clinic and Federally Qualified Health Center Services

Services by these providers are reimbursed in accordance with the reimbursement methodology described in 4.19-B, Item VIII.

5. Durable Medical Equipment, Supplies, Prosthetics, and Orthotics

These items are reimbursed in accordance with the reimbursement methodology described in 4.19-B, Item VII.

6. **Case Management**

Case management services are reimbursed in accordance with the reimbursement methodology described in 4.19-B, Item X.

TN No. 23-0001

Approval Date _____

Supersedes TN. No. HCFA 179 99-06

Effective Date First day after the PHE ends