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Issuing agency name and address: HCA - Medical Assistance Division

Agency DFA code: 630

Contact person's name: Tabitha Mondragon

Phone number: 505-795-3572

E-mail address: tabitha.mondragon@hca.nm.gov

Type of rule action:

New [✓] Amendment [ ] Repeal [ ] Emergency [ ] Renumber [ ]

(ALD Use) Recent filing date: N/A

Title number: 8

Title name: Social Services

Chapter number: 321

Chapter name: Specialized Behavioral Health Services

Part number: 12

Part name: Certified Community Behavioral Health Clinics

Amendment description (If filing an amendment):

Amendment's NMAC citation (If filing an amendment):

Are there any materials incorporated by reference?

Yes [ ] No [ ]

Please list attachments or Internet sites if applicable.

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Specific statutory or other authority authorizing rulemaking:

Section 9-8-6 NMSA 1978

Notice date(s): 6/24/2025

Hearing date(s): 7/25/2025

Rule adoption date: 10/29/2025

Rule effective date: 12/1/2025

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Concise Explanatory Statement For Rulemaking Adoption:

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Findings required for rulemaking adoption:

Findings MUST include:

- **Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;**
- **Reasons for any change between the published proposed rule and the final rule; and**
- **Reasons for not accepting substantive arguments made through public comment.**

A public hearing was held and no changes made to the NMAC through public comment. The NMAC is being adopted as proposed.

Issuing authority (If delegated, authority letter must be on file with ALD):
Name:

Kari Armijo

Check if authority has been delegated

Title:

Secretary

Signature: (BLACK ink only OR Digital Signature)

DocuSigned by:
Kari Armijo
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Date signed:

10/29/2025

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TITLE 8 SOCIAL SERVICES
CHAPTER 321 SPECIALIZED BEHAVIORAL HEALTH SERVICES
PART 12 CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

8.321.12.1 ISSUING AGENCY: New Mexico Health Care Authority (HCA).
[8.321.12.1 NMAC - N, 12/1/2025]

8.321.12.2 SCOPE: The rule applies to agencies certified as New Mexico certified community behavioral health clinics (CCBHCs).
[8.321.12.2 NMAC - N, 12/1/2025]

8.321.12.3 STATUTORY AUTHORITY: The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended or by the state statute. See Section 27-2-12 et seq., NMSA 1978. New Mexico CCBHCs participating in the federal CCBHC demonstration program are subject to Section 223 of the Protecting Access to Medicare Act of 2022, Public Law 117-159.
[8.321.12.3 NMAC - N, 12/1/2025]

8.321.12.4 DURATION: Permanent.
[8.321.12.4 NMAC - N, 12/1/2025]

8.321.12.5 EFFECTIVE DATE: December 1, 2025, unless a later date is cited at the end of a section.
[8.321.12.5 NMAC - N, 12/1/2025]

8.321.12.6 OBJECTIVE: These rules establish the CCBHC program, define the criteria and process that HCA and the New Mexico children, youth and families department (CYFD) shall use to recognize and verify CCBHCs and provides instruction for service provision under the New Mexico medical assistance program (MAP). These rules specify the standards for the CCBHC application, certification, payment and oversight.
[8.321.12.6 NMAC - N, 12/1/2025]

8.321.12.7 DEFINITIONS:

A. **"Access site"** means a CCBHC alternative facility-based location, that provides some CCBHC services, within a designated catchment area.

B. **"CCBHC"** means a certified community behavioral health clinic, a specialty designated clinic that provides a comprehensive range of community-based and outpatient mental health, substance use disorder, and primary care screening services across the lifespan. New Mexico CCBHCs must be certified by the HCA and the CYFD.

C. **"Catchment area"** means a predetermined service area that includes at least one New Mexico county.

D. **"Certification"** means the process the HCA and CYFD use to determine if a program has substantially met the federal and state CCBHC certification criteria.

E. **"Certification team"** means a multi-disciplinary team that reviews a prospective or existing CCBHC's readiness, including conducting the site review and visit, performance, and reviews of any site improvement plans.

F. **"Certified"** means the HCA and CYFD have affirmed that a practice substantially meets the federal and New Mexico CCBHC certification criteria and related standards.

G. **"CLIA"** means clinical laboratory improvement amendments of 1988 as amended.

H. **"Cost report"** means the centers for medicare and medicaid services (CMS) developed tool used by CCBHCs and HCA to determine the clinic-specific prospective payment system (PPS) rate and to annually report demonstration costs.

I. **"CYFD"** means the New Mexico children, youth and families department.

J. **"DCO"** means designated collaborating organization. It is a separate entity not under the direct supervision of a CCBHC that has a contractual relationship with a CCBHC to provide any of the authorized core services on behalf of the CCBHC.

K. **"Eligible agency"** means a provider that meets the criteria set forth in 8.321.12.10 NMAC.

L. **"HCA"** means the New Mexico health care authority.

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M. **"MAP"** means the New Mexico medical assistance program.

N. **"MAT"** means medication-assisted treatment, the use of food and drug administration (FDA) approved medications for the treatment of substance use disorder(s).

O. **"MCO"** means managed care organization.

P. **"PPS"** means prospective payment system and is a reimbursement method where a CCBHC receives a fixed, clinic-specific cost-based rate for delivering qualifying services to MAP eligible beneficiaries.

Q. **"Satellite facility"** means a facility, established by a CCBHC after April 1, 2014, operated under the governance and financial control of that CCBHC, which provides all or more of the following services; crisis services; screening, diagnosis, and risk assessment; person and family centered treatment planning; and outpatient mental health and substance use services, as defined in the CCBHC certification criteria.

R. **"SIP"** means site improvement plan, a plan developed by the CCBHC to address any deficiencies related to the certification criteria identified during a site review or visit, or a tool used for ongoing CCBHC performance monitoring and correction.

S. **"SUD"** means substance use disorder, which is a pattern of use of substances leading to clinical or functional impairment, in accordance with the definition in the diagnostic and statistical manual of mental disorders (DSM-5 TR) of the American psychiatric association, or any subsequent editions.

[8.321.12.7 NMAC - N, 12/1/2025]

8.321.12.8 **MISSION STATEMENT:** We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

[8.321.12.8 NMAC - N, 12/1/2025]

8.321.12.9 **GENERAL PROVIDER INSTRUCTIONS:**

A. CCBHCs are required to provide the full array of outpatient mental health, substance use treatment and primary care screening services outlined in Subsection C of 8.321.12.9 NMAC to all New Mexicans seeking care.

B. CCBHC services and supports must be responsive to the needs of the local community. The purpose of a CCBHC is to:

(1) Provide access to integrated, evidence-based SUD and mental health services, including MAT and 24-hour seven days a week crisis response services.

(2) Ensure timely access to integrated, coordinated, and responsive treatment and services including during evenings and weekends.

(3) Provide coordination of care across settings and providers to ensure seamless transitions for individuals being served across the full spectrum of health and social services.

C. CCBHCs must provide, at a minimum, all the following core services:

(1) crisis services;

(2) outpatient mental health and substance use services;

(3) person- and family-centered treatment planning;

(4) community-based mental health care for veterans;

(5) peer, family support, and counselor services;

(6) targeted case management;

(7) outpatient primary care screening and monitoring;

(8) psychiatric rehabilitation services; and

(9) screening, diagnosis, and risk assessment.

[8.321.12.9 NMAC - N, 12/1/2025]

8.321.12.10 **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC:**

A. An eligible agency seeking to become a CCBHC must:

(1) meet and continuously meet HCA published New Mexico CCBHC certification criteria.

(2) have the necessary certifications, licenses, or enrollments to provide the specified MAP covered services and be in good standing.

(3) be certified by the HCA and the CYFD in accordance with the New Mexico CCBHC certification criteria. The CCBHC certification criteria sets standards for service delivery and consists of six program requirements:

(a) staffing;

(b) availability and accessibility services;

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(c) care coordination;
(d) scope of services;
(e) quality and other reporting; and
(f) organizational authority and governance.

(4) provide or ensure the provision of the nine core services, as defined in Subsection C of 8.321.12.9 NMAC, to all individuals, of all ages, within their designated catchment area(s).

(5) provide services with fidelity to evidence-based practice requirements, as published by HCA.

(6) serve catchment area(s) that are defined as New Mexico county boundaries. CCBHCs may elect to serve more than one county but must serve the entire county or counties.

(7) CCBHCs may provide services at additional facility-based locations within their designated catchment areas, known as "access sites." Access sites must not meet the definition of a "satellite facility," as defined in Subsection Q of 8.321.12.7 NMAC.

(a) All access sites must be approved by HCA and CYFD during the certification process.

(b) Agencies may request changes to access sites during recertification.

(8) Ensure locations are accessible and recipients receive care in a safe and functional environment.

(9) Complete a community needs assessment and staffing plan prior to program implementation to identify and integrate community-specific treatment needs to CCBHC strategic planning and service delivery, ensuring services are delivered per the needs and preferences of the population served. The community needs assessment and the staffing plan must be updated every three years thereafter.

(10) Meet minimum staffing requirements detailed in the CCBHC certification criteria.

(11) Regularly assess, train, and develop skills and competencies of staff in accordance with a training plan in alignment with the certification criteria and any training standards for specialty behavioral health services required by the state.

(12) Provide primary care screening and diagnostic services.

(a) The CCBHC medical director must establish protocols that conform to screening recommendations with scores of A and B per the U.S. preventative services task force, focusing on HIV, Hepatitis C Virus, CCBHC quality measures, and community needs, as identified in the needs assessment.

(b) CCBHCs must ensure developmentally appropriate screenings for early childhood (ages zero to five), children and youth, and other primary care screenings appropriate for the population served, including appropriate screenings and preventative interventions for older adults.

(c) All laboratory procedures will be conducted in accordance with acceptable standards of practice. A CLIA certificate, or waiver will be appropriately maintained if required by federal CLIA standards.

(13) Establish care coordination agreements across services and providers as indicated in the certification criteria, and render care coordination in accordance with the certification criteria.

(14) Establish a sliding fee scale for individuals not MAP enrolled, to ensure services are not denied or limited due to an individual's inability to pay for services.

(15) Report incidents for adults aged 18 years and above, such as adverse events, client safety issues, and breaches to the appropriate authorities in accordance with adult protective services, and pursuant to 8.370.9 NMAC and 8.308.21.13 NMAC. Report incidents for children ages zero up to 18 years of age such as adverse events, client safety issues, and breaches to the appropriate authorities in accordance with CYFD, pursuant to 8.10.2.1 NMAC. Reports must comply with all incident intake, processing, training, and reporting requirements, as specified.

(a) CCBHCs must have protocols in place for managing incidents, including conducting investigations, documenting findings, and implementing corrective action.

(b) Protocols should be regularly reviewed and updated to ensure they remain effective.

(16) Comply with quality assurance reporting, quality improvement, and other reporting requirements as indicated in 8.321.12.13 NMAC.

[8.321.12.10 NMAC - N, 12/1/2025]

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8.321.12.11 DESIGNATED COLLABORATING ORGANIZATIONS (DCO): CCBHCs may partner with a DCO to deliver any of the nine core services, identified in Subsection C of 8.321.12.9 NMAC, through a formal agreement.

A. During certification, CCBHCs must submit a listing of DCOs and a valid and current copy of a legally binding contractual agreement that adheres to New Mexico's CCBHC certification criteria.

B. The CCBHC must provide at least fifty-one percent of all CCBHC encounters directly per year.

C. The CCBHC maintains programmatic, clinical, payments, and regulatory responsibility for the services provided by the DCO to CCBHC clients.

D. DCOs must secure the appropriate license(s), certification(s), and approval(s) to provide the associated MAP reimbursable services.

E. DCOs are prohibited from separately billing HCA or MCOs for CCBHC services provided to CCBHC clients.

[8.321.12.11 NMAC - N, 12/1/2025]

8.321.12.12 APPLICATION AND CERTIFICATION PROCESS:

A. HCA shall establish a process to receive and review applications from eligible agencies interested in CCBHC certification.

B. Applicants seeking CCBHC certification must complete and apply within the parameters and timelines set forth by HCA.

C. The CCBHC certification team will review all applications submitted against the CCBHC certification criteria, see Subsection A of 8.321.12.10 NMAC.

(1) Applicants found to be in full or substantial compliance with CCBHC certification criteria will be advanced to a readiness review.

(2) Applicants that demonstrate a reasonable plan to achieve compliance with CCBHC certification criteria within designated timelines may receive a request for a readiness review site visit, at HCA and CYFD discretion.

(3) Denial of advancing to a readiness review may be issued if the applicant does not have the capacity or a reasonable plan to meet CCBHC certification criteria or if there is a history of revocation, suspension, non-renewal or denial of certification, sanction(s) or penalties, or other similar disciplinary actions taken by regulatory bodies in any state and country, regardless of whether any of those actions resulted in a settlement in a lieu of a sanction.

D. The readiness review will assess fidelity to the CCBHC model including, but not limited to, provision of the core services, coverage of eligible populations, use of agreement(s) with DCOs, use and fidelity of evidence-based practices, appropriate staffing, proposed location(s) suitability and safety, and adherence to the CCBHC certification criteria.

(1) HCA will assign a preliminary readiness assessment score and issue a written summary of the findings to the applicant prior to the site visit.

(2) Applicants may dispute reviewer findings or present additional information to substantiate compliance during the site visit and up to 10 calendar days after the site visit.

(3) Applicants demonstrating a sufficient level of readiness may be invited to complete a site improvement plan to address how the CCBHC will remediate any areas of non-compliance noted during the review.

(a) Site improvement plans must be submitted within the format and timeliness expectations established by HCA.

(b) Agencies must submit regular updates to site improvement plans demonstrating ongoing remediation or compliance on a timeline dictated by HCA.

E. HCA and CYFD will render a joint certification decision.

(1) Approval will be issued if the applicant is found to be ready to implement pursuant to the CCBHC certification criteria, rating scale and submission and acceptance of the site improvement plan.

(2) Denial of certification may be issued if the agency does not sufficiently demonstrate readiness, capacity to implement with fidelity, or a reasonable plan to meet CCBHC certification criteria.

(a) A denial of certification does not mean permanent denial of participation. With HCA's and CYFD's agreement, an agency that was denied certification may submit a site improvement plan to address areas of non-compliance and receive technical assistance to support program readiness.

(b) HCA and CYFD reserves the right to deny certification after all remediation steps are taken and the agency still, at the determination of HCA and CYFD, does not meet the CCBHC certification criteria.

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F. Certification may be issued for one year or up to three years depending on the agency's demonstrated level of readiness.

G. Agencies must seek recertification from HCA and CYFD to maintain CCBHC status and retain eligibility to receive a PPS payment.

H. HCA and CYFD may decertify a CCBHC in the event a certified CCBHC no longer meets the performance, fidelity, or certification criteria. HCA and CYFD must allow for corrective action before decertification of a CCBHC that no longer meets the requirements in Subsection E of 8.321.12.12 NMAC.

[8.321.12.12 NMAC - N, 12/1/2025]

8.321.12.13 PERFORMANCE MEASUREMENT AND OVERSIGHT:

A. CCBHCs must work with the HCA, MCOs, CYFD, and any designates, and participate in operation support, programmatic oversight and monitoring. This includes, but is not limited to:

(1) Participation in all performance oversight and quality improvement efforts, including coordination on any corrective action, performance oversight and quality improvement efforts, quarterly monitoring, audits, onsite reviews, and certification or re-certification.

(2) HCA and CYFD may conduct unannounced site visits or reviews at any time to ensure compliance and the delivery of high-quality care under the CCBHC model.

B. CCBHCs must:

(1) Provide accurate and timely reporting of all CCBHC quality metrics and supporting information, as designated by HCA.

(2) Participate in the review of CCBHC quality metrics, cost reports, level of care/service utilization data, or other performance data.

(3) Implement continuous improvement processes to identify and remediate deficiencies or areas of need and ensure quality provision of services to CCBHC members.

(4) Ensure that all data or information submissions are accurate, timely, and comply with established reporting guidelines.

(5) Participate in training and technical assistance activities to support expansion, quality improvement, and the effective delivery of CCBHC services.

[8.321.12.13 NMAC, N - 12/1/2025]

8.321.12.14 PAYMENT:

A. CCBHC PPS rates for newly certified CCBHCs shall be established by HCA using a provider-specific rate based on the submission and acceptance of the CMS cost report.

B. PPS rates are subject to review and approval by the HCA.

C. HCA shall reimburse CCBHCs for eligible services provided to a MAP beneficiary on a per day basis for each day that an eligible service is delivered using the CCBHC daily PPS rate. A CCBHC visit is eligible for reimbursement if at least one of the CCBHC payment triggering services listed in the CCBHC scope of services list, published on HCAs website, is furnished to a MAP enrollee by a CCBHC or DCO.

D. HCA shall rebase CCBHC rates in accordance with federal criteria. HCA shall allow a 30-day review period after notice of the results of the rebasing.

E. Only agencies with an active CCBHC certification from HCA are eligible to receive the CCBHC PPS.

[8.321.12.14 NMAC - N, 12/1/2025]

8.321.12.15 RETENTION OF RECORDS AND PROGRAM INTEGRITY:

A. CCBHCs shall maintain oversight of all activities and shall maintain adequate records, documents, papers, and files specific to the CCBHCs activities, including application, certification, and program implementation. CCBHCs must comply with all HCA provider participation agreement requirements and NMAC rules and requirements, including but not limited to 8.302.1, 8.310.2, and 8.321.2 NMAC.

B. Eligible agencies and CCBHCs must submit to monitoring of its activities by HCA, CYFD, or MCOs as necessary to ensure the CCBHC program is operating in accordance with New Mexico policies, procedures, standards, and federally established criteria.

C. Eligible agencies and CCBHCs shall permit HCA, CYFD, and designees to have timely access to its records and financial statements as necessary for monitoring, oversight, and audit.

[8.321.12.15 NMAC - N, 12/1/2025]

History of 8.321.12 NMAC: [RESERVED]

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