

New Mexico Medicaid Centennial Care 2.0 Agency-Based Community Benefit Program: Provider Enrollment - Frequently Asked Questions



1. Does the term “Home and Community-Based Services” always refer to Agency-Based Community Benefits?

No, Home and Community-Based Services is a more general term that can be used to describe services provided in a member’s home or community for a variety of population groups. It can be used to refer to other waiver programs, and Agency-Based Community Benefits (ABCB).

2. What services are available under the ABCB program?

The ABCB program services include the following:

- Adult day health services.
- Assisted living.
- Behavior support consultation.
- Community transition services.
- Emergency response services.
- Employment supports.
- Environmental modifications.
- Home health aide.
- Nutritional counseling.
- Personal care services (21 years old and older).
- Private duty nursing for adults.
- Nursing respite services.
- Respite services.
- Skilled maintenance therapies:
 - Occupational therapy for adults.
 - Physical therapy for adults
 - Speech therapy for adults.

3. Why are some services available through other Medicaid waiver programs not listed under ABCB?

Each long-term care program makes available an array of services designed to meet the needs of the specific population the program serves. The services available through ABCB have been designed for the elderly and disabled population who meet Nursing Facility Level of Care (NFLOC) criteria.

4. Is Centennial Care currently accepting new provider applications for all of the ABCB services?

The Human Services Department’s Medical Assistance Division (HSD/MAD) is not accepting new provider applications at this time for adult personal care services. All other provider applications are being accepted.

5. How do providers apply to become an approved ABCB provider?

For details on the application process, email abcbproviderenrollment@state.nm.us and complete the following steps to become an ABCB provider:

- I. Visit the following link to HSD's website to learn more about the ABCB program and services and how to submit an application to HSD/MAD:
<http://www.hsd.state.nm.us/providers/managed-care-policy-manual.aspx>.
The ABCB service descriptions are in Section 8 of the Managed Care Policy Manual. Each service has specific provider requirements per the Managed Care Policy Manual. Providers should check carefully to make sure their agency meets the requirements for the service(s) they wish to provide.
For some services, such as adult day health or assisted living, the provider must have a specific type of facility license from the New Mexico Department of Health (NMDOH). The policy manual indicates the type of facility license that is needed. These licenses must be full (annual) licenses, not temporary. To contact the NMDOH, please email abcbproviderenrollment@state.nm.us.
- II. Print out the application checklist and associated forms from HSD's website, work through the checklist and assemble the required documents and other information.
- III. Go to the New Mexico Medicaid portal at <https://nmmedicaid.portal.conduent.com/static/index.htm> to submit an online MAD 335 Medicaid provider application along with the HSD/MAD program approval letter that the provider received.
Once the necessary checks are successfully completed by New Mexico's Medicaid agent, the provider is issued an active Medicaid number. It is the provider's responsibility to contract with the managed care organization (MCO), and they may begin contracting once they receive an active Provider Type 363 Medicaid number. HSD/MAD encourages new providers to contact each of the MCOs to see if they are accepting new providers before applying to HSD/MAD.

6. Who should a provider call to find out about obtaining a NMDOH facility license?

To inquire about obtaining a facility license, a provider should contact the NMDOH, Health Facility Licensing and Certification at abcbproviderenrollment@state.nm.us.

7. A provider may complete a MAD 335 provider application at the New Mexico Medicaid portal and be told they need a Program Approval Letter. How does the provider obtain a Program Approval Letter?

Once a provider's application to HSD/MAD has been successfully reviewed and approved, then HSD/MAD will issue the provider a Program Approval Letter. Please see question five for more information about the application process.

8. Can someone who is on the Developmental Disabilities (DD) Waiver Waitlist receive ABCB services?

Everyone who is approved to receive ABCB can receive ABCB services, including those individuals on another waiver waitlist, such as the DD Waiver Waitlist.

9. How can an individual apply for ABCB?

A central registry for ABCB is maintained by the New Mexico Aging and Long-Term Services Department. To have an individual's name placed on the central registry, please email abcbproviderenrollment@state.nm.us. If allocated, then the individual must meet all eligibility requirements to qualify to receive ABCB.

Individuals who are already enrolled for Medicaid with a MCO do not need to place their name on the central registry. Instead, they may contact their MCO care coordinator and ask to be assessed for ABCB.

10. Some ABCB services are for adults 21 years old and older. Are those services not available to ABCB program recipients who are under 21 years old?

Children under 21 years old who are eligible for ABCB services usually access certain services via the Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) program.

For more information about becoming an EPSDT provider, contact the New Mexico Medicaid Conduent provider at (505) 246-0710 or 1-800-299-7304.

11. What provider type does a provider need to be in the New Mexico Medicaid system in order to provide ABCB?

A provider needs to be a provider type 363 in the New Mexico Medicaid system.