

New Mexico Medicaid Centennial Care 2.0 Agency-Based Community Benefit Program Recruitment

COLLABORATION PRODUCED BY: BLUE CROSS BLUE SHIELD OF NEW MEXICO, PRESBYTERIAN HEALTH PLAN & WESTERN SKY COMMUNITY CARE

What are Agency-Based Community Benefits?

- ▶ The Centennial Care Agency-Based Community Benefits (ABCB) program, formerly known as the Disabled & Elderly Waiver (D&E), is a Long-Term Care Medicaid program that provides an array of services that focus on the elderly and disabled population. All services are authorized and administered through one of the three Centennial Care 2.0 Managed Care Organizations (Blue Cross Blue Shield, Presbyterian Health Plan and Western Sky Community Care).
- ▶ Eligible program recipients have been determined by a Centennial Care Managed Care Organization to meet a Nursing Facility Level of Care (NF LOC). They have chosen to receive services in a community setting, rather than in an institution. Each member's care plan is approved by the Managed Care Organization (MCO), and services are provided through a Prior Authorization from the MCO.

Agency Based Community Benefits

- ❑ Adult Day Health Services
- ❑ Assisted Living
- ❑ Behavior Support Consultation Services
- ❑ Community Transition Services
- ❑ Emergency Response Services
- ❑ Employment Supports
- ❑ Environmental Modifications
- ❑ Home Health Aide
- ❑ Nutritional Counseling
- ❑ Personal Care Services (21 and older)
 - ❑ Consumer Delegated
 - ❑ Consumer Directed
- ❑ 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

“I am interested, what are my next steps?”

- ▶ For information on the provider application process, email HSD/MAD. Please send your email, with any questions to: HSD-abcproviderenrollment@state.nm.us
- ▶ First, the provider should apply to HSD/MAD to obtain program approval. To do this, the provider should go to the NM Human Service Department’s website to review information about ABCB program services and how to apply. See:
 - ▶ <https://www.hsd.state.nm.us/providers/agency-based-community-benefits-abc-program/>
- ▶ 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 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 NM Department of Health. The Policy Manual indicates the type of facility license needed. These licenses must be full (annual) licenses, and not temporary. Providers should contact the NM Department of Health, Health Facility Licensing and Certification at (505) 476-9098.

Next Steps, Continued

- ▶ Please complete the application checklist and associated forms from the HSD/MAD website. The provider should work through the checklist, assembling the required documents and other information.
- ▶ Then, email the completed checklist, the required forms, and the information requested on the checklist to: HSD-abcproviderenrollment@state.nm.us
- ▶ For more information on ABCB Program Recruitment, please visit the [Agency Based Community Benefits \(ABCB\) Program Provider Enrollment FAQs](#).

Next Steps, Continued

- ▶ Once a provider's application has been successfully reviewed and approved, HSD/MAD will issue the provider with a Program Approval Letter.
- ▶ The provider should then go to the New Mexico Medicaid portal to submit an online MAD 335 Medicaid provider application. The link for the portal is:
 - ▶ <https://nmmedicaid.portal.conduent.com/static/index.htm>
- ▶ The provider will be asked to upload documents while completing this application. The HSD/MAD program approval letter should be uploaded at this time.
- ▶ Once the necessary checks have been successfully completed by New Mexico's Medicaid agent, the provider is issued with an active Medicaid number. Once the provider has this active Provider Type 363 Medicaid number, they may contract with the MCOs. It is the provider's responsibility to contract with the Managed Care Organizations.
- ▶ HSD/MAD encourages new providers to contact each of the Managed Care Organizations to see if the MCO is accepting new providers, before applying to HSD/MAD.

Blue Cross Blue Shield Contact Information

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Manager of Network Management

Elisha Mahboub

(505) 816-4216

Elisha_Mahboub@bcbsnm.com



**BlueCross BlueShield
of New Mexico**

Presbyterian Health Plan Contact Information

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Network Contract Manager

Britny Hogan

(505) 923-8195

bhogan@phs.org



Western Sky Community Care Contact Information

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Bridgette Benavidez

Contract Negotiator, Provider Contracting

(505) 206-3529

Bridgette.R.Benavidez@WesternSkyCommunityCare.com



**western sky
community care**™

Questions?