

## **New Mexico Medicaid Turquoise Care Agency-Based Community Benefit (ABCB) Program Provider Enrollment FAQs**

### **1. What are Agency-Based Community Benefits?**

- a. The Turquoise Care Agency-Based Community Benefit (ABCB) program is a Home and Community-Based (HCBS) Medicaid program that provides an array of services for elderly and disabled Medicaid members. All services are authorized and administered through one of the four Turquoise Care Managed Care Organizations (Blue Cross Blue Shield, Molina Health Care, Presbyterian Health Plan and United Health Care). Eligible program recipients have been determined by a Turquoise Care Managed Care Organization (MCO) 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 MCO, and services are provided through a Prior Authorization from the MCO.

### **2. Does the term 'Home and Community-Based Services' always refer to Agency-Based Community Benefits?**

- a. No, not always. The term 'Home and Community-Based Services' (HCBS) 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, as well as Agency-Based Community Benefits.

### **3. What services are available through Agency-Based Community Benefits?**

- a. ABCB services are as follows:
  - i. Adult Day Health Services
  - ii. Personal Care Services (21 and older)
  - iii. Assisted Living
  - iv. Private Duty Nursing for Adults
  - v. Behavior Support Consultation
  - vi. Respite Services
  - vii. Nursing Respite Services
  - viii. Community Transition Services
  - ix. Emergency Response Services
  - x. Skilled Maintenance Therapies (Physical, Occupational, Speech)\*
  - xi. Employment Supports
  - xii. Environmental Modifications

- xiii. Home Health Aide
- xiv. Nutritional Counseling
- xv. Medically Tailored Home Delivered Meals

\*Providers may submit an application for any of these three Skilled Maintenance Therapy services, as they wish.

**4. Why are some services available through other Medicaid Waiver programs not listed under Agency-Based Community Benefits?**

- a. 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 Agency-Based Community Benefits have been designed for the elderly and disabled population who meet NF LOC.

**5. Is Turquoise Care currently accepting provider applications for all of the ABCB services?**

- a. The Health Care Authority's Medical Assistance Division (HCA/MAD) is accepting provider applications for all Agency-Based Community Benefit services listed in Question 3 above, including Personal Care Services. An HCA/MAD Program Approval Letter provides no guarantee that one or more of the MCOs will contract with a provider to provide an ABCB service. HCA/MAD recommends that providers discuss their plans for ABCB services with MCOs at an early date.

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

- a. Below are the steps that providers should follow to become an Agency-Based Community Benefit provider:

First, the provider should apply to HCA/MAD to obtain program approval. Information about ABCB program services and the HCA/MAD application forms can be found at: <https://www.hca.nm.gov/providers/agency-based-community-benefits-abcb-program/>

Providers are advised to review the Turquoise Care Managed Care Policy Manual before submitting their application to HCA/MAD. The current version of the Policy Manual can be found at: <https://www.hca.nm.gov/providers/managed-care-policy-manual/>

The ABCB service descriptions are in Section 8 of the Managed Care Policy Manual. Each service has specific provider requirements, and 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. The Policy Manual indicates the type of facility license needed. These licenses must be full (annual) licenses, and not temporary.

Please complete the application checklist and associated forms from the HCA/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: HCA-abcbproviderenrollment@hca.nm.gov

For questions or more information on the provider application process, email HCA/MAD at HCA-abcbproviderenrollment@hca.nm.gov

Once a provider's application has been successfully reviewed and approved, HCA/MAD will issue the provider with a Program Approval Letter.

The provider should then go to YES New Mexico to submit an online MAD 335 Medicaid provider application. See the Provider Enrollment section at: [https://yes.nm.gov/nmhr/s/provider?language=en\\_US](https://yes.nm.gov/nmhr/s/provider?language=en_US)

The provider may be asked to upload documents while completing this application, including the HCA/MAD program approval letter.

When the necessary checks have been successfully completed by New Mexico Medicaid provider enrollment, the provider is issued 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 MCOs.

7. **What are the provider rates for Agency-Based Community Benefit services?**
  - a. HCA/MAD does not currently set rates for these services. The provider should negotiate rates with each MCO they contract with. Turquoise Care Letter of Direction #59, found at <https://www.hca.nm.gov/lookingforinformation/managed-care-letters-of-direction/> outlines the current recommended rates.
  
8. **Where can a provider find information on obtaining a facility license?**

- a. For information about facility licensing, please see:

<https://www.hca.nm.gov/health-facilitylicensing-and-certification/>

**9. Can the requirement for a provider to have a License to be approved to provide certain ABCB services ever be waived?**

- a. No, the DHI license requirements specified in the Managed Care Policy Manual for ABCB providers cannot be waived.

**10. How can an individual apply to receive Agency-Based Community Benefits?**

- a. A Central Registry for Community Benefits is maintained by the NM Aging and Long- Term Services Department. To have an individual's name placed on the Central Registry, call 1 (800) 432-2080. If allocated, the individual must meet all eligibility requirements to qualify to receive ABCB. Individuals who are already enrolled for Medicaid with a Managed Care Organization (MCO) do not need to place their name on the Central Registry. They may contact their MCO Care Coordinator and ask to be assessed for the Community Benefit.

**11. Some ABCB services are for adults aged 21 and older. Are those services not available to ABCB program recipients who are under 21?**

- a. Those under 21 who are eligible for ABCB services may access certain services like personal care and nursing via the Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) program.

**12. What Provider Type does a provider need to be in the New Mexico Medicaid system to provide Agency-Based Community Benefits?**

- a. A provider needs to be a Provider Type 363 in the NM Medicaid system.