New Mexico Medicaid Centennial Care 2.0
Agency-Based Community Benefit (ABCB) Program
Provider Enrollment FAQs

1. 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.

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

No, not always. The term '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, as well as Agency-Based Community Benefits.

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

ABCB services are as follows:

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 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

*Providers may submit an application for any one (or more) 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?

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 Centennial Care currently accepting provider applications for all of the ABCB services?

From 07/01/2021**,** the Human Services Department's Medical Assistance Division (HSD/MAD) is accepting provider applications for all Agency-Based Community Benefit services listed in Question 3 above, including Personal Care Services.

An HSD/MAD Program Approval Letter provides no guarantee that one or more of the MCOs will contract with a provider to provide an ABCB service. HSD/MAD recommends that providers discuss their future plans for ABCB services with MCOs at an early date.

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

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

(i) For information on the provider application process, email HSD/MAD. Please send your email, with any questions, to: HSD-abcbproviderenrollment@state.nm.us

(ii) First, the provider should apply to HSD/MAD to obtain program approval. Information about ABCB program services and the HSD/MAD application forms can be found at: https://www.hsd.state.nm.us/providers/agency-based-community-benefits-abcb-program/

Providers are advised to review the Centennial Care Managed Care Policy Manual before submitting their application to HSD/MAD. The current (October 1, 2020) version of the Policy Manual can be found at:
https://www.hsd.state.nm.us/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 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. Contact information for the Department of Health is provided in question eight below.

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-abcbproviderenrollment@state.nm.us

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

(iv) The provider should then go to the New Mexico Medicaid portal to submit an online MAD 335 Medicaid provider application. See the Provider Enrollment section at: https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#sandbox_title

The provider will be asked to upload documents while completing this application. The HSD/MAD program approval letter should be uploaded at this time.

(v) When 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 Type 363, before applying to HSD/MAD.

7. What are the provider rates for Agency-Based Community Benefit services?
HSD/MAD does not set rates for these services, as this is a Managed Care Program. The provider should negotiate rates with each MCO they contract with.

8. Where can a provider find information on obtaining a NM DOH facility license?
For information about NM Department of Health facility licensing, please see:
https://www.nmhealth.org/about/dhi/hflc/prop/stli/

9. Can the requirement for a provider to have a NM Department of Health License - in order to be approved to provide certain ABCB services - ever be waived?
No, the DOH license requirements specified for ABCB providers cannot be waived.

10. 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?
See question six above.

11. Can someone who is on the Developmental Disabilities (DD) Waiver Waitlist receive Agency-Based Community Benefit services?
Everyone who is approved to receive Agency-Based Community Benefits can receive ABCB services. This includes those individuals on another waiver waitlist.

12. How can an individual apply for Agency-Based Community Benefits?
A Central Registry for Agency-Based 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 Agency-Based Community Benefits.

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 Agency-Based Community Benefits.

13. Some ABCB services are for adults aged 21 and older. Are those services not available to ABCB program recipients who are under 21?
Those under 21 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, please email your inquiry to: MADInfo.HSD@state.nm.us

14. What Provider Type does a provider need to be in the New Mexico Medicaid system in order to provide Agency-Based Community Benefits?
A provider needs to be a Provider Type 363 in the NM Medicaid system.