



PERSONAL CARE SERVICES

2024 Agency-Based Community Benefits Provider Qualifications Newsletter

The Turquoise Care Managed Care Organizations (MCOs), in collaboration with the New Mexico Health Care Authority (HCA), are sharing important findings from a federal report regarding Agency-Based Community Benefit (ABCB) Personal Care Services (PCS) provider qualifications. In response, HCA has implemented new requirements to ensure that Medicaid enrollees are protected. This newsletter provides guidance on these requirements as well as an overview of upcoming audits and training opportunities.

Office of Inspector General Report

A report from the US Department of Health and Human Services (HHS) Office of Inspector General (OIG), "[New Mexico Did Not Ensure Attendants Were Qualified to Provide Personal Care Services, Putting Medicaid Enrollees at Risk](#)," estimates that the majority of PCS providers during the 2019 audit period failed to meet at least one qualification requirement. This includes passing a criminal background check, demonstrating proof of a negative test result for tuberculosis, and participating in annual training.

The MCOs are dedicated to providing high-quality care to our members and wish to remind PCS caregivers and agencies of the importance of maintaining proper qualifications in accordance with [Section 8 of the Managed Care Policy Manual](#).

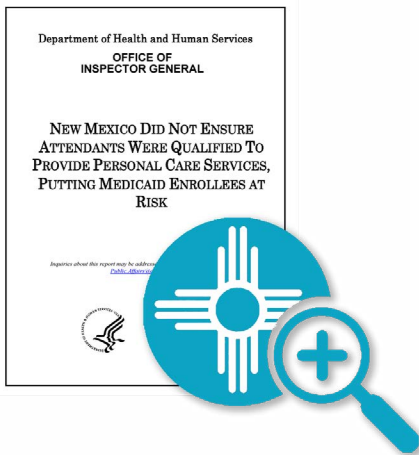
Additionally, ABCB PCS providers are required to participate in annual audits to ensure that provider qualifications, as defined by their contracts and the New Mexico Administrative Code, have been met. Lastly, ABCB PCS providers must furnish MCOs with caregiver documentation upon request.

Overview of Personal Care Services Requirements

The Turquoise Care MCOs are required to perform annual audits of all contracted ABCB providers. The MCOs have formed a joint workgroup to discuss the annual audits. A universal audit tool for each provider type was developed and then reviewed/approved by HCA. This joint MCO workgroup then assigns policies and procedures, as well as agencies, to each MCO to ensure that agencies are only audited once per calendar year. Providers are audited on the requirements outlined in [Section 8 of the Managed Care Policy Manual](#).

Some examples of requirements for ABCB PCS providers are:

- Ensure that caregivers/attendant care employees sign an attestation upon hire and each calendar year thereafter. Keep a copy of the signed attestation in each employee's file.
- Meet all requirements of the Final Settings Rule.
- Meet all federal requirements for Home and Community-Based Services.
- Place the health, safety, and welfare of the member as the primary concern of all activities/services provided.
- Optimize (not regiment) a member's initiative, autonomy, and independence.





Additional Requirements for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Providers

A Medical Assistance Division (MAD)-enrolled registered nurse (RN) must oversee policies (or other documentation) that pertain to PCS attendants for any Medical Assistance Program (MAP)-eligible recipients. In addition, the supervisory RN must be employed or contracted by the PCS agency and have one year of direct patient care experience.

The supervisory RN is responsible for conducting and documenting visits at the MAP-eligible recipient's residence for the purpose of assessing their progress and the PCS attendant's performance. The individual treatment plan should be updated as indicated and in cooperation with the MAP-eligible recipient's case manager. These visits will be conducted and documented at least every 62 calendar days if the MAP-eligible recipient's condition warrants it.

Annual Audit

MCOs will conduct the 2024 calendar year audit in 2025. As part of this annual audit, a list of caregiver requirements will be provided beforehand to assist agencies in meeting the audit guidelines. At the conclusion of the audit, agencies are required to complete an attestation demonstrating compliance.

Training

Biannual trainings will begin in 2025. Once dates have been secured, information and invitations will be sent to all PCS providers so that they may add these trainings to their calendars.

Under the consumer-delegated model, providers will be required to complete **12 hours** of training annually. All agencies are required to log trainings conducted with staff, track training attendance, and record evidence that all licenses and certifications are current.

For more information, view [Section 8 of the Managed Care Policy Manual](#).



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