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Letter of Direction #105

Date: September 25, 2023

To: Centennial Care 2.0 Managed Care Organizations

From: Lorelei Kellogg, Acting Director, Medical Assistance Division 

Subject: Care Coordination for Infants Affected by Substance Abuse

Title: Care Coordination for Comprehensive Addiction and Recovery Act (CARA) Infants

The purpose of this Letter of Direction (LOD) is to add additional layers of support for infants in the Comprehensive Addiction Recovery Act (CARA) program. These are infants who have prenatal exposure to substances, receive a plan of care within the hospital, and then should continue to receive ongoing wrap-around services once discharged. Care Coordination plays a key role in this program.

Care Coordination Presence in Hospitals

The Contractor is directed to assign members of their Care Coordination team to each of the hospitals identified below:

- University of New Mexico Children's Hospital Level IV
- Lovelace Women's Hospital Level III
- Presbyterian Main Hospital Level III
- Memorial Medical Center Level II
- Mountain View Medical Center Level II

To ensure all eligible CARA infants, birth mothers, and legal guardians are provided the information on the services and supports available, HSD is directing the Contractors to implement the process below:

- Assign a care coordinator to conduct in person daily rounds at each of the facilities above to identify infants admitted to the NICU and the mother/baby unit, who are eligible for care coordination through the MCO.
- The MCO care coordinator will make contact with the staff in the NICU and mother/baby unit, including both social workers and nurses, and obtain a complete list of all Medicaid members that are currently enrolled or presumptively enrolled with the MCO.
- The MCO care coordinator will obtain a complete list of infants identified as enrolled or presumptively enrolled with the MCO and born exposed to substances and ensure that a plan of care (POC) has been written by the hospital staff and submitted through the New Mexico Healthy Families portal.

- The MCO care coordinator will visit every birth mother and/or CARA infant’s legal guardian identified as enrolled or presumptively enrolled with the MCO in the unit and, with consent, discuss services covered by Medicaid and services available to the member that are not covered by Medicaid, that are available for both mother and infant. Although CARA infants are the focus of this program, every person who has birthed an infant and every infant born who is enrolled or presumptively enrolled in Medicaid should receive an in-person visit from a care coordinator within these 5 hospitals.
- If permitted, the MCO care coordinator will attend any discharge planning rounds and team meetings within the unit to make connections to staff to be fully updated on the healthcare status of mothers and infants enrolled or presumptively enrolled with the MCO.

The MCO care coordinator will inform the infant’s parent/legal guardian of the full range of services and resources available and provide the name and contact information of the care coordinator assigned to the infant. Whenever possible, the Contractor shall align the mother’s Care Coordination with the infant’s Care Coordination, as well as any other family members engaged in Care Coordination with the MCO, by assigning the same care coordinator to all members of the family. When feasible, the care coordinator will perform the Health Risk Assessment (HRA) during this initial contact. Services, supports, and resources that should be offered shall include but are not limited to the following:

- Care Coordination
- Medicaid/Non-Medicaid Home Visiting Programs
- Value Added Services (VAS) such as infant car seats and diapers offered by the Contractor
- Housing supports, Supplemental Nutrition Assistance Program (SNAP), and Income Support
- Substance use disorder counseling and Behavioral Health services
- Referrals and scheduling assistance with a pediatrician/Primary Care Provider (PCP) for both infant and mother.

Care Coordination Teams

The Contractor is directed to have a Care Coordination team dedicated solely to CARA members. No services shall be withheld while waiting for completion of the HRA or CNA. If the infant is in the mother’s custody, infant and mother should have the same care coordinator.

Timelines

Contact with the guardian of the infant in the CARA program should occur within 24 hours of the discharge from the hospital. The HRA should be completed inpatient whenever possible and if not possible should be completed at the call done within 24-hours. CNAs should be done in the member’s home within 7 days of discharge from the hospital. Three attempts to contact the guardian should be made within the first 48 hours of discharge. If the care coordinator is unable to reach the mother and the baby is in the mother’s custody, the care coordinator must contact the CARA navigation team.

Communications

The CARA care coordinators should regularly meet with CARA member assigned pediatricians, hospitals, and home visiting agencies in their community to discuss communication challenges and processes. The care coordinator is required to submit the POC created by the hospital, to the infant’s PCP (pediatrician, midwife, or family medicine provider) within 5 business days from receiving notification of a new POC. The HRA and CNA must be submitted to the PCP within 14 business days of discharge. The CARA care coordinator must create a transition plan when the CARA program

ends at the one-year mark for the CARA navigation team to ensure continuity of care for the infant. This must be completed within the 60 days before the graduation date.

Reporting

The CARA infant's parent/legal guardian has the right to refuse Care Coordination for themselves and/or the infant, and the MCO care coordinator should obtain a declination form from the individual refusing Care Coordination in accordance with 4.4.1.5 of the New Mexico Human Services Department Medicaid Managed Care Services Agreement. In addition, the MCO care coordinator will email the CARA DUR Member Form (MAD 902) to the CARA navigator at CARA.CYFD@cyfd.nm.gov.

This LOD will sunset upon inclusion into the NM Medicaid Managed Care Services Agreement.

Attachments:

- **LOD #105 Attachment 1 - Instructions for Completing the CARA DUR Member Notification Form**
- **LOD #105 Attachment 2 - MAD 902 CARA DUR Member Notification Form**



Instructions for Completing the CARA DUR Member Notification Form MAD 902

DUR: Difficult to Engage (DTE), Unable to be Reached (UTR), Refused Care Coordination (RCC)

The CARA DUR Member Notification Form, MAD 902, is utilized to enable communication between MCOs and the CARA Team regarding members who are Unable to be Reached (4.4.2.6.1), Difficult to Engage (4.4.2.6.2), or have Refused Care Coordination (4.4.1.5). Per section 5.13 of the New Mexico Managed Care Policy Manual, notifying CYFD if the mother and/or family/caregiver(s) are DUR is required for CARA members.

Date: The date the form is being submitted to the CARA email address.

Care Coordination Level: Check the appropriate box to specify whether the member is Difficult to Engage (DTE), Unable to be Reached (UTR) or has Refused Care Coordination (RCC).

SCI Report: Check "Yes" or "No" to indicate whether a State Central Intake (SCI) report was filed due to concerns of neglect or abuse of the member.

MCO Reporter: Enter the name, MCO, phone number and email address of the MCO staff member filing the CARA DUR Member Form.

CARA Member Information: Enter the name, Medicaid ID (if applicable), and date of birth of the CARA member who is DTE, UTR, or RCC.

Parent/Guardian Contact Information: Enter the name and all contact information available to the MCO for the parent and/or guardian of the CARA member who is DTE, UTR, or RCC.

Unable to be Reached (UTR) Outreach Attempts: If the CARA member is UTR, enter the dates and times that telephonic or in-person attempts were made to reach the member. Enter the date the UTR letter was sent to the last known address of the member's parent/guardian.

If the member is NOT UTR, leave this section blank.

Difficult to Engage (DTE) Outreach Attempts: If the CARA member is DTE, enter the most recent successful contact date and the subsequent dates and times of unsuccessful contact attempts. Enter the date the UTR letter was sent to the last known address of the member's parent/guardian.

If the member is NOT DTE, leave this section blank.

Refused Care Coordination (RCC) Documentation: If the CARA member is RCC, enter the date the member's parent/guardian refused Care Coordination. Indicate whether the parent/guardian signed a Care Coordination Declination Form.

If the member is NOT RCC leave this section blank.

Additional Information: Enter the member's New Mexico Healthy Families (NMHF) Plan of Care (POC) ID and any additional information relevant to the CARA member's DTE, UTR, or RCC status.

The completed CARA DUR Member Notification Form shall be emailed to: CARA.CYFD@cyfd.nm.gov. Documentation of the submission of the form must be included in the member file.

For CYFD Use: If CARA staff are able to locate UTR members, re-engage DTE or RCC members, or have additional member information helpful to the MCO, CARA staff will complete the applicable sections titled "For CYFD Use". CARA staff will email the form with the additional information to HSD at: HSD-CARA-DUR@hsd.nm.gov.

The updated CARA DUR Member Notification Form will be forwarded to the MCO. Additional outreach by the MCO to the member may be requested by HSD.



CARA DUR Member Notification Form

(DUR: Difficult to Engage, Unable to be Reached, Refused Care Coordination)

MCOs: Please email this document to CARA Staff: CARA.CYFD@cyfd.nm.gov

Date: _____

Care Coordination Level:

- Difficult To Engage (DTE-CCL5)
- Unable to be Reached (UTR-CCL0)
- Refused Care Coordination (RCC-CCL4)

SCI Report:

Was an SCI Report completed? Yes No

MCO Reporter	
Name	
MCO	
Phone Number	
Email	

CARA Member Information	
Name	
Medicaid ID	
Member Date of Birth	

Parent/Guardian Contact Information:	
Name	
Address:	
Phone	Email

Please provide requested information in the appropriate section below:

Unable To Be Reached (UTR) Outreach Attempts

Please include the dates and times of telephonic attempts and any additional methods used to contact member.

Date UTR letter sent:

Difficult To Engage (DTE) Outreach Attempts

Please include the most recent successful contact date and subsequent unsuccessful telephonic contact attempts.

Date UTR letter sent:

Refused Care Coordination (RCC) Documentation

Please document the date that the member's parent/guardian refused Care Coordination.

Did parent/guardian sign Care Coordination Declination form? Yes No

Additional Information

Please include the New Mexico Healthy Families (NMHF) portal Plan of Care (POC) ID.

Example: ZAL-T56-8427

For CYFD Use: enter additional information as appropriate.

Example: Alternate member contact information, member request to re-engage