HEALTH CARE AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

Letter of Direction #48

Date: **January 14, 2025**

To: **Turquoise Care Managed Care Organizations**

From: **Dana Flannery, Director, Medical Assistance Division**

Subject: **Care Coordination Level Revisions**

Title: **CCL Revisions**

In response to concerns about care coordination levels and adequate staffing in the state to meet these goals, HCA is making several changes to the assignment of Care Coordination levels.

HCA is revising 4.4.4.5.5 of the Medicaid Managed Care Services Agreement to state:

> *For Members meeting one (1) of the indicators below, the CONTRACTOR shall conduct a CNA, utilizing motivational interviewing techniques and HCA's standardized CNA, to determine whether the Member should be assigned to CCL0, CCL1 or CCL2:*

HCA's expectation is for the MCO to conduct a Comprehensive Needs Assessment specific to the individual Member, applying assessment tools and clinical expertise to determine the need for Care Coordination and the level most appropriate for the Member.
All Members with one (1) of the indicators listed in 4.4.4.5.5.1 through 4.4.4.5.5.18, 4.4.5.3.1.1 through 4.4.5.3.1.6, and 4.4.5.4.1.1 through 4.4.5.4.1.10 are required to have a CNA conducted; however, HCA expects the MCO to thoughtfully consider the specific needs of the Member when determining the Member's Care Coordination Level.

For most member populations, a member may be leveled down depending on the need for care coordination as determined by the CNA. However, there will be certain categories that cannot be leveled down and must remain in the auto-assigned care coordination level, regardless of the complexity of the member per the CNA. These include:

- 095 and 096 Members
- CISC Members
- CARA Members

- Members with four or more annual individual emergency department or inpatient visits

- Members defined as high-cost, high-need
- Members with a Nursing Facility Level of Care
- Members in Out of State Placement
- Members who have been incarcerated in the last year
- Members who are homeless
- Perinatal or maternal health Member or Member engaged in Medicaid Home Visiting (MHV)

These specific memberships are outlined in the MAD 867 HCA Standardized Comprehensive Needs Assessment v5 located in 4.17.6 of the HCA Managed Care Policy Manual.

In order to streamline the Contract and the HCA Managed Care Policy Manual, HCA has made changes to the requirements for those Members who shall be assigned to CCL1 and CCL2. Changes have been made to sections 4.4.5.3 and 4.4.5.4:

4.4.5.3 Care Coordination Level One (CCL1)

4.4.5.3.1 The CONTRACTOR shall assign Members to CCL1, at a minimum, as follows:

4.4.5.3.1.1 Members who meet NF LOC;

4.4.5.3.1.2 Perinatal and maternal health Members, including Members in the MHV Program

4.4.5.3.1.3 Members receiving LTSS

4.4.5.3.1.4 Members with 4 or more annual individual Emergency Department or Inpatient visits;

4.4.5.3.1.5 Waiver Populations not listed in CCL2

4.4.5.4 Care Coordination Level Two (CCL2)

4.4.5.4.1 The CONTRACTOR shall assign Members to CCL2 who, at a minimum, have the following:

4.4.5.4.1.1 Members who are homeless

4.4.5.4.1.1 HCHN Members;

4.4.5.4.1.3 Justice-Involved Individuals;

4.4.5.4.1.4 CISC Members;

4.4.5.4.1.5 CARA Members, and

4.4.5.4.1.6 Members in out-of-state placements.

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