



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

Letter of Direction #48-1

Date: July 29, 2025
To: Turquoise Care Managed Care Organizations
From: Dana Flannery, Director, Medical Assistance Division
Subject: Care Coordination Level Revisions
Title: CCL Revisions

HCA is revising LOD #48 to align with the MAD 867 Standardized Comprehensive Needs Assessment (CNA) and to provide clarification on the assignment of Care Coordination levels. LOD #48 was in response to concerns about Care Coordination levels and adequate staffing in the state to meet these goals. HCA made 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:

- 4.4.4.5.5.1 High cost Members in the top 10% of spending in the prior year
- 4.4.4.5.5.2 Is in an out-of-State medical placement;
- 4.4.4.5.5.3 Is a dependent child in an out-of-home placement;
- 4.4.4.5.5.4 Is a Child In State Custody (CISC) Member;
- 4.4.4.5.5.5 Is a transplant recipient;
- 4.4.4.5.5.6 Perinatal/Postpartum Members or Members engaged in Maternal Home Visiting (MHV)
- 4.4.4.5.5.7 Has a Behavioral Health diagnosis, (including non-SUD, SMI, SED)
- 4.4.4.5.5.8 Is a Medically Fragile Member;
- 4.4.4.5.5.9 Is residing in an ICF/IID;
- 4.4.4.5.5.10 Has frequent emergency room use with four or more annual individual patient visits;
- 4.4.4.5.5.11 Has an acute or terminal disease;
- 4.4.4.5.5.12 Is readmitted to the hospital within thirty (30) Calendar Days of discharge;
- 4.4.4.5.5.13 Is Medically Frail;
- 4.4.4.5.5.14 Has Dementia or mild or more significant cognitive deficits requiring prompting or cueing;
- 4.4.4.5.5.15 Has Housing insecurity, not limited to homeless Members;
- 4.4.4.5.5.16 Has multi-comorbidity;
- 4.4.4.5.5.17 Has a current NF LOC and/or requires assistance with two (2) or more ADLs or IADLs living in the community;

- 4.4.4.5.5.18 Has poly-pharmaceutical use, defined as simultaneous use of six (6) or more medications from different drug classes and/or simultaneous use of three (3) or more medications from the same drug class;
- 4.4.4.5.5.19 Waiver Members;
- 4.4.4.5.5.20 Comprehensive Addiction and Recovery Act (CARA) Members;
- 4.4.4.5.5.21 Justice Involved Members;
- 4.4.4.5.5.22 Members with a Traumatic Brain Injury (TBI);
- 4.4.4.5.5.23 Members with three (3) or more complaints, grievances, or appeals related to the Members experience with the service delivery system.

HCA's expectation is for the MCO to conduct a Comprehensive Needs Assessment (CNA) 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.

For Members with one (1) of the indicators listed below in 4.4.5.3.1.1 through 4.4.5.3.1.12, and 4.4.5.4.1.1 through 4.4.5.4.1.16 HCA expects the MCO to thoughtfully consider the specific needs of the Member when determining the Member's Care Coordination Level.

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 or are receiving Long Term Services and Supports (LTSS)
 - 4.4.5.3.1.2 Perinatal/Postpartum and Maternal Health Members, including Members in the MHV program;
 - 4.4.5.3.1.3 Members with a Behavioral Health Diagnosis (non-SUD/SMI/SED)
 - 4.4.5.3.1.4 Waiver populations not listed under 4.4.5.4;
 - 4.5.4.3.1.5 Members with multiple (three or more) complaints, grievances, or appeals related to the Member's experience with the service delivery system; and
 - 4.4.5.3.1.6 Members with Housing Insecurity.
 - 4.4.5.3.1.7 Has Dementia or mild or more significant cognitive deficits requiring prompting or cueing;
 - 4.4.5.3.1.8 Has been readmitted to the hospital within thirty (30) Calendar Days of discharge;
 - 4.4.5.3.1.9 Has poly-pharmaceutical use, defined as simultaneous use of six (6) or more medications from different drug classes and/or simultaneous use of three (3) or more medications from the same drug class;
 - 4.4.5.3.1.10 Has frequent emergency room use with four or more annual individual patient visits;
 - 4.4.5.3.1.11 Member with an acute disease as defined by the MCO, and
 - 4.4.5.3.1.12 Justice Involved Members.

4.4.5.4 Care Coordination Level Two (CCL2)

- 4.4.5.4.1 The CONTRACTOR shall assign Members to CCL2 as follows:
 - 4.4.5.4.1.1 High cost Members in the top ten percent of spending in the prior year;
 - 4.4.5.4.1.2 Members with SUD
 - 4.4.5.4.1.3 Members with SED;

- 4.4.5.4.1.4 Members with SMI;
- 4.4.5.4.1.5 Justice Involved Members who have been incarcerated in the last year;
- 4.4.5.4.1.6 Members with a TBI;
- 4.4.5.4.1.7 Members who are homeless.
- 4.4.5.4.1.8 CISC Members;
- 4.4.5.4.1.9 CARA Members;
- 4.4.5.4.1.10 Members in an out-of-state medical placement;
- 4.4.5.4.1.11 Medically Fragile Member;
- 4.4.5.4.1.12 Transplant Recipient;
- 4.4.5.4.1.13 Member with multi-comorbidities;
- 4.4.5.4.1.14 Member with a terminal disease;
- 4.4.5.4.1.15 Medically Frail, and
- 4.4.5.4.1.16 Members residing in an ICF/IDD

For most Member populations, a Member may be leveled down from Care Coordination levels identified in 4.4.5.3.1 through 4.4.5.4.1.16, depending on the need for Care Coordination as determined by the CNA. However, there will be certain categories that shall not be leveled down and must remain in the auto-assigned Care Coordination level, regardless of the complexity of the Member per the CNA. See chart below:

CC Level 1	CCL Options	CC Level 2	CCL Options
Members who meet NF LOC or are receiving Long Term Services and Supports (LTSS)	May not be lowered down to CCL0 (GenPop)	High cost Members in the top ten percent of spending in the prior year	May be leveled at CCL1 if documentation supports the lower level but not to CCL0 (GenPop)
Perinatal/Postpartum Members	May not be lowered down to CCL0 (GenPop)	Members with SUD	May be leveled at CCL1 if documentation supports the lower level but not to CCL0 (GenPop)
Behavioral/Health diagnosis (non-SUD/SMI/SED)	May be leveled at CCL0 (GenPop) if documentation supports the lower level.	Members with SED	May be leveled at CCL1 if documentation supports the lower level but not to CCL0 (GenPop)
Waiver populations not listed under 4.4.5.4;	May not be lowered down to CCL0 (GenPop)	Members with serious Mental Illness (SMI)	May be leveled at CCL1 if documentation supports the lower level but not to CCL0 (GenPop)
Members with multiple (three or more) complaints, grievances, or appeals related to the Member's experience with the service delivery system;	May be leveled at CCL0 (GenPop) if documentation supports the lower level.	Justice Involved Members who have been incarcerated in the last year	May not be lowered down to CCL1 or CCL0 (GenPop)

Members with Housing Insecurity.	May be leveled at CCL0 (GenPop) if documentation supports the lower level.	Members with a TBI	May be leveled at CCL1 if documentation supports the lower level but not to CCL0 (GenPop)
Has Dementia or mild or more significant cognitive deficits requiring prompting or cueing;)	May not be lowered down to CCL0 (GenPop)	Members who are homeless	May not be lowered down to CCL1 or CCL0 (GenPop)
Has been readmitted to the hospital within thirty (30) Calendar Days of discharge;	May be leveled at CCL0 (GenPop) if documentation supports the lower level.	CISC Members	May not be lowered down to CCL1 or CCL0 (GenPop)
Has poly-pharmaceutical use, defined as simultaneous use of six (6) or more medications from different drug classes and/or simultaneous use of three (3) or more medications from the same drug class;	May be leveled at CCL0 (GenPop) if documentation supports the lower level.	CARA Members	May not be lowered down to CCL1 or CCL0 (GenPop)
Has frequent emergency room use with four or more annual individual patient visits	May not be lowered down to CCL0 (GenPop)	Members in an out-of-state medical placement	May not be lowered down to CCL1 or CCL0 (GenPop)
Member with an acute disease as defined by the MCO.	May be leveled at CCL0 (GenPop) if documentation supports the lower level.	Medically Fragile Members	May not be lowered down to CCL1 or CCL0 (GenPop)
Justice Involved Members	May not be lowered down to CCL0 (GenPop)	Members with multi-comorbidity	May be leveled at CCL1 if documentation supports the lower level but not levels at CCL0 (GenPop)
Medicaid Home Visiting Members (1 year postpartum)	May be leveled at CCL0 (GenPop) if documentation supports the lower level.	Member with a terminal illness	May not be lowered down to CCL1 or CCL0 (GenPop)
		Medically Frail Members	May be leveled at CCL1 if documentation supports the lower level but not to CCL0 (GenPop)
		Member residing in an ICF/ID	May not be lowered down to CCL1 or CCL0 (GenPop)

Members categorized as CCL1 or CCL2 **must be engaged** in Care Coordination.

If a CCL1 or CCL2 Member is not engaged in Care Coordination, the Member is to be leveled as CCL0 (Unable to Reach-UTR), CCL4 (Refused Care Coordination-RCC), or CCL5 (Difficult to Engage-DTE) with the appropriate documentation.

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