



New Mexico  
Independent  
Consumer  
Support System

## Centennial Care – Care Coordination

### Members in all Levels

Every Centennial Care member is asked to complete a Health Risk Assessment (HRA) once each year. Your HRA will help your managed care organization (MCO) find out about your health care needs and how to help you stay healthy or get Care Coordination if you need it. If you have medical and/or behavioral health conditions or long-term care needs that require a higher level of Care Coordination you will receive a Comprehensive Needs Assessment (CNA). The CNA will be completed at your home by a Care Coordinator.

All members have access to Care Coordination services. Care Coordination is how your MCO coordinates your health care needs, whether you are in the hospital or at home. This is for members with long-term, complex, or behavioral health needs. Care Coordination works with you, your family, and your providers. The goal is to keep you out of the hospital or emergency room unless you really need it. If you are in a hospital, skilled nursing facility, or rehabilitation center, a Care Coordinator will work with the staff to help make your discharge successful.

Some members need extra help managing their health care; some members don't need any help. That is why there are three Levels of Care Coordination.

### Level One

You will be assigned to Level One (1) if you do not have any major health problems. You will not be assigned a Care Coordinator, but your care will be reviewed every quarter to see if you might need a higher level of care.

### Level Two

You may be assigned to Level Two (2) if you:

- Have a substance abuse condition
- Visit the Emergency Room often
- Need help with two or more activities of daily living
- Have many prescriptions or
- Have two or more chronic health conditions

You will be assigned your own Care Coordinator and he or she will help create a Care Plan based on your needs. Your Care Coordinator will provide semi-annual, in person visits; quarterly telephone contact; and an annual CNA.



**Centennial Care – Care Coordination (continued)**

**Level Three**

You may be assigned to Level Three (3) if you:

- Have a substance abuse condition that interferes with your daily life
- Visit the Emergency Room excessively
- Need help with two or more activities of daily living and live in the community at medium or high risk
- Have untreated substance abuse or use medicines that are not prescribed for you
- Are medically complex.

You will be assigned your own Care Coordinator and he or she will help create a Care Plan based on your needs. Your Care Coordinator will provide monthly telephone contact; quarterly in person visits; and a semi-annual CNA.

**\*Centennial Care Coordination for Individuals on the Developmentally Disabled (DD), Medically Fragile (MF), or Mi Via Waivers:**

For individuals on the DD, MF, and Mi Via waivers, the MCO should be notified that this individual is receiving services through one of these waivers. The Care Coordinator should complete the CNA and focus on the acute care needs of the consumer. The care coordinator should collaborate with the waiver case manager or consultant agency in addressing the consumer’s acute care needs such as prescriptions, durable medical equipment, and high ER utilization. The collaboration by the care coordinator may include participation in the waiver Inter-Disciplinary team meeting where waiver plan are developed.

The level of care (LOC) is completed by the waiver case manager or consultant agency, not the MCO. The LOC is completed annually and is a component of the consumer’s eligibility. There may be some redundancy in the questions asked in a CNA and LOC, however, the purposes of these two assessments are very different.