TITLE 8 SOCIAL SERVICES
CHAPTER 10 CHILD PROTECTIVE SERVICES
PART 5 COMPREHENSIVE ADDICTIONS AND RECOVERY ACT (CARA) GUIDELINES

8.10.5.1 ISSUING AGNECY: Children, Youth and Families Department (CYFD), Protective Services Division (PSD)
[8.10.5.1 NMAC – N, 2/22/2022]

8.10.5.2 SCOPE: Protective services employees, New Mexico managed care organizations (MCO's), private insurance, children's medical services (CMS), New Mexico primary care offices, hospitals, supportive services providers, and substance exposed infants and their caregivers.
[8.10.5.2 NMAC – N, 2/22/2022]

8.10.5.3 STATUTORY AUTHORITY: Children, Youth and Families Department Act, Subsection D of Section 9-2A-7, NMSA 1978.
[8.10.5.3 NMAC – N, 2/22/2022]

8.10.5.4 DURATION: Permanent.
[8.10.5.4 NMAC – N, 2/22/2022]

8.10.5.5 EFFECTIVE DATE: 2/22/2022, unless a later date is cited at the end of a section.
[8.10.5.5 NMAC – N, 2/22/2022]

8.10.5.6 OBJECTIVE: To establish guidelines for protective services division (PSD) staff, managed care organizations (MCOs), care coordinators, and other professionals who come into contact, or are working with, substance exposed infants and their caregivers to provide comprehensive plans of care and support to ensure the safety and wellbeing of the family.
[8.10.5.6 NMAC – N, 2/22/2022]

8.10.5.7 DEFINITIONS:

A. "**Care coordination level (CCL)"** identifies the level of support a member needs through care coordination services for the member to improve or maintain and manage their individual health needs effectively. Members are assigned to either care coordination level two (CCL2) or care coordination level three (CCL3) following the completion of a comprehensive needs assessment (CNA) for the member.

B. "Care coordinator (CC)" is the individual assigned to the newborn and the biological parents by the MCO, private insurer or children's medical services (CMS), to coordinate the care and services needed (to include such services as medical, behavioral health, infant mental health, early intervention, home visiting programs, family first, long term care, prescriptions, medical equipment, and others).

C. "Caregiver" is a parent, guardian or custodian in the household who provides care and supervision for the child.

D. "**Centennial care"** was implemented on January 1, 2019 as a replacement to the outdated New Mexico medicaid system. Centennial care aims to educate recipients to become savvy health care consumers, promote more integrated care, properly manage the most at-risk members, involve members in their own wellness, and pay providers for outcomes rather than process.

E. "Children's medical services (CMS)" provides care coordination and services for the prevention, diagnosis, and treatment of disabling conditions in children. It is a statewide program within the department of health, public health division. CMS serves children from birth to 21 with chronic illnesses or medical conditions that require surgical or medical treatment.

F. "Comprehensive addiction and recovery act (CARA)" is federal legislation signed into law in 2016. This legislation establishes a comprehensive, coordinated, balanced strategy for substance exposed infants and their caregivers, through enhanced grant programs, that expands prevention and education efforts while also promoting treatment and recovery.

G. "Comprehensive addiction recovery act (CARA) Navigator" is an assigned position at children, youth and families department (CYFD) and another at the department of health (DOH). The positions assure compliance with the CARA state law and accept plans of care and notifications of substance exposed infants. They provide technical assistance and navigation to the entities and individuals involved in plans of care.

H. "**Comprehensive care plan" (CCP)** is a comprehensive plan of services that meets the member's physical, behavioral, and long-term needs based on information received during the comprehensive needs assessment.

I. **"Comprehensive needs assessment (CNA)"** an assessment of the member's physical, behavioral health, and long-term care needs; it will identify potential risks and provide social and cultural information. The results of the CNA shall be used to create the comprehensive care plan (CCP), which is based on the member's assessed needs. The CNA shall be used to determine the member's care coordination level (CCL).

J. **"Fictive kin"** means a person not related by birth, adoption or marriage with whom the child has an emotionally significant relationship.

K. **"Health care professional"** may be a physician, physician's assistant, medical assistant, nurse, midwife, or doula that is providing health care treatment and advice to expectant or new parents.

L. "**Health risk assessment (HRA)**" is an assessment the MCO shall conduct on all member's newly enrolled in centennial care and on members, not in CCL2 or CCL3, who have had a change in health condition that requires a higher level of care. The HRA shall introduce the member to the MCO, obtain basic health and demographic information and confirm the need for a CNA.

M. **"Insurance-MCOs, private insurers, and CMS"** are three entities that can assign a care coordinator for the substance exposed infant based on their parents' insurance coverage at the time of birth.

N. **"Insurer"** a company that underwrites an insurance risk; the party in an insurance contract undertaking to pay compensation.

O. **"Key household members"** is any individual who lives at the infant's discharge address who is 18 years or older and provides care for the infant listed on the plan of care.

P. **"Managed care organization (MCO)"** means an entity that participates in centennial care under contract with the New Mexico human services department (HSD) to assist the state in meeting the requirements established under Section 27-2-12 NMSA 1978.

Q. **"Member"** refers to a person enrolled in Medicaid or a managed care organization.

R. **"Parent"** as defined in Subsection Q of Section 32A-1-4 NMSA 1978, includes a biological or adoptive parent if the biological or adoptive parent has a constitutionally protected liberty interest in the care and custody of the child.

S. **"Plan of care (POC)"** as defined in Subsection T of Section 32A-1-4 NMSA 1978 means a plan created by a health care professional intended to ensure the safety and well-being of a substance-exposed newborn by addressing the treatment needs of the child and any of the child's parents, relatives, guardians, family members or caregivers to the extent those treatment needs are relevant to the safety of the child.

T. **"Primary care physician (PCP)"** is a specialist in family medicine, general internal medicine or general pediatrics who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient's comprehensive care.

U. **"Private insurer"** is any health insurance policy purchased by an employer or by an individual from a private insurance company.

V. **"Substance exposed newborn"** is any newborn exposed in utero to an illicit substance such as methamphetamine or heroin, prescribed medication such as opioids, methadone, buprenorphine, and marijuana.

W. **"Statewide central intake (SCI)"** is the unit within PSD whose responsibilities may include but are not limited to receiving and screening reports of alleged child abuse or neglect and prioritizing and assigning accepted reports to the appropriate county office for investigation.

[8.10.5.7 NMAC – N, 2/22/2022]

8.10.5.8 NOTIFICATION OF NEWBORN WITH SUBSTANCE EXPOSURE:

A. In accordance with Subsection H of Section 32A-4-3 NMSA 1978, when a newborn in New Mexico has been identified with substance exposure, as evidenced by toxicology results of the newborn or mother, or when a caregiver discloses substance use during the pregnancy, written notification shall be provided to CYFD and NMDOH by the newborn's healthcare provider prior to the newborn's discharge from the healthcare facility, or as soon as the exposure is identified if it occurs following the newborn's discharge. The notification of newborn substance exposure is documented in one of the following ways:

(1) submission of a CARA plan of care for the newborn and family; or

(2) submission of the notification of CARA newborn status form which documents that:

(a) substance exposure was identified by cord/meconium toxicology screening and the newborn was discharged from the health care facility before the family was informed;

(b) the newborn with substance exposure has transferred to a healthcare facility for

a higher level of care; or

(c) the caregiver of the newborn with substance exposure has refused a CARA plan of care. Families shall be informed that they may request a referral for services at a later time, even if they have declined these services, by communicating with their health insurance care coordinator or the CARA navigator, whose contact information shall be provided by the health care provider.

B. The plan of care template and the notification of newborn status form shall be accessible by healthcare providers on the CARA provider resources webpage at sharenm.org/CARA, or via the CARA portal at NM healthy families, or by request.

[8.10.5.7 NMAC – N, 2/22/2022]

8.10.5.9 PLAN OF CARE (POC):

A. A plan of care with services is to be offered prior to a newborn's discharge from the hospital when substance exposure has been identified.

B. The purpose of POC is to ensure continuity and engagement of support services for the newborn and caregivers. A POC is the document completed by a healthcare professional with the family or designated caregiver(s) of the newborn when substance exposure has been identified. POCs are jointly created by the healthcare professional and the family to support them to obtain resources and services that sustain family relationships and support the health and well-being of the infant and family members. The implementation of services in the POC shall be modified and updated as often as required to address changes in the needs and circumstances of the family. All services in the plan are voluntary and at the option of the family. All POC's must include the following information:

(1) The newborn's birth information: This shall include date of hospital admission, birth date, discharge date, and name of infant.

(2) The identified key household members: All key household members over 18 years of age shall be documented in the POC and offered supportive services listed in the plan of care.

(3) The discharge address for the family: The discharge address shall be the physical address of the caregiver who will be taking the newborn home. This may include, but is not limited to:

(a) parents;

(b) relatives or fictive kin; or

(c) resource family.

(4) In-utero exposures**:** If a newborn is exposed to any substances during pregnancy, all exposures shall be documented in the POC and on the notification of CARA newborn status form when applicable. Documentation of exposures include exposures occurring during the timeframe in which the mother may not have known she was pregnant, and all substance exposures, including, but not limited to illicit and prescription drugs, alcohol, marijuana (medical or recreational), and medication assisted therapy such as methadone and buprenorphine.

(5) Substance use assessment: The parents, domestic partners and key household members shall also be assessed for substance use disorders. If it is determined they have a substance use disorder, it shall be documented in the POC. If there is substance use present, the parents, domestic partners and key household members shall be offered services to address treatment and recovery goals of each individual. A copy of the POC will be provided to individuals for whom such referrals are made.

(6) Services and referrals: The POC shall also include the services for which the family agrees to be referred as well as services the family is already participating in. If the family declines services in their community, the healthcare professional clearly documents this within the POC. Families shall be informed that they may request a referral for services at a later time, even if they have declined these services during the initial development of the POC, by communicating with their health insurance care coordinator or the CARA navigator(s) whose contact information shall be included on the POC.

(7) Health insurance and care coordinator information: The POC shall identify the managed care organization (MCO) or private insurer that the mother is enrolled with and include contact information for the assigned care coordinator (CC) when known at the initial creation of the POC. The initial POC shall specify if a CC has not yet been assigned or if the family has declined care coordination with their MCO or private insurer. children's medical services (CMS) shall serve as the care coordinator for the newborn if the newborn is uninsured, fee for service exempt (Medicaid), or military if care coordination is unavailable.

(8) Release of information: The POC shall include a release of information that includes an explanation of the entities with whom the information in the plan may be shared. The parent or designated caregiver completing the initial POC shall sign the document to indicate informed consent for the release of information and referrals included in the plan. A POC shall be considered inactive until it has been signed by the parent or

designated caregiver. The individual completing the POC shall document that they reviewed the release of information with the caregivers. Any person or agency receiving information from the POC shall be directed to treat it as a confidential document and only to be used for the purpose of collaboration on this POC. The release of information is valid for two years.

(9) Caregiver acknowledgment of notification to CARA program: The POC shall be submitted to the CARA program at New Mexico children youth and families department and New Mexico department of health per the requirement of the CARA statute, this includes a POC that is unsigned by the caregiver. The health care provider who completes the form with the caregiver shall inform the caregiver of this requirement.

C. When a POC should be completed by and sent to the CARA Navigators: A POC shall be completed by the hospital staff with the parent or designated caregiver prior to the newborn's discharge from the hospital. In the case of births that occur without hospital admission, or when substance exposure has been identified after the newborn's discharge from the hospital, a POC may be created with the parent or designated caregiver by the infant's healthcare provider, or by the assigned insurance care coordinator or the CARA navigator. The POC shall be considered active upon the date of signature of the parent/designated caregiver. The individual who creates the plan with the family shall also sign and date the POC. Once the POC has been signed it shall be sent to the CARA navigators at CYFD and NMDOH by secure transmission or submitted through the CARA portal at New Mexico healthy families by the provider who has initiated the POC.

D. Unknown information: If the individual completing the POC does not have specific information necessary to complete the POC, they shall fill it out to the best of their ability and write unknown where the information is not known. The assigned care coordinator (CC) is responsible for completing the missing information once they receive the POC. If a caregiver declines care coordination, then a provider working with the family will complete the missing information.

E. Who receives copies of the POC: The caregiver, relative, guardian, fictive kin or resource family of the newborn, the parents, designated CARA navigators at department of health (DOH) and children, youth and families department (CYFD), the care coordinator (CC), the newborn's primary care provider (PCP), and the referred supportive service providers will each receive a copy of the completed POC.

F. Duration and Monitoring of Plans of Care: Once the CC has been assigned and has met with the family, the CC shall contact the newborn's primary care provider (PCP) and other referred providers to ensure that referrals have been received; to provide support for family engagement with the services on the POC; and to ensure that providers have received a copy of the POC as permitted by the release of information (ROI) and informed consent signed by the caregiver. The POC shall remain in place for at least the first year of the child's life and shall remain active if continued services are needed for the child or caregivers after the first year. The implementation of services on the POC shall by monitored by the CC assigned under the newborn's MCO or private insurer; CMS when an infant lacks health insurance or is not eligible for CC; or by a designated CARA navigator or by a designated provider. The delivery of services and family engagement shall be monitored at the frequency and intensity needed to ensure the safety and well-being of the infant, and to support progress toward achieving the parents' or designated caregivers' expressed objectives for their POC. At one year from the child's birth, a re-assessment of the POC with the family by the assigned CC shall occur and, if necessary, the POC may be extended for a period of time to be determined jointly by the family and assigned CC, by a designated provider, or CARA navigator.

G. Plan of care modifications: A POC may be modified in the following situations, including but not limited to when:

(1) there is a change in caregivers during the active POC, the plan shall be adjusted, as needed, based on the new caregivers' location, and identified needs;

(2) a caregiver moves to a different city or town in the state of New Mexico;

(3) reunification of the child with their parents occurs during the first year, the POC shall remain active and can be modified if needed;

(4) the needs of the child have changed;

(5) a child comes into CYFD custody, and the caregiver needs to continue following the POC; or

(6) the needs of the caregiver change.

H. Notice of transfer of newborn between medical facilities:

(1) If a newborn is born outside of New Mexico and is a New Mexico resident, and an agreement has been made with that birthing hospital, then the out-of-state hospital shall complete a notification of CARA newborn status to alert the CARA navigators at DOH and CYFD.

(2) If a New Mexico hospital is transferring a newborn to another facility either in-state or

out of state, the notification of CARA newborn status shall be sent to the receiving hospital/facility and the CARA Navigators.

(3) For in-state hospital transfers of a newborn, the receiving hospital shall create the POC and should be notified by the transferring hospital.

I. Late identification of substance use/exposure: Late identification is when substance use or newborn exposure to substances is not known or identified until the newborn has already been discharged. If late identification occurs:

(1) The notification of CARA newborn status shall be utilized to notify the CARA CYFD and DOH navigators. If the hospital notifies the caregiver of the positive result on the newborn, the hospital shall explain that the CARA navigators shall be notified, and that a CARA navigator shall contact the caregiver to offer a POC for their newborn.

(2) If the CC or another healthcare provider is informed of an exposure following the newborn's discharge from the hospital or birthing facility, they shall inquire if the caregiver has a POC. If not, they shall inform the caregiver of the newborn that the CARA navigators may be notified using the notification of CARA newborn status and may be contacting the caregiver to offer a POC for the child.

J. Open CYFD case or case needs to be opened:

(1) When hospital staff or other providers who are involved in creating a POC with the family have concerns about the safety of the newborn upon discharge, the individual shall make a report to CYFD statewide central intake (SCI). The referral to SCI shall be indicated on the POC when known by the professional completing the POC. Upon receipt of a POC, the CYFD CARA navigator shall review if there is current involvement of CYFD protective services with the parent or designated caregiver of the newborn. The CARA navigator shall provide a copy of the POC to assigned CYFD worker when CYFD involvement has been identified. The CARA navigator shall also notify the designated CC of the newborn when there is an investigation involving the caregiver(s) of the newborn. If the CC has concerns around the safety of the newborn, they shall contact the CYFD worker and the CARA navigators. If the CC or other providers have immediate concerns they shall immediately make a report to the CYFD SCI and notify this is a family that has an active POC.

(2) If a newborn enters CYFD custody after a POC has been created, the POC shall be modified by the CC or the CARA navigator to address the needs of the infant in the new setting. The new POC shall contain the resource family's information and shall be re-sent to all entities required to receive copies of the POC.

K. Implementation of the plan of care: Once the CC has been assigned and has met with the family, the CC shall contact the newborn's primary care provider (PCP) and other referred providers to ensure that referrals have been received and that the provider has a copy of the POC as permitted by the release of information (ROI) and informed consent signed by the caregiver. The CC shall periodically communicate with the family and review the family's engagement with the services on the POC. If the CC is unable to connect with the family and is not able to confirm the newborn is established with a PCP, along with other services, they will inform the CARA navigator, and follow an internal process (within their MCO/agency) for potentially calling in a report to CYFD SCI.
[8.10.5.9 NMAC – N, 2/22/2022]

8.10.5.10 ROLES AND RESPONSIBILITIES OF DIFFERENT ENTITIES INVOLVED WITH THE PLAN OF CARE:

A. Children youth and families department (CYFD):

(1) Protective services division (PSD) statewide central intake (SCI): SCI shall complete the following with every hospital provider or call that involves a substance exposed newborn:

(a) Ask the reporter if a POC has been created and if there are any concerns for abuse or neglect of the child;

(b) Ask the reporter if the child is an Indian child or if the family is a member of any tribe. If the child is an Indian child, then SCI cross reports with the identified tribal social services/Indian Child Welfare Act (ICWA) coordinator and notifies the CARA navigator. If the child is an Indian child, then the POC is jointly created with the tribal social services/ICWA coordinator;

(c) Explain to the provider that if there are concerns any time during the POC or if families disengage from services, the provider may make a report with SCI or consult the CARA navigators to determine next steps. If a family disengages, SCI will utilize their screening tool to further assess if an investigation is needed;

(d) Inform reporters that investigators receive a copy of the POC for families that have open CYFD investigations. If a POC does not exist on an open investigation, SCI shall notify the CARA

navigators; and

(e) Inform providers that a SCI report shall be screened in by CYFD only if there is an immediate concern for abuse and neglect. The report shall not be screened in solely on the basis that a parent used substances during pregnancy.

(f) When a SCI supervisor reviews a report involving a CARA POC, they may decide between three different screening options depending on the reported information:

(**i**) Screen-out: The SCI supervisor may screen out the report when there is not enough information that warrants an investigation.

(**ii**) Screen-in: The SCI supervisor may screen in the report when there are concerning behaviors or information that warrant an investigation for abuse or neglect.

(**iii**) Family resource connection (FRC) referral: The SCI supervisor may refer the report to the family resource connections program if the report does not warrant an investigation, however the caregivers may benefit from referrals to services within their community.

(2) Licensed resource families:

(a) Licensed resource families shall ensure the newborn has a primary care provider (PCP) and attends all scheduled appointments for the newborn.

(b) Licensed resource families shall accept care coordination for the newborn and referrals for supportive services as recommended by the CC or PCP.

B. The CARA navigators:

(1) are children, youth, and families department (CYFD) or department of health (DOH) employees designated to oversee the CARA program and ensure plans of care are implemented. DOH and CYFD CARA navigators shall collaborate to ensure continuity of care and implementation of the CARA program.

(2) shall receive a copy of either the notification of newborn status form or the POC document for each newborn with substance exposure. If a family has agreed to services on a POC, but declined care coordination by their MCO, private insurer or CMS, the CARA navigator will assist in identifying an individual or agency to support implementation of the plan. When requested by the family, the CARA navigator shall fulfill the role of coordination of the POC.

(3) shall ensure that, if CYFD is involved, the POC is provided to the assigned investigator or other CYFD service provider working with the family.

(4) If, during the implementation of the POC, a CC or service provider has concerns regarding the safety or well-being of an infant that warrant a report to SCI, that individual shall inform the CARA navigator when a SCI report has been made. If modifications or revisions to the POC need to be made following a CYFD investigation, the CARA navigator shall assist the CYFD investigator or CYFD service provider to make the necessary changes.

(5) If the CARA navigator is notified by the CC that the family is difficult to engage or unable to be reached, and there is no evidence of involvement of the family with other service providers, the CARA navigator shall follow-up with families to support re-engagement. Other instances for check in with families would include modifying plans of care, perform a warm handoff with a service provider, and other situations deemed appropriate that requires family contact.

(6) The CARA navigator shall receive notification of new POC's. The CARA navigator reviews all plans of care for completeness, to assure that PCP is identified, assure that correct insurance is on the plan, and that services referred to are complete. The CARA navigator serves as a consultant to assist with complex medical cases to assure that babies with plans of care are referred to appropriate providers for follow up. The DOH CARA navigator works with the CYFD CARA navigator on follow up for referrals and services on the POC. The CARA navigator will send POC's to MCO's, private insurances and CMS for care coordination, for those providers without access to the portal.

(7) The CARA navigator shall assist in identifying the CC's with the MCOs, CMS and private insurers if the newborn is discharged without notice; and

(8) DOH family health bureau shall collect data relevant to POC's as needed for evaluation and tracking purposes.

(9) CYFD shall collect data relevant to plans of care as needed for evaluation and tracking purposes.

(10) Out of state births: The CARA navigators shall notify the family that the insurance CC will create a POC on newborns that were born out of state and when families have moved to another city or town in New Mexico.

(11) Tribal members: If the newborn or family reside on Tribal land, then the CARA

navigator notifies the identified Tribal social services/ICWA coordinator. If the newborn or family are identified tribal members and a report has been made to SCI, the CARA navigator or Tribal liaison shall notify the Tribal social services/ICWA coordinator.

C. Hospitals and birthing centers: Birthing hospitals and birth centers are responsible for ensuring staff are trained in the POC law and processes outlined in Subsection G of Section 32A-3A-13 of NMSA 2020. Hospital staff are responsible for offering a POC for every newborn who qualifies for one. The POC process shall be completed prior to the newborn's discharge from the hospital, which includes sending referrals to service providers for services for which consent has been provided on the POC.

(1) Prior to the offering and creation of the POC, the healthcare professional, social worker or discharge planner shall review with the infant's caregivers the CARA handouts that inform the caregivers what a POC is and what the involvement of CYFD, DOH and the insurance care coordinator (CC) will be.

(2) Hospital staff are responsible for making a referral to the MCO or private insurers for a CC prior to discharge (or a referral to CMS, if the infant is fee for service exempt or uninsured). Hospital staff shall refer to the instructions for each MCO in how to refer for a CC.

(a) If a CC has been assigned prior to the newborn's discharge from the hospital or birthing facility, the POC process shall be completed by collaboration of the caregiver, hospital staff and the assigned CC.

(b) Upon the newborn's discharge, if a CC has not yet been identified, the CARA navigators shall ensure the CC is provided a copy of the POC once assigned.

(c) Over the weekend and holidays: Upon admission and screening of the pregnant individual for substance use disorders, education on the POC shall be done with the family, along with a referral for a CC. Using the secured email links, referral for a CC shall be done and the insurance shall pick up the referral and make an assignment on Monday morning or the next business day, following a weekend or holiday discharge.

(3) If the hospital staff creating the POC does not identify any safety concerns, only a POC is needed. If there is an abuse or neglect concern, hospital staff shall make a report to CYFD SCI while continuing to support the parent(s) or designated caregiver(s) to develop a POC. The POC shall be submitted to the CARA navigators regardless of protective services involvement.

(4) A POC shall be offered with services to every family of a newborn exposed to substances, which includes medication assisted therapy and legal substances such as alcohol, regardless of families declining services or care coordination. The POC shall be integrated into the discharge plan for the mother and newborn. Referrals for services that are accepted are to be sent from the hospital prior to discharge as part of the POC process.

(5) A warm hand off from hospital staff to the CC during hospital stay is considered best practice. A warm hand off shall occur prior to the newborn's discharge either in person or by phone with the CC or identified supportive service provider.

(6) Hospital staff creating the POC shall document services declined or unavailable and current services caregivers are involved in. Further discussion regarding the reason for declining a service shall take place with the family and shall be documented in the POC.

(7) When a hospital screens a newborn by sending the umbilical cord or meconium for drug testing, the hospital staff is responsible for informing the patient if the results are positive and that the CARA navigator will be notified using notification of CARA newborn status form.

(8) If the hospital notifies the caregiver of the positive result on the newborn, the hospital shall explain that the CARA navigators shall be notified, and that a CARA navigator shall contact the caregiver to offer a POC for their newborn using the notification of CARA newborn status form. When a positive result is received, and the family has been discharged, the notification of CARA newborn status form is to be completed and sent to the CARA navigators.

D. Emergency room and out of the hospital deliveries: The hospital staff shall fill out and send a notification of CARA newborn status form to the CARA navigators.

E. Medical professionals shall:

(1) participate in CARA training on definitions and evidence-based validated screening tools that shall be used to identify children exposed to substances in utero.

(2) complete the CARA on-line modules on the best practices regarding substance exposed infants and substance use disorder that providers may receive CME/CEU credits for completing.

(3) notify staff who complete a POC when an exposure has been identified by them.

(4) obtain the substance use history and provide education on treatment options.

F. Infant's primary care physician (PCP):

(1) PCP's shall receive a copy of the POC from the infant's CC.

(2) If PCP's have concerns regarding the infant related to their exposure, or regarding the disengagement of the caregivers in the services identified within the POC, they shall notify the CC or CARA navigators. If the PCP has immediate safety concerns, the PCP shall make a report to CYFD SCI.

G. MCOs, private insurers, and children's medical services:

(1) Children's medical services (CMS) shall serve as a CC for the newborn if the newborn is uninsured, fee for service exempt or military.

(2) For MCOs and private insurers, the same CC shall be assigned for the mother and newborn. A CC shall be assigned prior to discharge except weekend discharges (which shall be assigned on the Monday morning immediately following the weekend discharge) and have a warm hand off in person or by phone with the family.

(3) If the newborn enters CYFD custody, the assigned PSD worker shall sign a release of information for the CC to work with the resource family.

(4) Care coordination continues after the child reaches one year if services are still needed or if the POC is still being utilized.

(5) The MCOs, private insurers and CMS shall develop an internal quality assurance process to ensure the CCs meet the requirements regarding contact, timeframes, follow up with services and reporting to CARA navigators.

H. Care coordinators (CC):

(1) The CC shall send the POC to the newborn's PCP within five business days of receiving notification for a new POC.

(2) If a POC was not completed by the time of the newborn's hospital discharge, the CC shall complete one upon their initial contact.

(3) The CC shall follow their agencies' requirements regarding first face to face contact.

(4) The MCO's CC shall follow a "treat first model" to complete their comprehensive needs assessment (CNA) over the course of four appointments, with a maximum of 90 days to complete the CNA. CMS and private insurers shall follow their regulations and guidelines for assessments.

(5) Once the CC receives the POC, a letter to the caregivers shall be sent to the discharge address provided. The letter outlines the roles and contact information of the CC, DOH, CYFD and service providers to which referrals were made. The CC will contact agencies that referrals were made to on the POC to assure the referral was received. If referral was not received than the CC has permission with the POC/ROI to make the referral if this is on the POC.

(6) CC's shall ensure the newborn's primary care physician receives a copy of the POC.

(7) For families who are difficult to reach, unable to be reached, refuse care coordination, do not engage, disengage with CCs or providers, three attempts shall be made to engage as well as contact the referred supportive service providers and the infant's PCP to discuss their engagement with them prior to contacting the CARA navigators.

(8) CC's shall contact the CARA navigators when a family has moved to another city or town for a new POC to be created.

(9) If the CC has immediate concerns for abuse or neglect, the CC shall make a report to CYFD SCI.

(10) Prior to the MCO/private insurer/CMS CC closing a referral for non-engagement or non-compliance, they shall contact the PCP of the newborn by phone and by mail to notify them on closure.

(11) If a family has refused care coordination from their MCO/private insurer/CMS, the CC shall offer the family a check-in phone call every three months during the first year of the POC.

(12) If the CC has made final attempts to re-engage a family and notified the PCP, they shall then notify the CARA navigators.

[8.10.5.10 NMAC – N, 2/22/2022]

8.10.5.11 TIMELINE FOR ASSIGNMENT OF CC AT MCO AND PRIVATE INSURER LEVEL AND NEWBORN'S PCP:

A. Caregivers and the newborn shall have an assigned CC prior to the newborns discharge or within 24 to 48 hours after notification to the MCO or private insurer. Caregivers and newborn shall have the same CC when possible.

B. Caregivers shall identify a PCP and schedule appointments for the newborn prior to discharge from the hospital or within 24 hours of discharge.

[8.10.5.11 NMAC – N, 2/22/2022]

8.10.5.12 DISENGAGEMENT FROM SERVICES BY CAREGIVERS: If after the POC is in place, the family disengages in services, the CC contacts the CARA navigators and shall follow internal processes regarding a report to SCI. SCI shall perform an assessment to determine if the disengagement warrants a CYFD investigation.
[8.10.5.12 NMAC – N, 2/22/2022]

8.10.5.13 NON-COMPLIANCE BY PROVIDERS:

A. If a hospital, birthing center, medical professional, MCO, private insurer or other provider is found by the CARA navigators to be out of compliance with the CARA rules, CYFD shall inform the oversight agency of that entity to ensure compliance is ensured.

B. Hospitals and birthing centers shall be considered out of compliance if a newborn is born with a positive substance and the hospital fails to create and submit a POC or fails to submit a notification of CARA newborn status form as required in the event of a transfer of the newborn, a delayed positive identification of substance exposure (after the newborn has been discharged), or when the family declines the POC.
[8.10.5.13 NMAC – N, 2/22/2022]

HISTORY OF 8.10.5 NMAC: [**RESERVED**]