

New Mexico

Agency Department of Health, Division of Health Improvement (Health Facility & Licensing Certification), Program Operations Bureau and District Operations Bureau

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Opening Statement	New Mexico's Department of Health, Division of Health Improvement, licenses and regulates assisted living facilities (ALFs), which were previously called adult residential care facilities. Health Facility Licensing & Certification (HFLC) is composed of two bureaus, the Program Operations Bureau and the District Operations Bureau. These two bureaus are responsible for the licensing and certifying of all health facilities in New Mexico.
Licensure Term	Assisted Living Facilities
Definition	An ALF provides programmatic services, room, board, and/or assistance with one or more activities of daily living (ADLs) to two or more unrelated individuals.
Regulatory and Legislative Update	There have been no recent legislative or regulatory updates that affect assisted living.
Move-in Requirements Including Required Disclosures/Notifications	Prior to admission to a facility, a prospective resident or his or her representative must be given a copy of the facility rules pertaining to the resident's rights and a written description of the legal rights of the residents. The rules must include but are not limited to: resident use of tobacco, alcohol, telephone, television, and radio; use and safekeeping of personal property; meal availability and times; use of common areas; accommodation of pets; and use of electric blanks and appliances.
Facility Scope of Care	The facility may provide assistance with ADLs and periodic professional nursing care for adults with physical or mental disabilities.
Limitations of Services	Facilities may not retain residents requiring 24-hour continuous nursing care; this limitation does not apply to hospice residents who have elected to receive the hospice benefit. Conditions usually requiring continuous nursing care may include, but are not limited

to, the following: ventilator dependency; stage III or IV pressure sores; any condition requiring either chemical or physical restraints; nasogastric tubes; tracheostomy care; imminent threat to self or others; decline in psychological or physical condition such that placement in the facility is no longer appropriate as determined by their physician; diagnoses requiring isolation techniques; use of Hoyer lift; and ostomy care, unless resident can provide self-care. Regulations specify an exceptions process to the admission, readmission, and retention requirements.

**Resident Assessment
Requirements and
Frequency**

A resident evaluation must be completed within 15 days prior to admission to determine the level of assistance needed and if the level of services required can be met by the facility. The evaluation is used to establish a baseline in the resident's functional status. The form must include an assessment of cognitive abilities, communication/hearing, vision, physical functioning and skeletal problems, incontinence, psychosocial well-being, mood and behavior, activity interests, diagnoses, health conditions, nutritional status, oral/dental status, skin conditions, medication use and level of assistance needed, special treatment and procedures or special medical needs, and safety needs/high risk behaviors. The evaluation must be reviewed and if needed, updated by a Licensed Practical Nurse (LPN), Registered Nurse (RN) or a Physician Extender (PE) a minimum of every six months or when there is a significant change in the resident's health status.

Medication Management

Licensed health care professionals are responsible for the administration of medications. If a resident gives written consent, trained facility staff may assist a resident with the self-administration of medications.

**Staff Scheduling
Requirements**

A memory care unit means an ALF or part of or an ALF that provides added security, enhanced programming and staffing appropriate for residents with a diagnosis of dementia, Alzheimer's disease or other related disorders causing memory impairments and for residents whose functional needs require a specialized program. Facilities that provide a memory care unit to serve residents with dementia must meet additional requirements relating to care coordination, employee training, individual service plans, assessments and reevaluations, documentation, security, resident rights, disclosure, and staffing.

Facilities must provide sufficient number of trained staff members to meet the additional needs of residents and there must be at least one staff member awake and in attendance in the secured environment at all times. Facilities operating a secured environment

for memory care must disclose specified information to the resident and resident's legal representative including information about the types of diagnoses or behaviors, and the care, services, and type of secured environment that facility and trained staff provide.

In addition to training requirements for all ALFs, all employees assisting in providing care for memory unit residents shall have a minimum of 12 hours of training per year related to dementia, Alzheimer's disease, or other pertinent information relating to the current residents.

An ALF must be supervised by a full-time administrator. The facility must have a sufficient number of staff to provide basic care, resident assistance, and supervision. The minimum staff-to-resident ratio is one staff person on duty and awake to 15 or fewer awake residents. When residents are sleeping, there must be one direct care worker on duty, awake and responsible for 15 or fewer residents; one direct care worker on duty and awake and one staff person available on the premises for 16 to 30 residents; two direct care workers on duty and awake and one staff person immediately available on the premises for 31 to 60 residents; and at least three direct care workers on duty and awake and one staff person immediately available on the premises for each additional 30 residents or fraction thereof if the facility has more than 61 residents. All employees must complete a criminal background check.

**Administrator/Director
Education and Training
Requirements**

Assisted living administrators must be at least 21 years of age, have a high school diploma or equivalent, complete a state-approved certification program, undergo criminal background checks, and meet other requirements.

**Direct Care Staff
Education and Training**

Direct care staff must be at least 16 years of age and have adequate education, training, or experience to provide for the needs of residents. Direct care staff are required to complete 16 hours of supervised training prior to providing unsupervised care. Twelve hours of training shall be required at orientation and annually, covering fire safety and evacuation training; first aid; safe food handling practices; confidentiality of records and resident information; infection control; resident rights; reporting requirements for abuse, neglect, and exploitation; smoking policy for staff, residents and visitors; transportation safety for assisting residents and operating vehicles to transport residents; methods to provide quality resident care; emergency procedures; medication assistance, including the certificate of training for staff that assist with medication delivery; and the proper way to implement a resident individual service plan (ISP) for staff that assist with ISPs.

For facilities offering hospice services, all staff must receive six hours of palliative/hospice care training plus one additional hour for each hospice resident's ISP annually. For facilities operating as a memory care unit, all staff must receive 12 hours of dementia specific training annually related to dementia, Alzheimer's disease, or other pertinent information in addition to the training requirements for all assisted living facilities.

Quality Requirements

There are no specific quality requirements detailed.

Infection Control Requirements

Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include infection control.

Emergency Preparedness

The facility shall have and implement written personnel policies for emergency procedures.

Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers:

written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also include a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies:

(a) an emergency that affects just the facility; and (b) a region/area wide emergency.

Medicaid Policy and Reimbursement

New Mexico's Section 1115 Centennial Care 2.0 demonstration covers the Medicaid managed care population and provides a range of core services in assisted living. Core services include assistance to the member in meeting a broad range of ADLs; personal support services (e.g., homemaker, chore, attendant services, meal preparation); companion services; medication oversight (to the extent permitted under State law); 24-hour, on-site response capability to meet scheduled or unpredictable eligible member needs; supervision, safety, and security; and social and recreational programming. Excluded services are as follows: Personal Care, Respite, Environmental Modifications, Emergency Response or Adult Day Health; the Assisted Living Program is responsible for all of these services at the Assisted Living Facility.

Life Safety Requirements

Although automatic sprinkler systems are not mandated for facilities with eight or fewer residents, manual fire alarm systems are required. Electric smoke detectors/alarms with battery backup are required on each floor to be audible in all sleeping areas. Smoke detectors are required in areas of assembly such as dining rooms and living rooms. Smoke detectors must also be installed in corridors with no more than thirty-foot spacing. Heat detectors, powered by the house electrical service, must be installed in all enclosed kitchens. New facilities and existing facilities that remodel are required to have smoke detectors in all sleeping rooms and common living areas.

Citations

New Mexico Administrative Code. (2020) Title 7, Chapter 8, Part 2: Assisted Living Facilities for Adults.
<https://www.srca.nm.gov/parts/title07/07.008.0002.html>

State of New Mexico Human Services Department. (2021) Centennial Care 2.0 Section 1115 Waiver Amendment #2 Request to The Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services.
https://www.hsd.state.nm.us/wp-content/uploads/To-CMS_Amendment-2-Application_FINAL_v3.pdf

New Mexico Human Services Department. (n.d.) Medical Assistance Division.
https://www.hsd.state.nm.us/about_the_department/medical_assistance_division/