

New Mexico

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| Licensure Term | Assisted Living Facilities |
| 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. Facilities that provide memory care unit must meet additional requirements relating to care coordination, staffing, employee training, individualized service plans, assessments and reevaluations, documentation, security, and resident rights. |
| Legislative and Regulatory Update | <p>There are no recent legislative or regulatory updates affecting assisted living. A review of the regulations is underway.</p> <p>Revisions of the regulations that took effect in January 2010 changed the licensure term from Adult Residential Care Facility to Assisted Living Facility and include new rules for administrator and staff training, Alzheimer's care, and hospice services.</p> |
| Definition | An ALF provides programmatic services, room, board, and/or assistance with one or more activities of daily living (ADLs) to two or more individuals. |
| Disclosure Items | 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. |

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| Third Party Scope of Care | As applicable, residents must be given a list of outside providers, such as hospice and home health, offering services in the facility. Residents have a right to choose their provider. |
| Admission and Retention Policy | 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 hooyer lift; and ostomy care, unless resident can provide self-care. Regulations specify an exceptions process to the admission, readmission and retention requirements. |
| Resident Assessment | 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 updated 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 medications. |
| Square Feet Requirements | Private resident units must be a minimum of 100 square feet and semi-private resident units must provide a minimum of 80 square feet of floor space per resident, excluding the closet and locker area. |
| Residents Allowed Per Room | A maximum of two residents is allowed per resident unit. |
| Bathroom Requirements | A minimum of one toilet, sink, and bathing unit must be provided for every eight residents. Each facility shall provide at least one tub and shower or a combination unit to allow for residents' bathing preferences. Facilities with four or more residents shall provide a handicap accessible bathroom for every 30 residents that allows for |

a bathing preference.

Life Safety

Although automatic sprinkler systems are not mandated for facilities with eight or less 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.

Unit and Staffing Requirements for Serving Persons with Dementia

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.

Staffing Requirements

An ALF must be supervised by a full-time administrator. 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
Education/Training**

Assisted living administrators must be at least 21 years of age, possess evidence of education and experience directed related to services provided at the facility, have a high school diploma or equivalent, complete a state-approved certification program, undergo criminal background checks, and meet other requirements.

Staff Education/Training

Direct care staff must be at least 18 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. All caregivers must receive 12 hours of orientation and annual training covering fire safety; first aid; safe food handling practices; confidentiality of records and resident information; infection control; resident rights; reporting requirements for abuse, neglect, and exploitation; transportation safety for assisting residents and operating vehicles to transport residents; and providing quality resident care based on current resident need. For facilities offering hospice services, all staff must receive six hours of hospice training plus one additional hour for each hospice resident's individual service plan annually. For facilities operating as a memory care unit, all staff must receive twelve hours of dementia specific training annually.

**Entity Approving
CE Program**

None specified.

**Medicaid Policy and
Reimbursement**

New Mexico's Section 1115 Centennial Care demonstration covers services in assisted living. Core services include assistance to the recipient in meeting a broad range of ADLs; personal support and companion services; medication oversight (to the extent permitted under State law); 24-hour, on-site response capability to meet scheduled or unpredictable eligible recipient needs; supervision, safety, and security; and social and recreational programming.

Citations

New Mexico Administrative Code, Title 7, Chapter 8, Part 2: Assisted Living Facilities for Adults. [January 15, 2010]
<http://164.64.110.239/nmac/parts/title07/07.008.0002.htm>

New Mexico Human Services Department, Medical Assistance Division.
<http://www.hsd.state.nm.us/mad/index.html>

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