NEW MEXICO

Licensure Terms

Assisted Living Facilities for Adults

General Approach

The New Mexico Department of Health, Division of Health Improvement, Health Facility Licensing and Certification Bureau, licenses and regulates assisted living facilities (ALFs), previously called adult residential care facilities. Facilities that provide a memory care unit must meet additional requirements relating to care coordination; staffing; employee training; individualized service plans (ISPs); assessments and re-evaluations; documentation; security; and resident rights.

The state does not have licensing provisions for the traditional adult foster care (AFC) model; the ALF regulations cover AFC homes serving two or more persons unrelated to the caregiver.

This profile includes summaries of selected regulatory provisions for ALFs. The complete regulations are online at the links provided at the end.

Definitions

Assisted living facilities provide programmatic services and assistance with one or more activities of daily living (ADLs) to two or more individuals.

Resident Agreements

Agreements cover the scope of services to be provided--and their cost--and admission and discharge criteria.

Disclosure Provisions

Facilities that provide memory care must disclose to prospective residents information about staff training and qualifications; types of resident diagnosis or behaviors for which the facility provides services and which the staff are trained to address; and information about the care, services, and the type of secured environment provided.

Admission and Retention Policy

Facilities may not admit or retain individuals requiring 24-hour continuous nursing care,[1] which includes but is not limited to those who: (1) are ventilator dependent; (2) have Stage III or IV pressure sores; (3) have any condition requiring either chemical or physical restraints; and (4) require intravenous therapy or injections. Exceptions may be made for residents receiving hospice care.

Facilities that provide a memory care unit must conduct a pre-admission assessment of a prospective resident to evaluate whether less restrictive alternatives are available and the basis for the admission to the secured environment, including a physician diagnosis of Alzheimer's disease or other dementia.

Residents may be discharged if the facility cannot meet their needs or if they endanger the safety or health of individuals in the facility.

Services

Facilities must supervise and/or assist residents as necessary with specified nursing services; medication administration or self-administration; ADLs; recreation/social activities; laundry and housekeeping; and transportation services.

Service Planning

An interdisciplinary team assesses prospective residents to determine whether the facility can meet their needs, and reassesses current residents to determine if the facility can continue to meet their needs. An ISP is developed based on the assessment and reviewed by a licensed nurse at least every 6 months, or following a significant change in health status. The service plan must describe the services to be provided, as well as when, how, and by whom.

Third-Party Providers

Residents may contract with hospice agencies and other third-party agencies. The facility must coordinate care provided within the building by outside agencies.

[1] Defined as services which are provided to a resident whose condition requires 24-hour monitoring of vital signs and the assessment of cognitive or physical status on a daily basis.

Medication Provisions

Medications may be self-administered by residents if their physician approves. If not, they may be self-administered with assistance by an individual who has completed a state-approved program in medication assistance, or administered by a physician, physician extender, licensed nurse, or the resident's relatives. Staff who assist in the self-administration of medications must recognize interactions or possible side effects that might occur.

Facilities must have a consulting pharmacist who reviews medications at least quarterly to determine that all medication orders and records are accurate and current. Consultation consists of all aspects of facility pharmacy services, including providing reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. The consulting pharmacist is responsible for ensuring that the facility meets storage, labeling, destruction, and documentation requirements of the State Board of Pharmacy.

Food Service and Dietary Provisions

Facilities must provide three nutritionally balanced meals and evening snacks in accordance with the recommended daily dietary allowance of the National Academy of Sciences Food and Nutrition Board. Therapeutic diets and prescribed vitamin and mineral supplements may be given according to a physician's orders. Staff who assist with food preparation or serving must complete training in safe food handling practices.

Staffing Requirements

Type of Staff. Facilities must employ an *administrator* who is responsible for daily operations; *direct care staff* to provide personal care assistance and supervision; and a *licensed nurse* if the facility provides medication administration. In addition, a licensed nurse or *physician extender* must be available to review health evaluations and ISPs.

Staff Ratios. The minimum staff-to-resident ratio is one direct care worker for 15 or fewer residents; one direct care worker and one staff person for 16-60 residents; two direct care workers and one staff person for 61-120 residents; and at least three direct care workers and one staff person for 120 or more residents.

Training Requirements

Direct care staff must complete 16 hours of supervised training prior to providing unsupervised care and 12 hours of training annually. Training must include fire safety; first-aid; resident confidentiality; residents' rights; reporting requirements for abuse, neglect, and exploitation; infection control; transportation safety for assisting residents

and operating vehicles to transport residents; and methods for providing quality resident care. For facilities offering hospice services, all staff must receive 6 hours of hospice training plus 1 additional hour for each hospice resident's ISP.

Provisions for Apartments and Private Units

Apartment-style units are not required. Resident units may be single-occupancy or double-occupancy. A minimum of one toilet, sink, and bathing unit must be provided for every eight residents.

Provisions for Serving Persons with Dementia

Dementia Care Staff. Facilities must provide a sufficient number of trained staff members to meet residents' needs, and at least one staff member must be awake and in attendance in the secured environment at all times.

Dementia Staff Training. In addition to training requirements for staff of all ALFs, employees who provide care to memory unit residents must have a minimum of 12 hours of annual training related to dementia, Alzheimer's disease, or other pertinent information relating to current residents.

Dementia Facility Requirements. A secured environment is described as any locked (secured/monitored) area in which doors and fences restrict access through the use of double alarm systems, gates connected to the fire alarm, and tab alarms for residents at risk for elopement. Facilities must provide a fenced and secured outdoor area for residents' use throughout the year.

Background Checks

Facilities must meet the state's criminal history screening requirements. Applicants for the administrator position and all care staff positions must consent to a national and statewide criminal history screening. Prior to hiring, facilities must also check the State's Employee Abuse Registry.

Inspection and Monitoring

The Licensing Authority conducts on-site survey/monitoring visits. Up to three residents may be admitted under a temporary license; the licensing authority then conducts an initial health survey. Following a determination of compliance, an annual license is issued. Renewal applications must be submitted annually.

Public Financing

The state's 1115 waiver managed care demonstration program, Centennial Care, pays for services in ALFs.

Room and Board Policy

Room and board charges are negotiated between the facility and the prospective resident. The state does not specify a personal needs allowance. The state provides an optional state supplement (OSS) to Supplemental Security Income (SSI) recipients who reside in an ALF. In 2014, the federal SSI benefit was $721 and the OSS payment was $100. In 2009, family supplementation was permitted.[2]

Location of Licensing, Certification, or Other Requirements

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.pdf

Information Sources

Tracy M. Alter
Director, Member Services
New Mexico Health Care Association

Crystal A. Hodges
Long-Term Care Manager
Centennial Care Bureau
Human Services Department
Medical Assistance Division

[2] Mollica, R.L. (2009). *State Medicaid Reimbursement Policies and Practices in Assisted Living*, National Center for Assisted Living, American Health Care Association. http://www.ahcancal.org/ncal/resources/Documents/MedicaidAssistedLivingReport.pdf. Current information about family supplementation policy was not available online or from other sources.

COMPENDIUM OF RESIDENTIAL CARE AND ASSISTED LIVING REGULATIONS AND POLICY: 2015 EDITION

Files Available for This Report

FULL REPORT

Executive Summary	http://aspe.hhs.gov/execsum/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-executive-summary
HTML	http://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition
PDF	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition

SEPARATE STATE PROFILES

[***NOTE***: These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alabama-profile
Alaska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alaska-profile
Arizona	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arizona-profile
Arkansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arkansas-profile
California	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-california-profile
Colorado	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-colorado-profile
Connecticut	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-connecticut-profile
Delaware	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-delaware-profile
District of Columbia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-district-columbia-profile
Florida	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-florida-profile

Georgia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-georgia-profile
Hawaii	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-hawaii-profile
Idaho	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-idaho-profile
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Indiana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-indiana-profile
Iowa	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-iowa-profile
Kansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-kansas-profile
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Montana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-montana-profile
Nebraska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nebraska-profile
Nevada	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nevada-profile
New Hampshire	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-hampshire-profile
New Jersey	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-jersey-profile

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New York	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-york-profile
North Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-carolina-profile
North Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-dakota-profile
Ohio	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-ohio-profile
Oklahoma	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oklahoma-profile
Oregon	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oregon-profile
Pennsylvania	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-pennsylvania-profile
Rhode Island	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-rhode-island-profile
South Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-carolina-profile
South Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-dakota-profile
Tennessee	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-tennessee-profile
Texas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-texas-profile
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