

NEW MEXICO

Overview

The state has two models of adult day services (ADS)--adult day care (social model) and adult day health care (medical model). The New Mexico Department of Health (DOH) licenses two types of adult day care (ADC) facilities: ADC centers and ADC homes.

Adult day health care (ADHC) is provided under the Community Benefit section of the New Mexico Centennial Care Program, an 1115 Research and Demonstration waiver program that replaced the state's Medicaid program on January 1, 2014. Medicaid services are provided by four managed care organizations (MCOs). In addition to DOH licensure as an ADC facility, Community Benefit ADHC providers must meet the minimum, applicable qualifications set forth by the Human Services Department/Medical Assistance Division, and must be certified as a Medicaid provider prior to contracting with a Centennial Care MCO.

Because of the recent implementation of the state's new Medicaid program, information about Medicaid's minimum applicable qualifications for ADHC providers was not yet available online or from staff at the Human Services Department/Medical Assistance Division. The requirements described in this profile are based on the licensing regulations and standards.

Definitions

Adult day care center means a licensed facility where care, services, and supervision are provided to three or more adults who, because of diminished mental or physical capacity, find it difficult to care for themselves in their own residence during the day. An ADC center may be located in any building that meets the applicable state and local building and safety codes.

Adult day care home means a private licensed residence where care, services, and supervision are provided to at least three but not more than five adults who, because of diminished mental or physical capacity, find it difficult to care for themselves in their own residence during the day.

Adult day health care services provide structured therapeutic, social, and rehabilitative services designed to meet the specific needs and interests of Medicaid Community Benefit participants as determined by an individual care plan. The services are generally provided for 2 or more hours per day on a regularly scheduled basis, for 1 or more days per week, by a licensed ADC, community-based facility that offers health and social services to assist participants to achieve optimal functioning.

Parameters for Who Can Be Served

Participants may have diminished mental or physical capacity that makes it difficult to care for themselves in their own residence during the day, but they must be able to ambulate on their own or use a wheelchair with minimal assistance. No provisions for discharge are specified other than that each facility must have written rules pertaining to participants' admission and discharge. Facilities that are able to appropriately mainstream special needs adults may do so at their own discretion. An adult with a severe diagnosed mental or physical handicap may be admitted to a facility upon the written recommendation of a licensed physician or therapist.

Inspection and Monitoring

An annual license is issued for a 1-year period to a facility that has met all regulatory requirements, which is determined in part by an initial survey of the proposed licensee. A survey is conducted at least once annually by licensing authority personnel. Additional surveys or visits may be made to assist the facility with technical advice, to check on progress in correction of identified violations, or to investigate complaints.

Required and Optional Services

All ADS programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants' health and functioning at a basic level to determine if the program can continue to meet participants' health and functional needs. The table below lists additional required and optional services for ADHC.

Licensing requirements for ADC providers do not specify required or optional services. They state only that ADC activities must be designed to meet participants' specific needs and interests as determined by individual care plans.

Required and Optional Services	Adult Day Health Care	
	Required	Optional
ADL Assistance		X
Health Education and Counseling		
Health Monitoring/Health-Related Services		
Medication Administration		X ¹
Nursing Services		X ²
Physical Therapy, Occupational Therapy, or Speech Therapy		X ²
Skilled Nursing Services		X ²
Social Services		X
Transportation		X ³
<ol style="list-style-type: none"> 1. The rules only provide for supervision of self-administered medication. 2. Private duty nursing services and skilled maintenance therapies (physical, occupational and speech) may be provided in conjunction with ADC health services by the ADHC provider or by another provider. Private duty nursing and therapy services must be provided by licensed nurses and therapists in a private setting at the facility. 3. Transportation to and from the adult day health (ADH) center must be coordinated by the ADH program. 		

Medication Provisions

The rules only provide for supervision of self-administered medication. Any licensed facility with staff who supervise self-administration of medication by participants or safeguard medications must have an appropriate custodial drug permit as determined by the state board of pharmacy. Only medications that can be self-administered by the participant can be kept by a facility, unless they will be administered by a licensed physician, dentist, or nurse.

Staffing Requirements

Type of Staff. The ADC center must have a full-time *program director* with the authority and responsibility for the management of activities and the direction of staff to ensure that activities and services are provided appropriately and in accordance with established policies. At all times there must be one staff member on duty who has a current first-aid certificate and has completed an approved cardiovascular pulmonary resuscitation (CPR) course. When volunteers are used in an ADC program, the volunteer must be provided with a written description of his or her duties and responsibilities prior to placement.

Staffing ratios for ADC centers and ADC homes are the same: one full-time equivalent staff position with responsibility for direct participant care is required for each five participants. Participants must never be left unattended. Staff members must be physically present with the participants at all times.

The responsibility of staff members included in the staff-to-participant ratio must be direct care of the participants. The licensing authority may require higher staff-to-participant ratios and staff qualifications to properly care for adults with special needs, if deemed necessary. (The term “special needs” is not defined.)

Training Requirements

Before each staff member begins work, all ADC providers must furnish orientation that includes the following at a minimum: (1) scope of services, activities, and programs offered by the facility; (2) emergency first-aid procedures, recognition of illness, and indicators of abuse; (3) fire prevention measures and emergency evacuation plans; (4) review of licensing regulations; (5) special problems of the elderly and disabled; (6) participant rights; and (7) sanitation procedures. All facilities are strongly encouraged to send all of their personnel to an approved CPR course. (The term “strongly encouraged” is not defined.)

Volunteers must take part in a formal or informal orientation and training session to inform them of the program’s goals; the program’s operation and daily schedule; specific needs of the adults being served; and any necessary, specialized approaches the volunteer will be expected to use.

Additional training requirements include the following:

Adult Day Care Centers. All staff members, including the director, must participate in at least 40 documented hours of training during each year of employment. Twenty of the 40 hours must be in areas covering the physical, emotional, intellectual, and social needs of adults. Other training may include, but is not limited to, nutrition, sanitation procedures, first-aid, and CPR techniques.

Adult Day Care Homes. All staff members must participate in at least 24 documented hours of training during each year of licensure. The required training must be in the subjects specified for ADC centers.

Training may be provided by a staff member whose qualifications are approved by the licensing authority, or obtained from, but not limited to, the following resources: (1) Public Health Division, DOH; (2) Social Services Division, Department of Human Services; (3) ADC associations and information and referral services; (4) university-related programs; or (5) vocational/technical schools.

Location of Licensing, Certification, or Other Requirements

New Mexico Administrative Code. Title 7, Chapter 13: Adult Day Care, Part 2-Requirements for Adult Day Care Facilities. Licensing and Certification Bureau, Public Health Division, New Mexico Department of Health. [October 31, 2001]

<http://www.nmcpr.state.nm.us/nmac/parts/title07/07.013.0002.pdf>

New Mexico Administrative Code. Title 8, Chapter 308: Managed Care Program, Part 12-Community Benefit. New Mexico Human Services Department [January 1, 20/14]

<http://www.nmcpr.state.nm.us/nmac/parts/title08/08.308.0012.htm>

Medical Assistance Division Managed Care Policy Manual. New Mexico Human Services Department. [January 1, 2014]
<http://www.hsd.state.nm.us/providers/managed-care-policy-manual.aspx>

Information Sources

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Office of the Secretary
New Mexico Human Services Department

REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

Files Available for This Report

FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

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/daltcp/reports/2014/adultday14-AL.pdf>
Alaska <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf>
Arizona <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf>
Arkansas <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf>

California <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf>
Colorado <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf>
Connecticut <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf>

Delaware <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf>
District of Columbia <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf>

Florida <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf>

Georgia <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf>

Hawaii <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf>

Idaho <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf>
Illinois <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf>
Indiana <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf>
Iowa <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf>

Kansas <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf>
Kentucky <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf>

Louisiana <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf>

Maine	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf
Maryland	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf
Massachusetts	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf
Michigan	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf
Minnesota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf
Mississippi	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf
Missouri	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf
Montana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf
Nebraska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf
Nevada	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf
New Hampshire	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf
New Jersey	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf
New Mexico	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf
New York	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf
North Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf
North Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf
Ohio	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf
Oklahoma	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf
Oregon	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf
Pennsylvania	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf
Rhode Island	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf
South Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf
South Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf
Tennessee	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf
Texas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf
Utah	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf
Vermont	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf
Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf
Washington	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf
West Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf
Wisconsin	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf
Wyoming	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf