

TITLE 8 SOCIAL SERVICES
CHAPTER 3 FAMILY HEALTH AND WELL-BEING
PART 2 PLAN OF SAFE CARE FOR SUBSTANCE-EXPOSED INFANTS

8.3.2.1 ISSUING AGENCY: New Mexico health care authority (HCA).
[8.3.2.1 NMAC - N, 7/1/2026]

8.3.2.2 SCOPE: New Mexico health care authority, New Mexico managed care organizations (MCOs), private insurance, children, youth and families department (CYFD), department of health (DOH), early childhood education and care department (ECECD), primary care providers, hospitals, birth centers, supportive services providers, perinatal providers, substance-exposed infants, birthing parents and their families, and caregivers.
[8.3.2.2 NMAC - N, 7/1/2026]

8.3.2.3 STATUTORY AUTHORITY: Sections 9-8-6 NMSA 1978; 27-2-12 NMSA 1978; and 32A-3A-13 NMSA 1978.
[8.3.2.3 NMAC - N, 7/1/2026]

8.3.2.4 DURATION: Permanent.
[8.3.2.4 NMAC - N, 7/1/2026]

8.3.2.5 EFFECTIVE DATE: July 1, 2026, unless a later date is cited at the end of a section.
[8.3.2.5 NMAC - N, 7/1/2026]

8.3.2.6 OBJECTIVE: The objective of this part is to establish standards and procedures for identification of substance-exposed infants; development, implementation, and monitoring of plans of safe care; coordination among state agencies, licensed facilities, and medicaid contractors; data reporting; and training, in accordance with the New Mexico Comprehensive Addiction and Recovery Program (Chapter 156-Apr10).
[8.3.2.6 NMAC - N, 7/1/2026]

8.3.2.7 DEFINITIONS:

A. Definitions beginning with “A”:

(1) **“Abused child”** means a minor under 18 who has suffered, or is at risk of, serious harm due to a parent, guardian, or custodian’s actions or inaction. It includes physical, emotional, or psychological abuse, sexual abuse/exploitation, abandonment, or negligent treatment that endangers the child’s health or welfare (New Mexico Children’s Code 32A-4-2 NMSA 1978).

(2) **“Active efforts”** mean a series of affirmative, active, thorough, complete, and timely actions aimed at maintaining or reuniting children with their families. This standard is higher than “reasonable efforts”, which mainly involve service referrals. Active efforts require agencies to actively engage and assist families in overcoming barriers to services. Key aspects of active efforts include actively helping parents obtain services rather than just providing referrals, ensuring efforts are culturally appropriate and involve collaboration with the child’s tribe, working in partnership with the family and tribe, tailoring efforts to each family’s specific needs, meticulously documenting all efforts, including tribal cultures and traditions, and initiating these efforts promptly and continuing them throughout the case.

B. Definitions beginning with “B”: “Birthing facility” means a licensed hospital that provides labor and delivery services or a licensed birth center.

C. Definitions beginning with “C”:

(1) **“CARA navigation program”** means a program overseen directly by the New Mexico health care authority or its contractor that provides navigation services to CARA infants and families, including support for facility CARA navigators in birthing hospitals and other participating facilities.

(2) **“CARA navigator”** means an individual designated by the New Mexico HCA or its designee or contractor. A CARA navigator receives plans of safe care and notifications of substance-exposed infants and provides care coordination services for infants, parents, and families impacted by substance exposure. For purposes of Subsection C of Section 32A-3A-2 NMSA 1978, a CARA navigator serves as the care coordinator for substance-exposed newborns under this part and is distinct from care coordinators employed by medicaid managed care organizations who perform the care-coordination functions required under 8.308.10 NMAC.

(3) **“CARA supports system portal”** means the electronic record of care owned and managed by HCA to provide statewide access to plans of safe care and related documentation supporting care coordination efforts for CARA families within the CARA navigation program.

(4) **“Care coordinator”** means, within the context of the CARA program, a CARA navigator.

(5) **“Caregiver”** means child’s parents, relatives, guardians, custodians or caregivers in the household who provides care and supervision for the child.

(6) **“Clinician”** means a physician, certified nurse-midwife, physician assistant, nurse practitioner, or other prescribing provider licensed to interpret lab results and prescribe medication.

(7) **“Comprehensive Addiction and Recovery Act (CARA)”** means federal legislation signed into law in 2016 (Pub. L. 114-198, 130 Stat. 695).

D. Definitions beginning with “D”: [RESERVED]

E. Definitions beginning with “E”: [RESERVED]

F. Definitions beginning with “F”:

(1) **“Facility CARA navigator”** means an employee or contracted representative who has on-site presence at birthing facilities.

(2) **“Family assessment”** means a comprehensive assessment prepared by CYFD at the time CYFD receives notification of failure to comply with the plan of safe care to determine the needs of a child and the child's parents, relatives, guardians, custodians or caretakers, including an assessment of the likelihood of:

(a) impending danger to a child's well-being;

(b) the child becoming an abused child or neglected child; and

(c) the strengths and needs of the child's family members, including parents, relatives, guardians, custodians or caretakers, with respect to providing for the health and safety of the child.

G. Definitions beginning with “G”: “Guardian” means a person appointed as a guardian by a court or by a Native American nation or tribal authority.

H. Definitions beginning with “H”:

(1) **“Health care professional”** means a physician, physician assistant, nurse practitioner, nurse, licensed social worker, midwife or other relevant professionals who provide health care treatment to expectant or new parents or infants.

(2) **“Home visiting”** means a program that delivers a variety of information, educational, developmental, referral and other support services for eligible families who are expecting or who have young children under the age of five. Home visiting programs provide services that promote parental competence and early childhood development by optimizing the relationships between parents and children in their home environment.

I. Definitions beginning with “I”:

(1) **“Impending danger”** means when a child is living in a state of danger or position of continual danger due to a family circumstance or behavior. The threat caused by the circumstance or behavior is not presently occurring but can be anticipated to have severe effects on a child at any time (8.10.6.7 NMAC).

(2) **“Indian child”** means an Indian person, or a person whom there is reason to know is an Indian person, under eighteen years of age, who is not married or emancipated.

(a) A member of a federally recognized Indian tribe; or

(b) The biological child of a member of a federally recognized Indian tribe and is eligible for membership or citizenship in a federally recognized Indian tribe. 25 C.F.R. 23.2, 23.

(3) **“Indian Child Welfare Act (ICWA) of 1978 25 U.S.C. section 1901-1963”** is a 1978 U.S. Federal Law designed to protect the best interest of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture.

(4) **“Indian child’s tribe”** means:

(a) The Indian tribe in which an Indian child is a member or eligible for membership from a federally recognized tribe, nation, pueblo; or

(b) In case of an Indian child who is a member of or eligible for membership in more than one tribe, the Indian tribe describe in section 23.109.

(5) **“Indian Family Protection Act (IFPA) of New Mexico, Section 32A-28-A NMSA 1978, et seq.”** IFPA codifies into state law the federal protections for tribes and their children and families and strengthens and surpasses the requirements of previously existing laws. The passage is tribally led and reflects on lived experience of tribal workers, tribal leadership, and impacted families to ensure ICWA is protected.

(6) **“Indian tribe”** means any Indian tribe, band, nation, or other organized group or community of Indian federally recognized as eligible for the services provided to Indians by the secretary of interior because of their status as Indian, including any Alaska Native village as defined in section 2(c) of the Alaska Native Claims Settlement Act, 43 U.S.C. 1602 (c).

J. Definitions beginning with “J”: [RESERVED]

K. Definitions beginning with “K”: “Key household member” means 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 safe care.

L. Definitions beginning with “L”: [RESERVED]

M. Definitions beginning with “M”:

(1) **“Managed care organization (MCO)”** means an entity that contracts with the HCA to deliver covered medicaid services to enrolled members, including to assist the state in meeting the requirements established under Section 27-2-12 NMSA 1978.

(2) **“Member”** means a person enrolled in medicaid or a medicaid managed care organization.

N. Definitions beginning with “N”:

(1) **“Navigation services”** means activities performed by a CARA navigator to receive and review POSCs and notifications, coordinate referrals, document actions, and follow up with families and providers.

(2) **“Neglected Child”** means a minor under 18 who has been abandoned; lacks proper parental care and control or subsistence, medical, or other care or control necessary for their well-being because of the faults or habits of the child’s parent, guardian or custodian or that person’s failure or refusal, when able to do so, to provide for them; or whose parent is unable to care for them due to incarceration or incapacity (New Mexico Children’s Code 32A-4-2 NMSA 1978).

O. Definitions beginning with “O”: [RESERVED]

P. Definitions beginning with “P”:

(1) **“Parent”** means a biological or adoptive parent with a constitutionally protected liberty interest in the care and custody of the child, or a person who has lawfully adopted a Native American child pursuant to state law or tribal law or tribal custom.

(2) **“Plan of safe care (POSC)”** means a written plan created with the birthing parent and family by a health care professional or care coordinator intended to ensure the immediate and ongoing safety and well-being of a substance-exposed infant experiencing sign or symptoms of withdrawal or to provide perinatal support to a pregnant person with substance use disorder by addressing the treatment needs of the child and any of the child’s parents, relatives, guardians, custodians or caregivers to the extent those treatment needs are relevant to the safety of the child.

(3) **“POSC non-compliance”** means a failure by the infant’s family or caregivers to interact with the CARA navigator or a failure to comply with statutorily required elements within the POSC service or treatment plan.

(4) **“Primary care provider (PCP)”** means a physician, nurse practitioner, physician assistant, or certified nurse-midwife who provides, supervises, and coordinates primary health care for the member, initiates referrals as needed, and maintains continuity of care.

(5) **“Private insurer”** means a private insurance company from which an employer or an individual purchases a health insurance policy.

Q. Definitions beginning with “Q”: [RESERVED]

R. Definitions beginning with “R”: [RESERVED]

S. Definitions beginning with “S”:

(1) **“Safe”** as used in this rule means that there are no safety threats placing the child in present or impending danger of serious harm.

(2) **“Screening brief intervention referral to treatment (SBIRT)”** means an evidence-based model designed to identify, reduce and prevent problematic substance use or misuse and co-occurring mental health disorders as an early intervention approach. SBIRT includes a universal verbal screening specific to age, a face-to-face brief intervention for positive screening results, and a referral to behavioral health treatment and services if indicated.

(3) **“Service provider”** means any state or community agency working with CARA families as identified in the plan of safe care (POSC).

(4) **“Statewide central intake (SCI)”** means the unit within the children, youth and families department protective services division (CYFD 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.

(5) **“Substance-exposed infant”** means a newborn who exhibits physical, neurological or behavioral symptoms consistent with prenatal drug exposure, withdrawal symptoms from prenatal drug exposure, or fetal alcohol spectrum disorder.

- T. Definitions beginning with “T”: [RESERVED]
- U. Definitions beginning with “U”: [RESERVED]
- V. Definitions beginning with “V”: [RESERVED]
- W. Definitions beginning with “W”: [RESERVED]
- X. Definitions beginning with “X”: [RESERVED]
- Y. Definitions beginning with “Y”: [RESERVED]
- Z. Definitions beginning with “Z”: [RESERVED]

[8.3.2.7 NMAC - N, 7/1/2026]

8.3.2.8 CARA PROGRAM: The overall objective of New Mexico’s Comprehensive Addiction and Recovery Act (CARA) program is to support families through trauma-informed and culturally responsive services that promote the safety, health, and well-being of infants and their caregivers. The need for a CARA plan of safe care (POSC) may be identified during prenatal care, during the delivery episode, or after a child is born.

[8.3.2.8 NMAC - N, 7/1/2026]

8.3.2.9 IDENTIFICATION OF SUBSTANCE EXPOSURE:

A. Providers must use an evidence-based verbal screening brief intervention with referral to treatment (SBIRT) model at prenatal medical visits and during delivery hospitalization to identify substance use in pregnancy and to identify the appropriate level of treatment.

B. Infants are identified as substance exposed when they are a newborn who has exhibited physical, neurological or behavioral symptoms consistent with prenatal drug exposure, withdrawal symptoms from prenatal drug exposure, or fetal alcohol spectrum disorder. Disclosure of substance use by a pregnant person shall not trigger mandatory abuse and neglect reporting or testing without clinical indication.

C. Birthing facility staff and clinicians shall use an evidence-based tool to evaluate infants born affected by substance use for withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder.

D. Substance exposure includes babies whose birthing parent was diagnosed with substance use disorder (SUD), alcohol use disorder (AUD), or opioid use disorder (OUD). An infant born to a pregnant/birthing person who is stable on medication for opioid use disorder (MOUD)/medication assisted treatment (MAT) shall also require a POSC. Prescribed narcotic use during labor does not equate to a substance use disorder and should not lead to a POSC creation.

[8.3.2.9 NMAC - N, 7/1/2026]

8.3.2.10 RESPONSIBILITIES REGARDING PLAN OF SAFE CARE CREATION:

A. When an infant in New Mexico has been identified as substance exposed, a POSC must be created by the birthing facility staff or clinician who receives this information. All providers at birthing facilities, or providers who perform prenatal medical visits, shall verbally screen for substance use disorder in pregnant, birthing, and postpartum people and develop a POSC when identifying substance use disorder in pregnancy. If the POSC has not been developed in the prenatal period, it must be created prior to discharge from the hospital. Hospital providers should access the CARA supports system portal to identify if a POSC has already been created. If not, these providers are required to create the POSC upon identification of a substance exposed infant as defined in Subsection B of 8.3.2.9 NMAC. To the extent permitted by applicable federal and state privacy and confidentiality laws, including HIPAA and 42 C.F.R. Part 2, notification of the active POSC shall be shared with the following parties either in a physical copy, telecommunication or an electronic version.

- (1) The child’s primary care provider.
- (2) The child’s parent, relative, guardian or caregiver.
- (3) The CARA navigator/care coordinator.
- (4) If the child’s parent, relative, guardian, custodian, or caregiver is a tribal member or resides on tribal land, the respective nation, pueblo, or tribe’s responsible entity as identified by tribal leadership.

(5) If there is CYFD involvement due to submission of a statewide central intake (SCI) or a family assessment, the respective staff from CYFD will receive a copy from the CARA navigator if they are not able to access the POSC via the CSSP.

(6) On request from the birth parent, contact information and protected health information shall be redacted on the copy of the POSC that is sent to other parents, caregivers, or guardians.

B. Protected health information collected through CARA and POSC processes shall remain confidential within the healthcare system.

C. Plans of safe care must be reviewed with the birthing parent in the appropriate language for understanding.

D. A CARA POSC seeks to engage the family in support and treatment services and is not on its own a referral to CYFD. The CARA POSC does not replace a report to the SCI system of CYFD.

E. In all instances when the hospital or birthing facility suspects that a newborn is an abused or neglected child, or that there is a risk of impending danger to the infant, the hospital or birthing facility is required to report suspected abuse, neglect or impending danger to CYFD SCI prior to the infant's discharge. A newborn who is suspected to be an abused or neglected child, or who may be in impending danger, may not be discharged until CYFD has confirmed the safety of the infant's placement with a parent or other legally authorized caregiver in compliance with safe discharge rules at 8.370.12 NMAC.

F. Emergency department or urgent care deliveries: In situations where a delivery occurs before transfer can occur to a birthing facility, the staff in the emergency or urgent care department shall initiate a POSC if the family qualifies for one based on verbal screening or newborn evaluation.

G. Birthing facilities shall follow existing laws regarding safe discharge for patients.
[8.3.2.10 NMAC - N, 7/1/2026]

8.3.2.11 REQUIREMENTS OF THE PLAN OF SAFE CARE:

A. The POSC shall include the following components:

(1) Referral to substance use prevention and treatment programs for the pregnant or birthing parent or guardian unless already engaged in treatment. In situations where an individual is already engaged in treatment or recovery, the details will be documented by the CARA navigator in the ongoing case management documentation of the plan of safe care.

(2) Referral for a home visiting program or an early intervention family infant toddler program.

(3) Indication that the CARA navigator is engaging in communication, collaboration, and consultation with a child's nation, pueblo, or tribal social services/Indian Child Welfare Act (ICWA) coordinator or specialist to ensure the POSC is developed in a culturally responsive manner for each Native American and complies with ICWA and IFPA requirements.

(4) Information about the child and the child's family, including:

(a) the child's name, if available at discharge;

(b) emergency contact name and phone number of at least one of the child's parents, relatives, guardians, custodians, or caregivers. If the parent or caregiver state they do not have a phone, they are required to provide contact information for someone they keep in regular contact with who would serve as a contact for the CARA Navigator;

(c) the address of the child's parent(s), relatives, guardian, custodian or caregiver who will be taking the child home from the hospital or birthing facility; and

(d) the names of the parents, relatives, guardians, custodians, or caregivers who will be living with the child.

B. In all situations where a SCI report or a CYFD family assessment referral is placed, the CARA navigator submitting the SCI report or a CYFD family assessment will access the POSC for the child in the CSSP and update the POSC to show that a SCI report or a CYFD family assessment has been placed.

C. If an infant enters CYFD custody after a POSC has been created, the POSC shall be modified by the CARA navigator to address the needs of the infant in the new setting. The updated POSC shall contain the resource family's information and shall be re-sent to all entities required to receive copies of the POSC.

D. The POSC may include the following referrals:

(1) Public health agencies;

(2) Maternal and child health services;

(3) Infant mental health providers;

(4) Public and private children and youth agencies;

- (5) Courts;
- (6) Local education agencies;
- (7) Managed care organizations; and
- (8) Hospitals and medical providers.

E. Non-participation in POSC required services will require a referral to CYFD family services for a family assessment as outlined in 8.3.2.13 NMAC.
[8.3.2.11 NMAC - N, 7/1/2026]

8.3.2.12 IMPLEMENTATION OF THE CARA NAVIGATION PROGRAM:

A. All infants with a POSC shall receive care coordination services through a CARA navigator. HCA shall oversee and monitor implementation of 8.3.2 NMAC and shall assure compliance with applicable federal and state law, including CARA and Section 32A-3A-13 NMSA 1978, by designating CARA navigators, maintaining procedures for receipt and review of plans of safe care and notifications, and initiating corrective action when required.

B. CARA navigators and CARA navigation programs shall use an evidence-based intensive care coordination model that is listed in the federal Title IV-E prevention services clearinghouse or another nationally recognized EB clearinghouse for child welfare.

C. CARA navigators are direct agents of HCA or its subcontractors who are designated to manage the CARA program and the associated care coordination activities to:

- (1) ensure the plans of safe care are implemented and CARA families are supported;
- (2) assure compliance with the Comprehensive Addiction and Recovery Act and 8.3.2 NMAC; and
- (3) collaborate with state agencies and service providers to ensure continuity of care and implementation of the CARA program.

D. CARA navigators shall:

- (1) Complete a POSC if it was not completed by the infant's birthing facility discharge staff upon their initial contact.
- (2) Ensure that, if CYFD is involved, the POSC is provided to the assigned investigator or other CYFD service provider working with the family in the case of a family assessment.
- (3) Send a copy of the POSC to the infant's PCP within seven business days of receiving notification for a new POSC.
- (4) Keep the parent or caregiver updated and informed when changes are made to the POSC.
- (5) Upon receiving a copy of or the notification of new POSCs for each infant with substance exposure review plans of care for completeness, ensure that a PCP is identified, assure that correct insurance information is on the plan, and verify that all service referrals are complete or in process and moving towards completion.
- (6) Work directly with the infant and family to ensure that necessary referrals are in place and, appointments are scheduled and attended, and work with family on progression where progression has stalled to support the family in sustaining engagement with services that promote infant safety and well-being.
- (7) Act as a liaison to MCOs or private insurances if there is any issue in accessing necessary resources available within their health plan such as substance use disorder treatment or home visiting services.
- (8) Act as the primary point of contact to support coordination of the infant's POSC related services while the family is engaged in the CARA navigation program.
- (9) If the CARA navigator is unable to establish contact with the family after documented outreach that includes mail, phone call, text and in-person efforts or identifies that the family has not engaged in statutorily required services such as home visiting or substance use disorder (SUD) treatment, the CARA navigator may continue good-faith engagement efforts using supportive, non-punitive approaches unless criteria for case closure is met. At this point non-compliance shall be determined and escalated to CYFD as a referral for family assessment.
- (10) The CARA navigator shall make a report to CYFD SCI if the CARA navigator has immediate concerns for abuse or neglect.
- (11) During any CYFD screening or investigation, continue plan of safe care coordination and outreach and document all contacts, services, and outcomes.
- (12) If CYFD declines to open a case or closes a case without custody, the navigator shall, within five business days:
 - (a) attempt contact with the family at least three times using at least two modalities;

(b) schedule follow-up in the home to establish the necessary intensity of engagement given CYFD decision in not pursuing a custody situation within 14 days; and
(c) if safety concerns persist or new information arises, make a new referral to CYFD SCI.

(13) A navigation case may be closed only when navigation closure criteria in Subsection F of 8.3.2.12 NMAC are met.

(14) The CARA navigator shall collaborate with the tribe, pueblo or nation in accordance with the tribe, pueblo or nation's expectations regarding interaction with tribal members.

E. Facility CARA navigator/care coordinator: Are direct agents of the HCA or its subcontractor, who add on-site presence of the CARA navigation program to birthing facilities. There shall be facility CARA navigator coverage at every birthing facility in the state. Facility CARA navigators shall:

(1) Ensure that all CARA infants who have a plan of safe care receive care coordination to implement the plan of safe care.

(2) Communicate, collaborate and consult with a child's nation, pueblo, or tribe to ensure that plans of safe care are developed in a culturally responsive manner for each child.

(3) Identify appropriate agencies to be included in POSC based on an assessment of the needs of the child.

(4) Birthing facilities are required to ensure CARA navigators have the necessary information about CARA infants. In addition, birthing facilities are required to support CARA navigators with unit access, computer access as needed, and hospital required training.

(5) The division of health improvement (DHI) has the authority to monitor and enforce facility compliance including the presence of CARA Navigators.

F. Navigation closure criteria: A navigator may close a case when one of the following occurs:

(1) The family graduates from the CARA program when the infant is 12 months old and the family and the CARA navigator mutually agree that navigator services are no longer needed;

(2) The infant relocates out of state, or other circumstances documented by the navigator make continued navigation impracticable. The CARA navigator shall attempt to connect the infant and family to medicaid or care coordination in their new location; or

(3) For non-responsive, difficult to engage families the CARA navigator shall refer to family services at CYFD for a family assessment. If family services is engaged with the family and provides services, navigator shall interact with family services to provide updated documentation in CARA system of family services involvement.

(4) The infant's nation, pueblo, or tribe is exercising inherent sovereign authority over navigation case and has not requested state agency support. The CARA navigator shall document the name of the contact person at the nation, pueblo, or tribe that is exercising authority and shall close the CARA navigation case and cooperate in the transfer of any relevant documentation to the tribe.

(5) The family has been referred to CYFD for family assessment and CYFD has closed the case, and the family is still declining CARA navigation.

(6) Infant adoption on its own is not a reason to close a CARA case. The infant could still benefit from the family infant toddler (FIT) program and home visiting. Navigators should attempt to engage with the family but may close the case based on family request. Services may be provided again at family request.

[8.3.2.12 NMAC - N, 7/1/2026]

8.3.2.13 REFERRAL TO CYFD FOR FAMILY ASSESSMENT:

A. When a family is demonstrating conditions that create reasonable suspicion that an infant is an abused or neglected child, or at risk of impending danger, then the provider or CARA navigator shall contact CYFD SCI to request a safety assessment.

B. When a family is not compliant with the POSC, the provider or CARA navigator shall contact CYFD family services division to request a family assessment.

C. Based on the results of the family assessment, CYFD may offer or provide referrals for counseling, treatment, or other services aimed at addressing the underlying causative factors that may jeopardize the safety or well-being of the child. The child's parents, relatives, guardians, custodians or caregivers may choose to accept or decline any service or program offered subsequent to the family assessment; provided that if the child's parents, relatives, guardians, custodians or caregivers decline those services or programs, and the CYFD determines that those services or programs are necessary to address concerns of impending danger to the child, the CYFD shall proceed with an investigation.

D. If CYFD does not assume custody following screening or investigation, the facility, MCO, and navigator responsibilities under 8.3.2.10 through 8.3.2.12 NMAC remain in effect until navigation is closed under Subsection F of 8.3.2.12 NMAC.

E. CYFD referral and investigation provisions do not apply to Indian children over whom a tribe exercises exclusive jurisdiction. In this instance, the CARA navigator program shall communicate with the tribal child welfare systems as the receiving entity for any concerns arising under the CARA program.

F. Birthing facilities remain required to report suspected abuse, neglect, exploitation, or potential impending danger, to CYFD via SCI prior to discharge.
[8.3.2.13 NMAC - N, 7/1/2026]

8.3.2.14 TRAINING REQUIREMENTS:

A. HCA will provide training to birthing facilities and medical staff on SBIRT.

B. HCA or its contractor shall provide training to providers on evidence-based assessment tools to evaluate infants born exposed to substances, creation of the POSC, and CARA program requirements.

C. Birthing facilities and clinics that perform perinatal visits are required to ensure staff that interface directly with birthing people and infants have the necessary training.

D. FIT and home visiting staff shall be trained in CARA program requirements.

E. CARA program training shall include how to comply with ICWA and IFPA.

[8.3.2.14 NMAC - N, 7/1/2026]

8.3.2.15 DATA AND REPORTING REQUIREMENTS: The HCA shall be responsible for collecting data entered by hospitals, birthing facilities, health care providers and CARA navigators in the CARA supports system portal to meet federal and state reporting requirements, including the following from prenatal care offices, birthing facilities, and the CARA navigation program. All data collection and reporting under this section shall comply with applicable federal and state privacy and confidentiality laws, including HIPAA and 42 C.F.R. Part 2, as applicable. Data sharing shall be limited to the minimum necessary and require informed consent, except where otherwise required by law. Data collected will include:

A. The primary substance(s) the infant was exposed to.

B. The services that infants and families were referred to.

C. The availability and uptake of the services.

D. Whether an infant or an infant's family was subsequently reported to CYFD.

E. Disaggregated demographic and geographic data.

F. Data will be shared with MCH epidemiology, family health bureau, and department of health for epidemiological analysis.

G. Data shall be shared with CYFD for CAPTA reporting.

H. Tribes will be provided with access to de-identified aggregate data concerning their enrolled members.

[8.3.2.15 NMAC - N, 7/1/2026]

8.3.2.16 TRIBAL SOVEREIGNTY: Tribal Nations have the authority to develop and administer culturally appropriate POSC for their members. Tribal consent is required before data concerning tribal members is shared with state agencies beyond those directly involved in the child's care.

[8.3.2.16 NMAC - N, 7/1/2026]

History of 8.3.2.16 NMAC: [RESERVED]