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New Mexico Register

The official publication for all official notices of rulemaking
and filing of proposed, adopted and emergency rules.

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New Mexico Register

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May 19, 2026

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Notices of Rulemaking and Proposed Rules

**ECONOMIC
DEVELOPMENT
DEPARTMENT**

**NOTICE OF PROPOSED
RULEMAKING**

Public Hearing. The New Mexico Economic Development Department (EDD) hereby gives notice that it will conduct a virtual public hearing on Thursday June 18, 2026, beginning at 9:00am. The purpose of the public hearing is to receive public commentary on the proposed rulemaking to amend 5.5.50 NMAC, Industrial Development Training Program, and to address any other proposed amendments suggested by interested parties during the public comment period. The Industrial Development Board will also receive public commentary on proposed policy amendment to the upskills training program, STEP-UP, under the Job Training Incentive Program.

The purpose of the public hearing is to receive public input on the proposed amendments to 5.5.50 NMAC, Industrial Development Training Program (Job Training Incentive Program) and address additional changes that may have been suggested by the Industrial Training Board or other interested parties during the public comment period.

Rule Change Information: The purpose of this proposed rule change is to consider the removal of the paragraph that states “the JTIP board may maintain wage requirements effective in the first year of the JTIP approval for the length of the job ramp within the Project Participation Agreement (PPA) for companies that are also engaged in a LEDA agreement with the Economic Development Department provided the company meets job creation requirements within that period and wages do not fall below the statewide minimum wage. “

Rule Change Information: Minimum wage requirements for subsequent fiscal years will be reviewed annually by the board and may be adjusted using an inflation or wage-growth index that best reflects economic conditions. Acceptable indices include, but are not limited to, the Consumer Price Index (CPI-U or CPI-W), the Personal Consumption Expenditures Price Index (PCE), and the Employment Cost Index (ECI) and the Mountain Region CPI. Any adjustment will apply for the entire fiscal year beginning July 1. If the selected index reflects negative growth, the board may choose to maintain current requirements. Proposed increase for FY27 is 1.7%.

Statutory Authorization Section 21-19-7 NMSA 1978 grants the Industrial Training Board the authority to promulgate and enforce rule.

Public comment: Interested individuals are strongly encouraged to submit written comments regarding the proposed policy amendments relating to the Job Training Incentive Program to Patrick Gannon, JTIP Program Manager, at patrick.gannon@edd.nm.gov. Written comments must be received no later than 5:00 pm on Wednesday, June 17, 2026. EDD encourages the early submission of written comments. Individuals may also testify at the public hearing.

For instructions on how to attend this meeting, visit the Department’s website at: <https://edd.newmexico.gov/about-us/public-notice>.

The proposed policy amendments and current JTIP Policy Manual may be accessed through EDD’s website <https://edd.newmexico.gov/about-us/public-notice/> beginning May 19, 2026, or from Patrick Gannon at the contact above.

Individuals with disabilities who require this information in an

alternative format or need any form of auxiliary aid to attend or participate in this hearing are asked to contact Patrick Gannon as soon as possible. The EDD requests at least ten days advance notice to provide requested special accommodation.

**GAME AND FISH
DEPARTMENT**

**STATE GAME COMMISSION
MEETING AND RULE MAKING
NOTICE**

The New Mexico State Game Commission (“Commission”) will be hosting a meeting and rule hearing on Thursday June 25, 2026 beginning at 9:00 a.m. at Eastern New Mexico University, 1500 S. Avenue K, Portales, NM 88130. Please check the Department’s website for any updates at <https://wildlife.dgf.nm.gov/commission/meeting-agendas/>. The purpose of this meeting is to hear and consider action as appropriate on the proposed changes to: 1) the Migratory Game Bird Rule; and 2) the Barbary Sheep, Oryx, and Persian Ibex Rule.

Synopsis:

Migratory Game Bird Rule

The proposal is to amend the Migratory Game Bird Rule 19.31.6 NMAC which will become effective September 1, 2026. The most recent version of the rule expired on March 31, 2026. Proposed changes include:

- 1) Changes to regular waterfowl season dates based on public comment and calendar dates
- 2) Increase sandhill crane permits in SW draw hunts by 18 total, to be distributed among existing hunts.

Barbary Sheep, Oryx, and Persian Ibex Rule

The proposal is to amend the Barbary Sheep, Oryx, and Persian Ibex Rule 19.31.12 NMAC which will become effective April 1, 2027. The most recent version of the rule will expire

on March 31, 2027. Proposed changes include:

Require the purchase of a license at least one day prior to hunting. For hunts where published season dates are less than 6 days, hunters will no longer be able to buy a license once the hunt starts.

Persian ibex

1) Similar to bighorn sheep, shift ibex license numbers to be “up to,” allowing the Department to adjust draw licenses up or down depending on population surveys. It is possible that the Department may draw zero licenses for certain hunts (for example,

2) F-IM, based on population metrics).
 a. For once-in-a-lifetime hunts, up to 15 licenses
 b. For archery, up to 40 licenses (over 2 hunt periods)

c. For F-IM, up to 40 (with 2 hunt periods)
 d. For muzzleloader, up to 15
 e. For youth-only, up to 5

3) Adjust season dates where necessary and shifting start dates to maintain hunts beginning on Saturday or adjusting to calendar day starts for consistency.

Oryx

1) Increase the number of off-range licenses by 5%, as harvest success rates for off-range oryx are high, suggesting there is more opportunity.

a. For youth hunts increase from 24 to 25 licenses
 b. For regular licenses increase from 96 to 101 licenses

2) Require a ranch registration process for OTC private-land oryx licenses, similar to the current registration process used for private land elk hunting in Secondary Management Zones.

3) Adjust season dates where necessary. This includes

adjustments of hunt dates on military ranges consistent with access and military missions (Fort Bliss and White Sands Missile Range). And shifting start dates to maintain hunts beginning on Saturday or adjusting to calendar day starts for consistency.

4) Shift the 70 years and older hunt based on public comment to allow hunters of any age to apply.

5) Clarify the definition of a broken-horned oryx to ensure hunters know they can take an oryx with no horns. Proposed clarifying definition: “Broken-horned oryx” or “BHO” shall mean an oryx of either sex that has at least one horn missing at least 25% of its normal growth, or any oryx which has no horn(s) shall be considered a broken horned oryx.

Barbary sheep

1) In collaboration with McGregor Range (Fort Bliss) several changes are recommended:

a. Increase the 2 ES hunts (1 military and 1 civilian hunt) from 10 to 20 licenses.

b. Increase F-IM hunts by 20 (from 130 to 150) and spreading the licenses out over 1-month hunt windows. Hunters will be able to access the range over all weekends in that month when there is not a military mission occurring.

2) Require a ranch registration process for purchase of private land Barbary sheep license.

3) Adjust season dates where necessary. Including adjustments of hunt dates on military ranges consistent with access and military missions (Bliss, WSMR). And shift start dates to maintain hunts beginning on Saturday or adjusting to calendar day starts for consistency.

4) Split draw hunts in GMUs 29 & 30, maintaining the same number of total licenses but distributing hunters across the GMUs to address overcrowding issues.

a. For hunts of 200 licenses, the split would be 75 licenses in GMU 29 and 125 in GMU 30

b. For hunts with 75 licenses, the split would be 25 licenses in GMU 29 and 50 in GMU 30

A full text of changes for all rules will be available on the Department’s website at: <https://wildlife.dgf.nm.gov/>. Interested persons may submit comments on the proposed changes for the Migratory Game Bird Rule to DGf-waterfowl@state.nm.us, and for the Barbary Sheep, Oryx, and Persian Ibex Rule to DGf-Exotics-Rule@dgf.nm.gov. Individuals may also submit written comments to the physical address below. Comments are due by 1:00 p.m. on June 23, 2026. The final proposed rules will be voted on by the Commission during a public meeting on June 25, 2026. Interested persons may also provide data, views or arguments, orally or in writing, at the public rule hearings to be held on June 25, 2026.

Full copies of text of the proposed new rules, technical information related to proposed rule changes, and the agenda can be obtained from the Office of the Director, New Mexico Department of Game and Fish, 1 Wildlife Way, Santa Fe, New Mexico 87507, or from the Department’s website at <https://wildlife.dgf.nm.gov/commission/proposals-under-consideration/>. This agenda is subject to change up to 72 hours prior to the meeting. Please contact the Director’s Office at (505) 476-8000, or the Department’s website at <https://wildlife.dgf.nm.gov/> for updated information.

If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing or meeting, please contact the Department at (505) 476-8000 at least one week prior to the meeting or as soon as possible. Public documents, including the agenda and minutes, can be provided in various accessible formats. Please contact the Department at 505-476-8000 if a summary or other type of accessible format is needed.

Legal authority for this rulemaking can be found in the General Powers and Duties of the State Game Commission 17-1-14, et seq. NMSA 1978; Commission's Power to establish rules and regulations 17-1-26, et seq. NMSA 1978.

**INFORMATION
AND TECHNOLOGY,
DEPARTMENT OF**

**NOTICE OF PROPOSED
RULEMAKING
REPEAL AND REPLACEMENT
OF 1.12.5 AND 1.12.9 NMAC**

Pursuant to Subsection (J) of Sections 9-27-6 and 14-4-5.2 NMSA 1978, the New Mexico Department of Information Technology (DoIT) hereby gives notice of repeal and replacement of 1.12.5 NMAC, Oversight of Information Technology Projects, and 1.12.9 NMAC, Project Certification of Technology Projects.

The repeal and replacement update the rules governing information technology oversight and certification to reflect current practices and statutory authority. The changes revise the title of Part 5 to Oversight of Information Technology Projects and Part 9 to Certification of Information Technology Projects. They remove references to the no longer existing Information Technology Commission and align responsibilities with the Department of Information Technology. Statutory authority is updated to refer to the New Mexico Department of Information Technology Act, ensuring consistency with the Department's role since its creation in 2007.

In addition, the repeal and replacement eliminate outdated or unused definitions and introduce new definitions that clarify project management roles, remove independent verification and validation requirements and the project certification committee, and update certification processes.

Provisions are revised to modernize the oversight and certification procedures for executive agency information technology projects, including requirements for project plans, risk assessments, and phased funding tied to certification milestones. These rules were originally enacted in 2005—two years prior to the establishment of the Department of Information Technology—and have not been updated since.

Pursuant to Paragraph (11) of Subsection (C) of Section 9-27-6 NMSA 1978, the Department of Information Technology Cabinet Secretary “shall . . . promulgate rules to ensure that information technology projects satisfy criteria established by the secretary and are phased in with funding released in phases contingent upon successful completion of the prior phase[.]” Further, Paragraph (5) of Subsection (J) of Section 9-27-6 NMSA 1978 authorizes “the secretary [to] make and adopt such reasonable procedural rules as may be necessary to carry out the duties . . . of the department . . . including . . . requirements for agency information technology projects and related plan, analysis, oversight, assessment and specifications.”

An electronic copy of this Notice and the full text of the proposed new rules 1.12.5 and 1.12.9 NMAC are available on DoIT's website at <https://www.doit.nm.gov/Rulemaking/> and on the New Mexico Sunshine Portal at https://statenm.my.salesforce-sites.com/public/SSP_RuleHearingSearchPublic.

Hard copies of this Notice and the full text of the proposed new rules 1.12.5 and 1.12.9 NMAC are available at 715 Alta Vista, Santa Fe, NM 87505.

Written comments may be submitted via email to david.pardo@doit.nm.gov and via regular mail to New Mexico Department of Information Technology, Attn: Office of General Counsel, P.O. Box 22550, Santa Fe, NM 87502-2550. Written comments

must be received no later than 5 p.m. on July 15, 2026.

A public rule hearing will be held at 10 a.m. on July 15, 2026, via Microsoft Teams and phone. Members of the public may participate by videoconference:

Microsoft Teams meeting
Join: <https://teams.microsoft.com/meet/240182825813637?p=28PJoobinr90iHn8s7>
Meeting ID: 240 182 825 813 637
Passcode: Ar23rQ3c

Or dial in by phone:

+1 505-312-4308, 296020218#
United States, Albuquerque
(888) 506-1357, 296020218# United States (Toll-free)
Phone conference ID: 296 020 218#

Any individual with a disability in need of a reader, amplifier, qualified sign language interpreter, or other form of auxiliary aid or service to attend or participate in the hearing should contact David Pardo, Deputy General Counsel, david.pardo@doit.nm.gov, (505) 660-9714 at least seven (7) days prior to the hearing.

**End of Notices of
Rulemaking and
Proposed Rules**

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Adopted Rules

Effective Date and Validity of Rule Filings

Rules published in this issue of the New Mexico Register are effective on the publication date of this issue unless otherwise specified. No rule shall be valid or enforceable until it is filed with the records center and published in the New Mexico Register as provided in the State Rules Act. Unless a later date is otherwise provided by law, the effective date of the rule shall be the date of publication in the New Mexico Register. Section 14-4-5 NMSA 1978.

**HEALTH CARE
AUTHORITY
HEALTH IMPROVEMENT
DIVISION**

The Health Care Authority is repealing 8.370.8 NMAC, Employee Abuse Registry, filed 6/13/2024, and replaced it with 8.370.8 NMAC, Employee Abuse Registry. This is a rule replacement, effective 5/19/2026.

**HEALTH CARE
AUTHORITY
HEALTH IMPROVEMENT
DIVISION**

**TITLE 8 SOCIAL SERVICES
CHAPTER 370 OVERSIGHT OF LICENSED HEALTHCARE FACILITIES AND COMMUNITY BASED WAIVER PROGRAMS
PART 8 EMPLOYEE ABUSE REGISTRY**

8.370.8.1 ISSUING AGENCY: New Mexico health care authority.
[8.370.8.1 NMAC - Rp, 8.370.8.1 NMAC, 5/19/2026]

8.370.8.2 SCOPE: This rule applies to a broad range of New Mexico providers of health care and services and employees of these providers who are not licensed health care professionals or certified nurse aides. This rule requires that providers check with the registry and avoid employing an individual on the registry. This rule provides for the investigation and determination of complaints alleging abuse, neglect or exploitation of recipients of care or services by employees. This rule further requires listing employees with substantiated registry-referred

abuse, neglect or exploitation on the registry, following an opportunity for a hearing. This rule supplements other pre-employment screening requirements currently applicable to health care providers, such as the requirement for criminal history screening of caregivers employed by care providers subject to the Caregiver Criminal History Screening Act, Sections 29-17-1 et seq. NMSA 1978, and that Act’s implementing rule, 8.370.5 NMAC. It also supplements requirements for pre-employment screening of certified nurse aides applicable to nursing facilities pursuant to 42 CFR Sections 483.75(e) and 488.335; and 8.370.25 NMAC. This rule does not address the consequences of abuse, neglect, or exploitation for which a provider, as distinguished from an employee, is responsible.
[8.370.8.2 NMAC - Rp, 8.370.8.2 NMAC, 5/19/2026]

8.370.8.3 STATUTORY AUTHORITY: The Employee Abuse Registry Act, Sections 27-7A-1 to 27-7A-8 NMSA 1978. Section 9-8-1 et seq. NMSA 1978 establishes the health care authority (authority) as a single, unified department to administer laws and exercise functions relating to health care purchasing and regulation.
[8.370.8.3 NMAC - Rp, 8.370.8.3 NMAC, 5/19/2026]

8.370.8.4 DURATION: Permanent.
[8.370.8.4 NMAC - Rp, 8.370.8.4 NMAC, 5/19/2026]

8.370.8.5 EFFECTIVE DATE: May 19, 2026, unless a later date is cited at the end of a section.
[8.370.8.5 NMAC - Rp, 8.370.8.5 NMAC, 5/19/2026]

8.370.8.6 OBJECTIVE: The objective of this rule is to implement the Employee Abuse Registry Act. The rule is intended to provide guidance as to the rights and responsibilities under the Employee Abuse Registry Act of providers, employees of providers, the health care authority and the adult protective services division of the department of aging and long-term services, and the public including recipients of care and services from providers.
[8.370.8.6 NMAC - Rp, 8.370.8.6 NMAC, 5/19/2026]

8.370.8.7 DEFINITIONS:
A. Definitions beginning with “A”:
(1) “Abuse”
means:
(a) knowingly, intentionally or negligently and without justifiable cause inflicting physical pain, injury or mental anguish, and includes sexual abuse and verbal abuse; or
(b) the intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person.

(2) “Adjudicated” means with respect to a substantiated registry-referred complaint, a final determination by the Secretary following a hearing, or by a court, that the employee committed abuse, neglect, or exploitation requiring the listing of the employee on the registry.
(3) “APS”
means the adult protective services division of the New Mexico aging and long-term services department.

B Definitions beginning with “B”: **“Behavioral change”** means an observable manifestation of psychological, emotional or mental harm, injury,

suffering or damage, and includes, but is not limited to, crying, hysterical speech, or disruptions to sleeping, working, eating, speech, nonverbal communications, socially interacting, or other activities which were performed routinely before the harm, injury, suffering, or damage.

C. Definitions

beginning with “C”:

(1)

“**Complaint**” means any report, assertion, or allegation of abuse, neglect, or exploitation made by a reporter to the incident management system and includes any reportable health care facility or community-based services provider is required to report under applicable law.

(2)

“**Custodian**” means the person assigned by the secretary to maintain the registry in accordance with this rule and the Employee Abuse Registry Act.

D. Definitions

beginning with “D”: “**Direct care**” means face-to-face services provided or routine and unsupervised physical or financial access to a recipient of care or services.

E. Definitions

beginning with “E”:

(1)

“**Employee**” means a person employed by or on contract with a provider, either directly or through a third-party arrangement to provide direct care. “Employee” does not include a New Mexico licensed health care professional practicing within the scope of the professional’s license or a certified nurse aide practicing as a certified nurse aide.

(2)

“**Exploitation**” means an unjust or improper use of a person’s money or property for another person’s profit or advantage, pecuniary or otherwise.

F. Definitions

beginning with “F”: [RESERVED]

G. Definitions

beginning with “G”: [RESERVED]

H. Definitions

beginning with “H”: [RESERVED]

I. Definitions

beginning with “I”: “**Investigation**”

means a systematic fact-finding process that has as its goal the gathering of all information relevant to making a determination whether an incident of abuse, neglect or exploitation occurred.

J. Definitions

beginning with “J”: [RESERVED]

K. Definitions

beginning with “K”: [RESERVED]

L. Definitions

beginning with “L”: “**Licensed health care professional**” means a person who is required to be licensed, and is licensed, by a New Mexico health care professional licensing board or authority, and the issuance of whose professional license is conditioned upon the successful completion of a post-secondary academic course of study resulting in a degree or diploma, including physicians and physician assistants, audiologists, acupuncture practitioners, dentists, registered nurses, licensed practical nurses, chiropractors, pharmacists, podiatrists, certified nurse-midwife, nurse practitioners, occupational therapists, optometrists, respiratory therapists, speech language pathologists, pharmacists, physical therapists, psychologists and psychologist associates, dietitians, nutritionists and social workers.

M. Definitions

beginning with “M”:

(1)

“**Manager**” means the authority employee designated by the secretary to manage the employee abuse registry program pursuant to the New Mexico Employee Abuse Registry Act and this rule.

(2) “**Mental**

anguish” means a relatively high degree of mental pain and distress that is more than mere disappointment, anger, resentment or embarrassment, although it may include all of these and includes a mental sensation of extreme or excruciating pain.

N. Definitions

beginning with “N”: “**Neglect**” means, subject to a person’s right to refuse treatment and subject to a provider’s right to exercise sound medical discretion, the failure of an

employee to provide basic needs such as clothing, food, shelter, supervision, protection and care for the physical and mental health of a person or failure by a person that may cause physical or psychological harm. Neglect includes the knowing and intentional failure of an employee to reasonably protect a recipient of care or services from nonconsensual, inappropriate or harmful sexual contact, including such contact with another recipient of care or services.

O. Definitions

beginning with “O”:

[RESERVED]

P. Definitions

beginning with “P”: “**Provider**” means:

(1) an

intermediate care facility for the mentally retarded;

(2) a

rehabilitation facility;

(3) a home

health agency;

(4) a

homemaker agency;

(5) a home,

facility, nursing home for the aged or disabled;

(6) a group

home;

(7) an adult

foster care home;

(8) a case

management entity that provides services to elderly people or people with developmental disabilities;

(9) a

corporate guardian;

(10) a private

residence that provides personal care, adult residential care or natural and surrogate family services provided to persons with developmental disabilities;

(11) an adult

daycare center;

(12) a boarding

home; an adult residential care home, or assisted living facility;

(13) a

residential service or habilitation service authorized to be reimbursed by Medicaid;

(14) any

licensed or Medicaid-certified entity

or any program funded by the aging and long-term services department that provides respite, companion or personal care services;

(15) programs funded by the children, youth and families department that provide homemaker or adult daycare services;

(16) and any other individual, agency or organization that provides respite care or delivers home- and community-based services to adults or children with developmental disabilities or physical disabilities or to the elderly, but excluding a managed care organization unless the employees of the managed care organization provide respite care, deliver home- and community-based services to adults or children with developmental disabilities or physical disabilities or to the elderly;

(17) adult accredited residential treatment centers;

(18) crisis triage centers.

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

R. Definitions beginning with “R”:

(1) **“Registry”** means an electronic database operated by the authority that maintains current information on substantiated registry-referred employee abuse, neglect or exploitation, including the names and identifying information of all employees who, during employment with a provider, engaged in a substantiated registry-referred or an adjudicated incident of abuse, neglect or exploitation involving a recipient of care or services from a provider.

(2) **“Reporter”** means a person who or an entity that reports possible abuse, neglect or exploitation to the authority’s incident management system.

S. Definitions beginning with “S”:

(1) **“Secretary”** means the secretary of the health care authority.

(2) **“Sexual abuse”** means the inappropriate

touching of a recipient of care or services by an employee for sexual purpose or in a sexual manner, and includes kissing, touching the genitals, buttocks, or breasts, causing the recipient of care or services to touch the employee for sexual purpose, or promoting or observing for sexual purpose any activity or performance involving play, photography, filming or depiction of acts considered pornographic.

(3) **“Substantiated”** means the verification of a complaint based upon a preponderance of reliable evidence obtained from an appropriate investigation of a complaint of abuse, neglect, or exploitation.

(4) **“Substantiated registry-referred”** means a substantiated complaint that satisfies the severity standard for referral of the employee to the registry.

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

U. Definitions beginning with “U”:

“Unsubstantiated” means that the complaint’s alleged abuse, neglect or exploitation did not or could not have occurred, or there is not a preponderance of reliable evidence to substantiate the complaint, or that there is conflicting evidence that is inconclusive.

V. Definitions beginning with “V”: **“Verbal abuse”** means profane, threatening, derogatory, or demeaning language, spoken or conveyed by an employee with the intent to cause pain, distress or injury, and which does cause pain, distress or injury as objectively manifested by the recipient of care or services.

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

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

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

Z. Definitions beginning with “Z”: [RESERVED] [8.370.8.7 NMAC - Rp, 8.370.8.7 NMAC, 5/19/2026]

8.370.8.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the authority has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the authority, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two business days following receipt. Only authority staff designated by the custodian may access, maintain and update the data in the registry.

A. Provider requirement to inquire of registry:

A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.

B. Prohibited employment: A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.

C. Applicant’s identifying information required: In making the inquiry to the registry prior to employing or contracting with an employee, the provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry.

D. Documentation of inquiry to registry: The provider shall maintain documentation in the

employee's personnel or employment records that evidences the fact that the provider made an inquiry into the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.

E. Documentation for other staff: With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.

F. Consequences of noncompliance: The authority or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed \$5,000 per instance, or termination or non-renewal of any contract with the authority or other governmental agency.

[8.370.8.8 NMAC - Rp, 8.370.8.8 NMAC, 5/19/2026]

8.370.8.9 INCIDENT MANAGEMENT SYSTEM INTAKE:

The authority has established an incident management system for receipt, tracking and processing of complaints. Complaints may be reported to the authority's incident management system using the authority website's on-line form completion utility, by telephone using a toll-free number, facsimile, U.S. mail, email, or in-person. The method

of reporting preferred by the authority is on-line form completion via the authority's website, <https://www.hca.nm.gov/report-abuse-neglect-exploitation/>. The toll-free telephone line is staffed by the authority during normal business hours and after hours. A message system is also available for reporting complaints during non-business hours.

A. Incident report form: Complaints of suspected abuse, neglect or exploitation will be reported by providers on the department's incident report form if possible. This form and instructions for completing and filing the form are available at the department's website or may be obtained from the department by calling the toll-free number 800-752-8649 or 866-654-3219.

B. Reportable intake information: Reports of suspected abuse, neglect or exploitation made to the authority by persons who do not have access to, or are unable to use, the authority's current incident report form shall provide as specific a description of the incident or situation as possible, and shall contain the following information where applicable:

(1) the location, date and time or shift of the incident;

(2) the name, date of birth, social security number, gender, address and telephone number of the person the reporter suspects to have been abused, neglected, or exploited; and the name, address and telephone number of the guardian or health care decision maker for such person, if applicable;

(3) the names, addresses, phone numbers and other identifying information of the providers who provide services to the person the reporter suspects to have been abused, neglected, or exploited;

(4) the names, addresses, phone numbers and other identifying information of the following people who the reporter believes may have been involved with, or have knowledge of, the incident; provider's staff

and employees; family members or guardians of the person the reporter suspects to have been abused, neglected, or exploited; other health care professionals or facilities; and any other persons who may have such knowledge;

(5) the condition and status of the person the reporter suspects to have been abused, neglected, or exploited;

(6) the reporter's name, address, telephone number and other contact information, together with the name and address of the provider with whom the reporter is employed, if applicable.

C. Method of filing complaint: The completed incident report form must be filed with the department. It may be filed by use of the department's on-line form completion.

[8.370.8.9 NMAC - Rp, 8.370.8.9 NMAC, 5/19/2026]

8.370.8.10 COMPLAINT PROCESSING:

A. Assignment of complaint: The manager or designee shall review the complaints, reports or allegations of abuse, neglect or exploitation, prioritize these complaints and assign appropriate authority staff to investigate when warranted, and refer the complaint, report, or allegation to APS, and other appropriate oversight agencies for investigation.

(1) Assignment shall be made to appropriate staff of the authority of all complaints of abuse, neglect or exploitation involving a provider for whom the authority has oversight authority or for whom the authority has agreed to investigate.

(2) Referral shall be made to APS of complaints of abuse, neglect or exploitation in all instances where the complaint involves a provider of Medicaid waiver services administered by the aging and long-term services department and the provider is not otherwise licensed by or under contract with the authority.

(3) The manager shall prioritize the complaints and ensure that the complaints that allege the most serious incidents of abuse, neglect or exploitation, or that present a high risk of future harm, are promptly investigated.

B. Immediate threat to health or safety: In instances where the investigation determines that there exists an immediate threat to the health or safety of a person in the care of a provider, the authority or APS, in accordance with applicable statutory authority, will make the necessary arrangements or referrals to ensure the protection of persons at risk of harm or injury. The authority will take appropriate action to eliminate or reduce the immediate threat to health or safety with respect to providers it licenses or with whom it contracts.

C. Conducting the investigation: The authority investigation of complaints will follow the procedures in this rule. The investigations conducted by APS will comply with applicable APS rules or with the provisions herein.

(1) The investigators shall gather all relevant evidence, weigh the evidence including making credibility determinations. Individuals from whom information is gathered may include the reporter, witnesses identified by the reporter, listed on the incident report form or discovered during the investigation, the alleged victim, appropriate representatives of the provider, medical personnel with relevant information, family members and guardians of the alleged victim, any employee suspected of abuse, neglect or exploitation, other recipients of care and services, and other persons possibly having relevant information.

(2) Physical injuries that are the subject of the complaint will be observed in person and documented. Complete documentation must be obtained of all objectively verifiable manifestations of mental anguish, verbal abuse, sexual abuse or neglect on the part of the recipient of care or services.

(3) The investigator will generally follow authority guidelines addressing face-to-face individualized interviews, telephonic interviews, witness statements and documentation of contacts.

(4) The investigator will follow established guidelines for clinical consultations.

(5) In instances where the investigation results in discovery of other, unrelated instances of possible abuse, neglect or exploitation, the investigator will file an incident report form with the incident management system. However, additional allegations involving the same complaint as the one under investigation are considered the same case and will not be separately reported, although the investigator may supplement the Incident Report.

(6) At any time during the investigation, the manager shall make referrals to other licensing authorities based upon information of possible violations of applicable health facility, community provider or health care professional standards.

(7) The investigator will submit an investigation report to the manager with recommendations as to whether the complaint is:

(a) unsubstantiated;

(b) substantiated; or

(c) substantiated registry referred.

(8) Where appropriate, the investigation report may make findings and recommendations with respect to provider responsibility for abuse, neglect or exploitation.

(9) The manager shall review the investigation report and recommendations and shall make a determination whether the complaint of abuse, neglect or exploitation is substantiated.

(10) If the manager determines, as a result of the manager's review of the investigation

report and recommendations, that the complaint is substantiated, the manager shall apply the appropriate severity standard to the substantiated complaint to further determine if the complaint is substantiated registry referred.

D. Investigation file and report: The authority shall establish an investigation file, which shall contain all applicable information relating to the complaint including the incident report form, correspondence, investigation, referrals, determinations, secretary's decision, and notices of appeal. Following the investigation and determination by the manager, the complaint and investigation file will be maintained by the custodian. The investigator, or the investigator from the lead agency in a joint investigation, shall prepare and submit a written investigation report. The investigation report shall be part of the investigation file. The investigation report shall contain a review of the evidence obtained during the investigation, including but not limited to:

(1) interviews conducted and written statements;

(2) interviews and statements reviewed that were originally conducted or obtained by other entities such as the provider, other health care facilities and medical providers, or law enforcement;

(3) documents, diagrams, photographs and other tangible evidence obtained or reviewed;

(4) a description of any actions taken by the provider in response to the complaint or situation under investigation; and,

(5) analysis of the evidence and recommendations.

E. Timeline and processing of a complaint: The investigation of each complaint shall be completed within the timelines established by the authority.

(1) The manager shall review the investigatory findings and recommendations and make a

determination as to whether the complaint of abuse, neglect or exploitation meets the criteria for a substantiated registry referred.

(2) The manager may issue a specific extension of any complaint processing deadline if reasonable grounds exist for such extension and the reasons are set out in the written extension. The written extension is included in the investigation file. Grounds for an extension may include, but are not limited to, the temporary non-availability of witnesses or documentary evidence, or the need for information not yet available from other entities that may be involved with an investigation into the facts that form the basis of the complaint, including the office of the medical investigator and agencies charged with law enforcement, auditing, financial oversight, fraud investigation, or advocacy.

F. Validity of enforcement actions: Failure by the authority or APS to comply with the procedures or time requirements set out in this section does not abrogate or invalidate any action taken against an employee pursuant to this rule, or any action taken against a provider for noncompliance with this rule or any other applicable law or regulation. However, any such failure may be admitted into evidence at a hearing. [8.370.8.10 NMAC - Rp, 8.370.8.10 NMAC, 5/19/2026]

8.370.8.11 SEVERITY STANDARD: A determination of the severity of all substantiated complaints of abuse, neglect or exploitation is made for the purpose of deciding if the employee is to be referred for placement on the registry. The determination of the severity of the substantiated complaint of abuse, neglect or exploitation is based upon application of the severity standards in this section. A substantiated complaint that satisfies the severity standard in this section is a substantiated registry-referred complaint. A substantiated complaint that does not satisfy the severity standard in this section will not be

referred to the registry. Severity is determined by assessing the impact of the substantiated abuse, neglect, or exploitation on the recipient of care or services, and by assessing the employee for aggravating factors. In assessing the impact of abuse, neglect or exploitation, a reasonable person standard shall apply when the harmed individual is not able to express their feelings, when there is no discernable response from the harmed individual, or when circumstances do not permit a direct evaluation of the individual's psychosocial outcome. Such circumstances may include, but are not limited to, the individual's death, cognitive impairments, physical impairments, insufficient documentation by the facility, or when an individual's reaction to a deficient practice is markedly incongruent with the level of reaction a reasonable person in the individual's position would have to the deficient practice.

A. Abuse: A substantiated complaint of abuse meets the severity standard if:

(1) the abuse results in, or is a contributing factor to, death;

(2) the abuse results in the infliction of a physical injury.

(3) the abuse results in any injury for which criminal charges are brought against the employee resulting in a plea or conviction;

(4) the abuse results in the infliction of pain.

(5) the abuse causes significant mental anguish as evidenced by the victim's descriptions, behavioral changes, or by applying a reasonable person standard.

(6) the abuse is sexual abuse.

(7) the abuse is verbal abuse that causes mental anguish, including psychological or emotional damage, as evidenced by behavioral changes or physical symptoms, or by applying a reasonable person standard.

(8) the employee used alcohol or a controlled

substance at or near the time of the substantiated abuse; or

(9) the employee used, brandished or threatened to use, a weapon in connection with the substantiated abuse.

B. Neglect: A substantiated complaint of neglect meets the severity standard if:

(1) the neglect results in, or is a contributing factor to, death;

(2) the neglect results in the infliction of a physical injury or emotional injury.

(3) the neglect results in any injury for which criminal charges are brought against the employee resulting in a plea or conviction;

(4) the neglect results in the infliction of pain.

(5) the neglect causes mental anguish as evidenced by the victim's descriptions, or behavioral changes, or by applying a reasonable person standard; or,

(6) the employee used alcohol or a controlled substance at or near the time of the substantiated neglect.

C. Exploitation: A substantiated complaint of exploitation meets the severity standard where unjust or improper use of the money or property belonging to the recipient of care or services results in:

(1) an objectively quantifiable loss, the value of which exceeds the lesser of either:

(a) \$100.00; or,

(b) twenty - five percent the monthly income available to the recipient of care or services for purchasing personal items or discretionary spending; or

(2) a subjectively substantial loss to the recipient of care or services due to a special attachment to the property, as demonstrated by anger, fear, frustration, depression or behavioral changes caused by the loss.

D. Aggravating factors: A substantiated complaint of abuse, neglect or exploitation meets the severity standard requiring referral of the employee for placement on the registry where:

- (1) the employee used alcohol or a controlled substance at or near the time of the substantiated abuse, neglect or exploitation; or
 - (2) the employee used, brandished or threatened to use, a weapon in connection with the substantiated abuse, neglect or exploitation.
- [8.370.8.11 NMAC - Rp, 8.370.8.11 NMAC, 5/19/2026]

8.370.8.12 PROVIDER COOPERATION:

- A. Access to provider by investigators:** The provider shall provide immediate physical access to the provider’s entire facility, or its service delivery sites to investigators from the authority or APS. The investigators may require such access during any or all shifts.
- B. Access to provider records:** The provider shall provide to investigators from the authority or APS immediate access to all information obtained as a result of the provider’s own internal investigation of the matters that form the basis of the complaint, including but not limited to written statements, interviews, affidavits, physical items, medical information, electronic and computer data, and photographic information.
- C. Interviews:** Investigators from the authority or APS shall have a reasonable opportunity to conduct confidential interviews with any person who may have relevant information relating to the complaint, including employees and other staff including licensed health care professionals and certified nurse aides, other licensed health care professionals and other provider staff, recipients of care or services from the provider and their family members, guardians, health care decision makers and friends.

D. Physical access to recipients of care and services: The provider must allow reasonable access to individuals receiving care or services from the provider to investigators from the authority or APS when such investigators announce that they are investigating a complaint. Such access may be telephonic or face-to-face.

E. Access to the provider’s records, patient trust accounts and patient property: The provider must provide immediate access to investigators from the authority or APS to the provider’s billing records, patient trust accounts, representative payee records, patient care and medical records, and patient property. In addition, the provider must assure access to employee and personnel records, including documentation showing provider inquiry to the registry.

F. Copying: The access required to be provided to investigators includes copying paper documents and printing and copying electronic and computer records or data. Copied documents shall be retained in accordance with applicable state retention policies.

G. Consequences of provider’s denial of cooperation: The authority shall administer sanctions for a provider’s failure to comply with the Employee Abuse Registry Act, including failure to provide access as required herein to conduct investigations of complaints, and such sanctions include a directed plan of correction, a civil monetary penalty not to exceed \$5,000, or such sanctions as are available under applicable contract or licensing provisions.

[8.370.8.12 NMAC - Rp, 8.370.8.12 NMAC, 5/19/2026]

8.370.8.13 NOTIFICATION FOLLOWING INVESTIGATION:

A. Notification to provider and employee: If the authority or APS determines, following an investigation, that an instance of either substantiated or substantiated registry-referred employee abuse, neglect, or

exploitation has occurred, then the authority, if it substantiated the complaint, or APS, if it substantiated the complaint, shall promptly notify the employee and the provider.

B. Required information for substantiated registry-referred complaints: The notice to the provider and employee for substantiated registry-referred complaints shall be by certified mail and shall include the following information.

- (1) The nature of the abuse, neglect, or exploitation.
- (2) The date and time of the occurrence.
- (3) The right to request a hearing, and the time and manner for requesting a hearing.
- (4) The fact that the substantiated registry-referred findings will be reported to the registry, once the employee has had an opportunity for a hearing.
- (5) The failure by the employee to request a hearing in writing within 30 calendar days from the date of the notice shall result in the reporting of the substantiated findings to the registry and the provider.

C. Required information for substantiated complaints. The notice to the provider and employee for substantiated complaints may be by mail or by email and shall include the following information.

- (1) The nature of the abuse, neglect, or exploitation.
- (2) The date and time of the occurrence.
- (3) The fact that the substantiated complaint was not sufficiently severe to warrant reporting the employee to the registry.
- (4) The fact that the employee may not request a hearing.

D. Unsubstantiated complaints: Notice of a determination that an investigated complaint is unsubstantiated shall be mailed or emailed to the provider following such determination.

E. APS notification to the authority: APS shall notify the

manager of substantiated complaints of abuse, neglect and exploitation, and substantiated registry-referred complaints of abuse, neglect and exploitation.

[8.370.8.13 NMAC - Rp, 8.370.8.13 NMAC, 5/19/2026]

8.370.8.14 HEARINGS:

Hearings are provided to employees by either the authority or APS. This section provides rules applicable to hearings held by the authority.

A. Request for

hearing: An employee may request an evidentiary hearing if the employee is notified that as a result of substantiated registry-referred findings of abuse, neglect, or exploitation the employee will be reported to the registry. The request for a hearing shall be made to the authority if the authority conducted the investigation and issued the notice. The employee's request for hearing shall be made to APS if APS conducted the investigation and issued the notice. A provider may not request a hearing pursuant to the Employee Abuse Registry Act. The following applies to hearings properly requested of the authority.

(1) The request for a hearing shall be in writing and mailed or delivered to the New Mexico health care authority at the address set forth in the notice.

(2) The request for hearing shall include a copy of the notice.

(3) The request for hearing must be mailed or hand-delivered no later than 30 calendar days after the date of the notice.

B. Scheduling order:

The authority, or the hearing officer, shall issue a scheduling order that sets the hearing at a location reasonably convenient for the employee and at a date and time reasonably convenient to the parties. The scheduling order shall establish deadlines for completion of discovery and provide for the filing of a confidentiality order. The hearing shall be scheduled within 30 calendar days following the authority's receipt of the request for

hearing. Either party may request a continuance of the hearing for good cause. If the hearing is continued it shall be rescheduled at the earliest date and time available to the parties.

C. Hearing officer.

The hearing will be conducted before an impartial and independent hearing officer of the authority. The hearing officer is not required to be an attorney. Upon appointment, the hearing officer shall establish an official file of the case. The hearing officer shall resolve all prehearing matters, including amendment of the scheduling order, schedule and conduct prehearing conferences, rule on prehearing motions, and resolve discovery disputes. The hearing officer will preside over the hearing and allow each party an opportunity to present its case, and shall resolve all motions, evidentiary issues and other matters as may be necessary. Within 30 calendar days of the conclusion of the hearing the hearing officer will issue a report and recommended decision to the secretary.

D. Parties: The parties to the hearing are the authority, through the manager or designee, and the employee. Each party may be represented by an attorney.

E. Confidentiality: The hearing officer shall require the filing of an appropriate signed confidentiality order in which each party agrees to maintain and protect the confidentiality of all individually identifiable health information that is, or may be, used or disclosed at any time during the course of the entire proceeding in accordance with applicable state and federal law and regulations. Refusal or failure to sign an appropriate confidentiality order constitute grounds for denying discovery to the non-signing party, limiting the number and testimony of the non-signing party's witnesses, limiting the admission of evidence that discloses individually identifiable health information, and the imposition of other appropriate measures to limit the scope of disclosure of individually identifiable health information to the non-signing party.

F. Discovery:

(1) Exhibit and witness lists will be exchanged between the parties and provided to the hearing officer prior to the hearing by the parties in accordance with the scheduling order, any prehearing order, or by agreement of the parties. The witness list shall include a summary of the subject matter of the anticipated testimony of each witness listed.

(2) No depositions are allowed except by order of the hearing officer upon a showing that the deposition is necessary to preserve the testimony of persons who are sick or elderly, or persons who will not be able to attend the hearing. Pursuant to provisions in the scheduling order or upon agreement of the parties, and with the consent of the witness if the witness is not employed by the authority or another governmental entity, a party may interview witnesses identified by the other party at a reasonable time and in a reasonable manner.

(3) Production of documents. Upon request by the employee, the authority shall provide a copy of the investigation to the employee. The parties may request the production of other relevant documents in accordance with the scheduling order or other discovery order.

G. Hearing

procedures: The hearing shall be closed to the public. The hearing officer shall conduct the hearing in an efficient and orderly manner that respects the rights of the parties to present their cases. The hearing officer shall maintain proper decorum and shall assure that all participants in the hearing are courteous to one another. The hearing officer is authorized to resolve motions and other disputes before and during the hearing.

(1)

Recording: The hearing officer will cause a record to be made of the hearing and retained in the official file. Generally, such record is made by use of commonly available audio recording technology. A log of the recording shall be maintained.

(2) Order of presentation at hearing: The authority shall present its case, the employee shall present the employee's case, and the authority may present its rebuttal case.

(3) Public: The hearing is closed, nonpublic hearing.

(4) Evidence: The New Mexico rules of evidence do not apply, although they may be referred to for guidance as to type of evidence that may be admitted. Generally, evidence shall be admitted if it is of a type relied upon by reasonable persons in the conduct of important affairs. Proffered evidence may be excluded if it is not relevant or is repetitious or cumulative.

(5) Telephonic testimony: Upon timely notice to the opposing party and the hearing officer and with the approval of the hearing officer, the parties may present witnesses by telephone, or live video.

(6) Recommended decision: The hearing officer shall issue a recommended decision to the secretary within 30 days of the closing of the hearing and transfer the official record to the custodian.

(7) The custodian shall maintain the official record of the hearing, which shall include the recommendation of the hearing officer and the secretary's adjudicated decision.

H. Secretary's decision: Within 10 business days of receipt of the authority's or the APS' hearing officer recommendation, the secretary of the authority shall issue a final decision and promptly provide the parties with a copy. If the decision of the secretary finds that the employee was responsible for abuse, neglect or exploitation of sufficient severity for referral to the registry, it shall be the adjudicated decision of abuse, neglect or exploitation.

I. Judicial review: An employee may appeal the secretary's adjudicated decision of abuse, neglect or exploitation to the district court pursuant to the provisions of Section 39-3-1.1 NMSA

1978. The custodian will enter the employee's name into the registry within two working days following receipt of the adjudicated decision. The custodian shall promptly remove the employee from the registry upon the authority's receipt of an order issued by the district court granting a stay pending the outcome of the appeal, or upon the authority's receipt of a district court order reversing the adjudicated decision.

J. Court of appeals: If the employee seeks review in the court of appeals by writ of certiorari, the employee shall remain on the registry, unless a stay is granted or the court of appeals reverses the district court. If a stay is granted or the court of appeals reverses, notification shall be made to the custodian who shall promptly remove the employee from the registry.
[8.370.8.14 NMAC - Rp, 8.370.8.14 NMAC, 5/19/2026]

8.370.8.15 NOTIFICATION BY APS: APS shall promptly provide all required employee information to the custodian of the final disposition of complaints of substantiated registry-referred abuse, neglect or exploitation after the occurrence of each of the following:

A. No hearing requested: The employee has not requested an administrative hearing within 30 calendar days after the date of the notice to the employee following an investigation resulting in the determination of substantiated registry-referred abuse, neglect, or exploitation.

B. Adjudication of abuse, neglect or exploitation: The employee has not filed for review in the district court pursuant to the provisions of Section 39-3-1.1 NMSA 1978 after 30 calendar days following the date of the final APS administrative adjudication decision of employee abuse, neglect or exploitation of sufficient severity for registry referral.

C. Judicial decision: Upon the receipt by APS of a district court order or decision sustaining the APS administrative adjudication

decision of abuse, neglect or exploitation of sufficient severity for registry referral, if an employee seeks judicial review in the district court.

D. Court of Appeals: If the employee seeks review in the court of appeals by writ of certiorari, the employee shall remain on the registry, unless a stay is granted or the court of appeals reverses the district court. If a stay is granted or the court of appeals reverses, then notification shall be made to the custodian who shall promptly remove the employee from the registry.
[8.370.8.15 NMAC - Rp, 8.370.8.15 NMAC, 5/19/2026]

8.370.8.16 ENTRY ON THE REGISTRY: The custodian shall provide the employee and the provider for whom the employee worked with notice of the employee's listing on the registry. The following employees will be listed on the registry by the custodian:

A. No hearing requested: Any employee determined to have committed substantiated registry-referred abuse, neglect or exploitation who does not request an administrative hearing within 30 calendar days after the date of the notice to the employee.

B. Adjudicated decision: Any employee who, after 30 calendar days following the date of an adjudicated decision of abuse, neglect or exploitation, has not filed for review in the district court pursuant to the provisions of Section 39-3-1.1 NMSA 1978.

C. Judicial decision: Any employee for whom a district court has entered an order or decision sustaining an administrative adjudication of abuse, neglect or exploitation.

D. Court of appeals: Any employee who seeks review in the court of appeals by writ of certiorari shall remain listed on the registry, unless a stay is granted pending the outcome of the case, or the court of appeals reverses the district court. If a stay is granted or the court of appeals reverses the district court, then the custodian shall

promptly remove the employee from the registry.

[8.370.8.16 NMAC - Rp, 8.370.8.16 NMAC, 5/19/2026]

8.370.8.17 REMOVAL FROM THE REGISTRY: After a period of three years from the effective date of placement on the registry, an individual on the registry may petition for removal from the registry. The petition shall be sent to the custodian. The petition contents shall be reviewed for completeness within five days, and if not complete, notice shall be sent to the petitioner informing the petitioner that the petition is incomplete. The petition review time does not commence to run until the submission of a complete petition.

A. Petition contents:

Any individual whose name is on the registry may petition the custodian in writing for removal of the individual's name from the registry. In addition to the name, address, telephone number, and social security number of the petitioner, the petition shall provide:

(1) the petitioner's employment history since placement on the registry, to include for each employer, the name, address and telephone number of the employer, a brief description of the petitioner's responsibilities, the dates of the employment, reasons for ending the employment, and the names and telephone numbers of any employer contacts;

(2) evidence of any rehabilitation, restitution or education since the incident of abuse, neglect or exploitation, including copies of any certificates or other evidence of successful completion of rehabilitation or other educational programs, and including evidence of relevant volunteer activities;

(3) other relevant information including changed circumstances.

B. Review of petition:

The authority shall establish a process of review of the petition. Such process may include review of the petition by authority or APS employees selected for such reviews

and shall include a requirement that a recommendation be made to the secretary on the merits of the petition within 20 calendar days from receipt of the completed petition. The burden at all times rests upon the petitioner to present truthful information sufficient to show that good cause exists for removing the petitioner's name from the registry.

C. Review

considerations: The review process established by the authority shall consider all relevant factors to determine if the petitioner has presented truthful information sufficient to demonstrate that good cause exists for removing the petitioner's name from the registry, including but not limited to:

(1) the nature and extent of the substantiated abuse, neglect or exploitation which resulted in the placement of the petitioner's name on the registry including records obtained from the employee abuse registry program and the custodian of the registry;

(2) the evidence showing the rehabilitation activities of the petitioner, which may be based in part on relevant volunteer activities, education and restitution;

(3) the petitioner's age at the time of the substantiated abuse, neglect or exploitation, and the length of time since the substantiated abuse, neglect or exploitation;

(4) the likelihood that the petitioner will commit future acts of abuse, neglect or exploitation; and,

(5) the existence and extent of false or misleading statements or information provided by the petitioner in connection with the petition.

D. Decision on

Petition: The secretary shall issue a final written determination on the petition based upon the review of the petition within 30 days of receipt of the completed petition and shall provide the decision to the petitioner in person or by certified mail. The secretary's final written determination shall be delivered or mailed to the

petitioner within three business days of such determination. If the petition is granted, the petitioner's name shall be promptly removed from the registry.

E. Hearings:

If the secretary denies the petition, the petitioner may request an administrative hearing with 10 calendar days of receipt of the decision. Upon receipt of a request for a hearing, an independent hearing officer of the authority shall conduct the hearing. If a petition is denied by the secretary and a hearing is requested and provided, the individual may not thereafter re-petition for removal from the registry. If the petition is denied following a hearing, then the petitioner may seek judicial review pursuant to the provisions of Section 39-3-1.1 NMSA 1978. If a petition is denied by the secretary, and an administrative hearing is not timely requested, then the individual on the registry may petition only one additional time for removal from the registry after a minimum of 36 months from the date of the prior petition denial.

[8.370.8.17 NMAC - Rp, 8.370.8.17 NMAC, 5/19/2026]

8.370.8.18

CONFIDENTIALITY: The authority complies with all state and federal confidentiality requirements regarding information obtained in connection with the operation of the employee abuse registry program, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

A. Confidentiality of

information: Information obtained by the incident management system involving incidents or situations of suspected abuse, neglect or exploitation is confidential and is not subject to public inspection until completion of all investigations and hearings, and then only to the extent specifically permitted by law and only such information that does not identify individuals who are receiving care or services from providers.

B. Unsubstantiated

complaints: Complaints of suspected

abuse, neglect or exploitation obtained by the incident management system that are not substantiated following investigation are not public information and are not subject to public inspection.

C. Substantiated complaints: Complaints of suspected abuse, neglect or exploitation obtained by the incident management system that are substantiated following investigation are subject to public inspection only to the extent permitted by law and the disclosure may not include any identifying information about an individual who is receiving health care services from a provider.

D. Permitted disclosures: Nothing herein shall restrict an appropriate disclosure of information to the centers for medicare and medicaid services; nor shall any provision herein restrict disclosures to law enforcement officials, including district attorneys and courts, in accordance with the Adult Protective Services Act and the Resident Abuse and Neglect Act or other law.
[8.370.8.18 NMAC - Rp, 8.370.8.18 NMAC, 5/19/2026]

History of 8.370.8 NMAC:
[RESERVED]

History of Repealed Material:
8.370.8 NMAC, Employee Abuse Registry filed 6/13/2024 Repealed effective 5/19/2026.

Other: 8.370.8 NMAC, Employee Abuse Registry filed 6/13/2024 Replaced by 8.370.8 NMAC, Employee Abuse Registry effective 5/19/2026.

**HEALTH CARE
AUTHORITY
HEALTH IMPROVEMENT
DIVISION**

**TITLE 8 SOCIAL
SERVICES
CHAPTER 321 SPECIALIZED
BEHAVIORAL HEALTH
SERVICES**

**PART 13 REQUIREMENTS
FOR ADULT ACCREDITED
RESIDENTIAL TREATMENT
CENTER**

8.321.13.1 ISSUING AGENCY: New Mexico Health Care Authority - Division of Health Improvement.
[8.321.13.1 NMAC - N, 5/19/2026]

8.321.13.2 SCOPE: Agencies that receive state or federal funding for the purpose of providing one or more services.
[8.321.13.2 NMAC - N, 5/19/2026]

8.321.13.3 STATUTORY AUTHORITY: These regulations are promulgated by the secretary of the New Mexico health care authority pursuant to the general authority granted under Subsection E of Section 9-8-6 of the Health Care Authority Act, NMSA 1978, as amended; and the authority granted under Subsection D of Section 24A-1-2, Subsection I of Section 24A-1-3, and Section 24A-1-5 of the Health Care Code, NMSA 1978, as amended. Section 9-8-1 et seq. NMSA 1978 establishes the health care authority as a single, unified department responsible for administering laws and exercising functions related to health care purchasing and regulation.
[8.321.13.3 NMAC - N, 5/19/2026]

8.321.13.4 DURATION:
Permanent.
[8.321.13.4 NMAC - N, 5/19/2026]

8.321.13.5 EFFECTIVE DATE: May 19, 2026 unless a later date is cited at the end of a section or paragraph.
[8.321.13.5 NMAC - N, 5/19/2026]

8.321.13.6 OBJECTIVE:
A. To establish minimum standards for licensing of adult accredited residential treatment centers (AARTC) that provide quality mental health, substance use and co-occurring stabilization services outside of a hospital setting.
B. To ensure the provision of quality services which

maintain or improve the health and quality of life to the clients.

C. To monitor compliance under these regulations through surveys and to identify any facility areas which could be dangerous or harmful.
[8.321.13.6 NMAC - N, 5/19/2026]

8.321.13.7 DEFINITIONS:
A. Definitions beginning with "A":
(1) "AARTC"
means adult accredited residential treatment center.

(2) "Accreditation organization (AO)"
means to evaluate and recognize institutions and programs as meeting specific quality standards.

(3) "Applicant" means the organization that applies for a license. The individual signing the application on behalf of the organization must have authority from the organization.

B. Definitions beginning with "B": "BHSD"
means behavioral health services division.

C. Definitions beginning with "C":
(1) "CHOW"
means a change of ownership.

(2) "CLIA" means clinical laboratory improvement amendments of 1988 as amended.

(3) "Client"
means any individual who is requesting or receiving mental health and substance use treatment services from an adult accredited residential treatment center as defined in this regulation.

D. Definitions beginning with "D":
(1) "Deficiency" means a violation of or failure to comply with a provision(s) of these regulations.

(2) "Department" means the New Mexico health care authority.

E. Definitions beginning with "E": [RESERVED]

F. Definitions beginning with "F": "Facility"

means a building or buildings, including all branches, in which mental health and substance use treatment services are provided to the public and which is licensed pursuant to these regulations.

G. Definitions

beginning with “G”: [RESERVED]

H. Definitions

beginning with “H”: “HCA” means the New Mexico health care authority.

I. Definitions

beginning with “I”: [RESERVED]

J. Definitions

beginning with “J”: [RESERVED]

K. Definitions

beginning with “K”: [RESERVED]

L. Definitions

beginning with “L”:

(1) “License”

means the document issued by the licensing authority pursuant to these regulations granting the legal right to operate for a specified period of time.

(2)

“Licensee” means the organization which has an ownership, leasehold, or similar interest in the facility and in whose name a license for a facility has been issued and who is legally responsible for compliance with these regulations.

(3) “Licensing authority”

means the agency within the New Mexico health care authority vested with the authority by HCA to regulate and enforce these regulations.

(4) “Life

Safety Code (LSC) is another way to describe NFPA 101, which is a set of regulations developed by the national fire protection association (NFPA). It provides minimum requirements for the design, construction, operation and maintenance of buildings to protect occupants from fire and other hazards.

M. Definitions

beginning with “M”: [RESERVED]

N. Definitions

beginning with “N”:

(1) “NFPA”

means the national fire protection association which sets codes and standards for fire and life safety. NFPA 11 and related standards, current edition as required by the authority.

(2) “NMSA”

means the New Mexico Statutes Annotated, 1978 compilation, and all the revisions and compilations thereof.

O. Definitions

beginning with “O”: [RESERVED]

P. Definitions

beginning with “P”:

(1) “Plan

of correction (POC)” means the plan submitted by the licensee or representative of the licensee addressing how and when deficiencies identified at the time of a survey will be corrected.

(2) “Plan

review” means the evaluation of the building plans.

(3) “Policy”

means a statement of principle that guides and determines present and future decisions and actions.

(4)

“Premises” means buildings, grounds, and equipment of a facility.

(5)

“Procedure” means the action(s) that must be taken to implement a policy.

Q. Definitions

beginning with “Q”: [RESERVED]

R. Definitions

beginning with “R”: [RESERVED]

S. Definitions

beginning with “S”: [RESERVED]

T. Definitions

beginning with “T”: [RESERVED]

U. Definitions

beginning with “U”: “U/L approved” means approved for safety by the national underwriter’s laboratory.

V. Definitions

beginning with “V”: “Variance” means to refrain from pressing or enforcing compliance with a portion or portions of these regulations for an unspecified period of time where the granting of a variance will not create a danger to the health, safety, or welfare of clients or staff of a facility, and is issued at the sole discretion of the licensing authority.

W. Definitions

beginning with “W”:

(1) “Waive/

waiver” means to refrain from pressing or enforcing compliance

with a portion or portions of these regulations for a limited period of time provided the health, safety, or welfare of the clients and staff are not in danger. Waivers are issued at the sole discretion of the licensing authority.

(2)

Withdrawal management: means the medical and psychological care of patients who are experiencing withdrawal symptoms because of ceasing or reducing substance use.

X. Definitions

beginning with “X”: [RESERVED]

Y. Definitions

beginning with “Y”: [RESERVED]

Z. Definitions

beginning with “Z”: [RESERVED] [8.321.13.7 NMAC - N, 5/19/2026]

8.321.13.8 STANDARD OF

COMPLIANCE: The degree of compliance required throughout these regulations is designated using the words “shall” or “must” or “may.” “shall” or “must” means mandatory. “may” means permissive. The use of the words “adequate,” “proper,” and other similar words means the degree of compliance that is generally accepted throughout the professional field by those who provide services to the public in facilities governed by these regulations.

[8.321.13.8 NMAC - N, 5/19/2026]

8.321.13.9 SCOPE OF SERVICES:

A. Adult Accredited

Residential Treatment Center (AARTC) for adults with substance use disorders: To help an eligible recipient 18 years of age and older, who has been diagnosed as having substance use disorder (SUD), and the need for AARTC has been identified in the eligible recipient’s diagnostic evaluation as meeting criteria of the American society of addiction medicine (ASAM) level of care three, for whom a less restrictive setting is not appropriate, MAD pays for services furnished to individuals by an AARTC accredited by the joint commission (JC), the commission on accreditation of rehabilitation facilities (CARF) or the council

on Accreditation (COA). Services may include a variety of therapeutic approaches including withdrawal management. Facilities utilizing withdrawal management must adhere to the following requirements:

(1) ASAM Level 3.2-WM AARTC facilities must provide 24-hour supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal.

(2) ASAM Level 3.7-WM AARTC facilities must provide 24-hour registered nursing care with physician visits and protocols in place should a patient's conditions deteriorate or appear to need intensive inpatient withdrawal management interventions.

B. Adult Accredited Residential Treatment Center (AARTC) for adults with serious mental health conditions: To help an eligible recipient 18 years of age and older, who is diagnosed as having a serious mental health condition, the need for AARTC has been identified in the eligible recipient's diagnostic evaluation as meeting criteria of the level of care utilization system (LOCUS) for psychiatric and SUD services level of care five for whom a less restrictive setting is not more appropriate. MAD pays for services furnished to them by an AARTC accredited by the joint commission (TJC), the commission on accreditation of rehabilitation facilities (CARF), or the council on accreditation.

[8.321.13.9 NMAC - N, 5/19/2026]

8.321.13.10 PROHIBITION ON UNLICENSED OPERATION:

These regulations apply to all adult accredited residential treatment centers (AARTC) for substance use disorders and mental health conditions operating within New Mexico as set out in the scope of these regulations. No AARTC, or branch thereof, may operate in New Mexico without being duly licensed according to these regulations.

[8.321.13.10 NMAC - N, 5/19/2026]

8.321.13.11 INITIAL LICENSURE PROCEDURES:

These regulations should be thoroughly understood and used by the applicant, when applying for the initial AARTC license. The applicant for an initial AARTC license under these regulations must follow these procedures when applying for a license.

A. Notification and letter of intent: The owner shall advise the licensing authority of its intent to open an AARTC pursuant to these regulations by submitting a letter of intent. The letter of intent must be on the applicant's letter head and signed by a person with authority to make legal decisions for the owner and the AARTC and at a minimum, including the following:

- (1) the name of AARTC;
- (2) the name of the legal owner and licensee and the type of legal entity under which the AARTC shall be owned;
- (3) the name and address of the management company, if any;
- (4) the type of facility license requested;
- (5) the name and resume of the proposed administrator;
- (6) the anticipated number of residential and non-residential clients to be served;
- (7) the intended population and age range of the clients to be served;
- (8) the number of residential beds in the proposed AARTC;
- (9) the physical address of AARTC including building name or suite number;
- (10) the mailing address, if different from physical address;
- (11) the applicant's contact name(s), address, e-mail address, and telephone number(s);
- (12) the anticipated payers and sources of reimbursement;
- (13) a list of all services to be provided at the AARTC

location which is requesting the license;

- (14) a behavioral health services division approval letter; and
- (15) the accreditation organization approval letter.

B. License application and fees: Prior to completion of construction, renovation or addition to an existing building, the applicant will submit to the licensing authority the following:

- (1) **Application forms:** appropriately completed and submitted;
- (2) **Fees:**
 - (a) Current fee schedules must be provided by the licensing authority.
 - (b) Fees must be in the form of a certified check, money order, personal, or business check, or other approved electronic payment method, made payable to the state of New Mexico.
 - (c) Fees are non-refundable.
- (3) **Zoning and building approval:**
 - (a) All initial applications must be accompanied by written zoning approval from the appropriate authority (city, county or municipality).
 - (b) Prior to licensure, initial applicants must submit written building approval (certificate of occupancy) from the appropriate authority (city, county, or municipality).
- (4) **Fire authority approval:** Prior to licensure, initial applicants must submit written approval of the fire authority having jurisdiction.
- (5) **New Mexico environment department approval:** Prior to licensure, initial applicants are responsible for submission of the written approval of the New Mexico environment department for the following:
 - (a) private water supply, if applicable;

(b) private waste or sewage disposal, if applicable; and

(c) kitchen, if meals are prepared on site.

(6) **Drug permit:** copy of appropriate drug permit issued by the state board of pharmacy, in accordance with Subsection 11 of Section 16.19 New Mexico Administrative Code.

(7) **Patient notification policy & procedure:** In accordance with Subsection A of Section 24A-3-4 NMSA 2024 concerning residential behavioral health facilities requirement to provide the patient with the opportunity to notify the patient's family member that the patient has been admitted.

C. **Life Safety Code (LSC) Initial survey:** This only applies to new facilities. Upon receipt of a properly completed application with all supporting documentation as outlined above, an initial LSC on-site survey will be scheduled by the licensing authority.

D. **Issuance of new or renewal of license:**

(1) **New facilities:** Upon approval of the AO and the completion of the initial LSC survey that will determine that the facility complies with these regulations, the licensing authority will issue a license.

(2) **Existing facilities:** Upon approval of the accrediting organization, the licensing authority will issue a license.

E. **New facility plan review phase:** These regulations apply to the design of a new building or renovation or addition to an existing building for licensure as a facility pursuant to these regulations. Prior to starting construction, renovations or additions to an existing building the applicant of the proposed facility shall:

(1) advise the licensing authority in writing of intention to open a facility pursuant to these regulations.

(2) submit a set of floor plans for the building which must be of professional quality, be on substantial paper of at least 18 inches by 24 inches and drawn to an accurate scale of one-quarter inch to one foot. These plans must include:

(a) proposed use of each room e.g., waiting room, counseling/ therapy room, office, etcetera;

(b) interior dimensions of all rooms;

(c) one building or wall section showing exterior and interior wall construction. Section must include floor, wall, ceiling, and the finishes, e.g., carpet, tile, gyp board with paint, wood paneling;

(d) door types, swing, and sizes of all doors, e.g. solid core, hollow core, three feet by six feet, eight inches, one and three-quarters inches thick;

(e) if the building is air-conditioned;

(f) all sinks;

(g) furnaces and hot water heaters, and if gas or electric;

(h) windows including size and type;

(i) any level changes within the building, e.g., steps or ramps;

(j) fire extinguishers, heat and smoke detectors and alarm systems,

(k) location of the building on a site/ plot plan to determine surrounding conditions; include all steps, ramps, parking areas, walks, and any permanent structures; and

(l) plans if the building is new construction, remodeled or alteration, or an addition. If remodeled or an addition, indicate existing and new construction on the plans.

(3) Blueprints or floor plans must be reviewed by the licensing authority for compliance with current licensing regulations, building and fire codes.

(4) If blueprints or plans are approved, the licensing authority will advise the applicant that construction may begin.

F. **Construction phase:** During the construction of a new building or renovations or additions to an existing building, the applicant must coordinate with the licensing authority and submit any changes to the blueprints or plans for approval before making such changes. [8.321.13.11 NMAC - N, 5/19/2026]

8.321.13.12 **LICENSES:**

A. **Biennial license:** A license is issued for a two-year period to an AARTC which has met all requirements of these regulations.

B. **Amended license:** A licensee must apply to the licensing authority for an amended license when there is a change of administrator/director or when there is a change of name for the facility.

(1) Application must be on a form provided by the licensing authority.

(2) Application must be accompanied by the required fee for amended license.

(3) Application must be submitted within 10 working days of the change. [8.321.13.12 NMAC - N, 5/19/2026]

8.321.13.13 **LICENSE**

RENEWAL:

A. Licensee must submit a renewal application on forms provided by the licensing authority, along with the required fee at least 30 days prior to expiration of the current license.

B. Upon receipt of renewal application and required fee prior to expiration of their current license, the licensing authority will issue a new license effective the day following the date of expiration of the current license if the facility complies with these regulations.

C. If a licensee fails to submit a renewal application with the required fee and the current license expires, the facility shall cease operations until it obtains a new license through the initial licensure

procedures. Subsection A of Section 24a-1-5 NMSA 1978, as amended, provides that no health facility shall be operated without a license.
[8.321.13.13 NMAC - N, 5/19/2026]

8.321.13.14 POSTING OF LICENSE: The facility’s license must be posted on the licensed premises in an area visible to the public.
[8.321.13.14 NMAC - N, 5/19/2026]

8.321.13.15 NON-TRANSFERABLE RESTRICTION OF LICENSE: A license shall not be transferred by assignment, or otherwise, to other persons or locations. The license shall be void and must be returned to the licensing authority when any one of the following situations occur:
A. ownership of the facility changes,
B. the facility changes location,
C. licensee of the facility changes
D. the facility discontinues operation,
 [8.321.13.15 NMAC - N, 5/19/2026]

8.321.13.16 AUTOMATIC EXPIRATION OF LICENSE: A license will automatically expire at midnight on the day indicated on the license as the expiration date, unless renewed, suspended, or revoked, or
A. on the day a facility discontinues operation,
B. on the day a facility is sold, leased, or otherwise changes ownership or licensee; or
C. on the day a facility changes location.
 [8.321.13.16 NMAC - N, 5/19/2026]

8.321.13.17 SUSPENSION OF LICENSE WITHOUT PRIOR HEARING: In accordance with Subsection H of Section 24a-1-5 NMSA 1978, if immediate action is required to protect human health and safety, the licensing authority may suspend a license pending a hearing, provided such hearing is held within five working days of the suspension,

unless waived by the licensee.
[8.321.13.17 NMAC - N, 5/19/2026]

8.321.13.18 GROUNDS FOR REVOCATION OR SUSPENSION OF LICENSE, DENIAL OF INITIAL OR RENEWAL APPLICATION FOR LICENSE, OR IMPOSITION OF INTERMEDIATE ACTIONS OR CIVIL MONETARY PENALTIES: A license may be revoked or suspended, an initial or renewal application for license may be denied, or intermediate sanctions or civil monetary penalties may be imposed after notice and opportunity for a hearing, for any of the following:
A. failure to comply with any provision of these regulations;
B. failure to allow survey by authorized representatives of the licensing authority;
C. allowing any person active in the operation of a facility licensed pursuant to these regulations to be under the influence of, or impaired by, alcohol or other behavior altering substances;
D. misrepresentation or falsification of any information on application forms or other documents provided to the licensing authority;
E. repeated violations of these regulations; or
F. failure to provide the required care and services as outlined by these regulations for the clients receiving care at the facility.
 [8.321.13.18 NMAC - N, 5/19/2026]

8.321.13.19 HEARING PROCEDURES:
A. Hearing procedures for an administrative appeal of an adverse action taken by the licensing authority against a facility’s license as outlined in sections 17 and 18 above will be held in accordance with adjudicatory hearings for licensed facilities, New Mexico health care authority, 8.370.2 NMAC.
B. A copy of the above regulations will be furnished to a facility at the time an adverse action is taken against its license by the licensing authority. A copy may be

requested at any time by contacting the licensing authority.
[8.321.13.19 NMAC - N, 5/19/2026]

8.321.13.20 LICENSED FACILITIES:
A. Any AARTC, currently licensed on the date these regulations are promulgated, and which provides the services prescribed under these regulations, may continue to operate as an AARTC as described in these regulations.
B. Any AARTC, not currently licensed on the date these regulations are promulgated, and which provides the services prescribed under these regulations, must seek licensure as an AARTC within 90 days from the effective date of these regulations.
(1) AARTC may seek variances for those building requirements the facility cannot meet under the criteria outlined in these regulations if not in conflict with existing building and fire codes.
(2) Variances or waivers may be considered for circumstances where the facility demonstrates an extreme financial hardship to comply with requirements outlined in these regulations.
 [8.321.13.20 NMAC - N, 5/19/2026]

8.321.13.21 NEW FACILITY: A new facility may be opened in an existing building or a newly constructed building.
A. If opened in an existing building, a variance may be granted for those building requirements the facility cannot meet under the criteria outlined in these regulations if not in conflict with existing building and fire codes. This is at the sole discretion of the licensing authority.
B. A new facility opened in a newly constructed building must meet all requirements of these regulations.
 [8.321.13.21 NMAC - N, 5/19/2026]

8.321.13.22 FACILITY SURVEYS:
A. Application for licensure, LSC initial, shall constitute

permission for entry into, and survey of, a facility by authorized licensing authority representatives at reasonable times during the status of the application and, if licensed, during the licensure period.

B. Surveys may be announced or unannounced at the sole discretion of the licensing authority.

C. Upon receipt of a written notice of deficiency from the licensing authority, the licensee, or their representative, will be required to submit a plan of correction to the licensing authority within 10 calendar days stating how the facility intends to correct each violation noted, the expected date of correction and who is responsible for monitoring the violation.

D. The licensing authority may at its sole discretion accept the plan of correction as written or require modifications of the plan by the licensee.

[8.321.13.22 NMAC - N, 5/19/2026]

8.321.13.23 POLICIES AND PROCEDURES: All AARTC's licensed pursuant to these regulations must have written policies and procedures in accordance with the standards set forth by BHSD.

[8.321.13.23 NMAC - N, 5/19/2026]

8.321.13.24 GENERAL BUILDING REQUIREMENTS:

A. New construction, additions and alterations: When construction of new buildings, additions, or alterations to existing buildings are contemplated, plans and specifications covering all portions of the work must be submitted to the licensing authority for plan review and approval prior to beginning actual construction. When an addition or alteration is contemplated, plans for the entire facility must be submitted

B. Access to the disabled: AARTC licensed pursuant to these regulations must be accessible to and useable by disabled employees, staff, visitors, and clients, including as governed by the Americans with Disabilities Act.

C. Extent of a facility: All buildings on the premises

providing client care and services will be considered part of the facility and must meet all requirements of these regulations. Where a part of the facility's services is contained in another facility, separation and access shall be maintained as described in current building and fire codes.

D. Additional requirements: A facility applying for licensure pursuant to these regulations may have additional requirements not contained herein. The complexity of building and fire codes and requirements of city, county, or municipal governments may stipulate these additional requirements. Any additional requirements will be outlined by the appropriate building and fire authorities, and by the licensing authority through plan review, consultation and on-site surveys during the licensing process. [8.321.13.24 NMAC - N, 5/19/2026]

8.321.13.25 MAINTENANCE OF BUILDING AND GROUNDS:

Facilities must always maintain the building(s) in good repair. Such maintenance shall include, but is not limited to, the following:

A. all electrical, mechanical, water supply, heating, fire protection, and sewage disposal systems must be maintained in a safe and functioning condition, including regular inspections of these systems;

B. all equipment and materials used for client care shall be maintained clean and in good repair;

C. all furniture and furnishings must be kept clean and in good repair; and

D. the grounds of the facility must be always maintained in a safe and sanitary condition.

[8.321.13.25 NMAC - N, 5/19/2026]

8.321.13.26 COMMON ELEMENTS FOR FACILITIES:

A. Entrance shall be able to accommodate wheelchairs.

B. Public services shall include:

(1) conveniently accessible wheelchair storage;

(2) a reception and information counter or desk;

(3) waiting areas;

(4) conveniently accessible public toilets; and

(5) drinking fountain(s) or water dispensing device easily accessible to clients or other visitors.

C. Interview space(s) for private interviews related to mental health, medical information, etc., shall be provided.

D. General or individual office(s) for business transactions, records, administrative, and professional staff shall be provided. These areas shall be separated from public areas for confidentiality.

E. Special storage for staff personal effects with locking drawers or cabinets shall be provided.

F. General storage facilities for supplies and equipment shall be provided.

G. Drug distribution stations shall be in accordance with standards set forth by the New Mexico board of pharmacy.

[8.321.13.26 NMAC - N, 5/19/2026]

8.321.13.27 HOUSEKEEPING:

A. The facility must be kept free from offensive odors and accumulations of dirt, rubbish, dust, and safety hazards.

B. Counseling/therapy rooms, waiting areas and other areas of daily usage must be cleaned as needed to maintain a clean and safe environment for the clients.

C. Floors and walls must be constructed of a finish that can be easily cleaned. Floor polishes shall provide a slip resistant finish.

D. Deodorizers must not be used to mask odors caused by unsanitary conditions or poor housekeeping practices.

E. Storage areas must be kept free from accumulation of refuse, discarded equipment, furniture, paper, et cetera.

[8.321.13.27 NMAC - N, 5/19/2026]

8.321.13.28 WATER:
A. A facility licensed pursuant to these regulations must be provided with an adequate supply of water that is of a safe and sanitary quality suitable for domestic use.
B. If the water supply is not obtained from an approved public system, the private water system must be inspected, tested, and approved by the New Mexico environment department prior to licensure. It is the facility's responsibility to ensure that subsequent periodic testing or inspection of such private water systems be made at intervals prescribed by the New Mexico environment department or recognized authority.
C. Hot and cold running water under pressure must be distributed at sufficient pressure to operate all fixtures and equipment during maximum demand periods.
D. Back flow preventers (vacuum breakers) must be installed on hose bibbs, laboratory sinks, janitor's sinks, and on all other water fixtures to which hoses or tubing can be attached.
E. Water distribution systems are arranged to always provide hot water at each hot water outlet. Hot water to hand washing facilities must not exceed 120 degrees fahrenheit.
 [8.321.13.28 NMAC - N, 5/19/2026]

8.321.13.29 SEWAGE AND WASTE DISPOSAL:
A. All sewage and liquid waste must be disposed of into a municipal sewage system where such facilities are available.
B. Where a municipal sewage system is not available, the system used must be inspected and approved by the New Mexico environment department or recognized local authority.
C. Where municipal or community garbage collection and disposal service are not available, the method of collection and disposal of solid wastes generated by the facility must be inspected and approved by the New Mexico environment

department or recognized local authority.
D. All garbage and refuse receptacles must be durable, have tight fitting lids, must be insect and rodent proof, washable, leak proof and constructed of materials which will not absorb liquids. Receptacles must be kept clean.
 [8.321.13.29 NMAC - N, 5/19/2026]

8.321.13.30 FIRE SAFETY COMPLIANCE: All current applicable requirements of state and local codes for fire prevention and safety must be met by the facility.
 [8.321.13.30 NMAC - N, 5/19/2026]

8.321.13.31 FIRE CLEARANCE AND INSPECTIONS: Each facility must request from the fire authority having jurisdiction, an annual fire inspection. If the policy of the fire authority having jurisdiction does not provide for annual inspection of the facility, the facility must document the date the request was made and to whom. If the fire authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility.
 [8.321.13.31 NMAC - N, 5/19/2026]

8.321.13.32 STAFF FIRE AND SAFETY TRAINING:
A. All staff of the facility must know the location of, and be instructed in, proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the fire authority having jurisdiction to give periodic instruction in fire prevention and techniques of evacuation.
B. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards such as frayed electrical cords, faulty equipment, blocked exits or exit pathways and any other condition which could cause burns, falls, or other personal injury to the clients or staff.
 [8.321.13.32 NMAC - N, 5/19/2026]

8.321.13.33 EVACUATION PLAN: Each facility must have a fire evacuation plan posted in each separate area of the building showing routes of evacuation in case of fire or other emergency.
 [8.321.13.33 NMAC - N, 5/19/2026]

8.321.13.34 PROVISIONS FOR EMERGENCY CALLS: An easily accessible telephone for summoning help, in case of emergency, must be available in the facility.
 [8.321.13.34 NMAC - N, 5/19/2026]

8.321.13.35 FIRE EXTINGUISHERS:
A. Fire extinguishers as approved by the state fire marshal or fire prevention authority having jurisdiction must be in the facility.
B. Fire extinguishers must be properly maintained as recommended by the manufacturer, state fire marshal or fire authority having jurisdiction.
C. All fire extinguishers must be inspected yearly and recharged as specified by the manufacturer, state fire marshal, or fire authority having jurisdiction. All fire extinguishers must be tagged, noting the date of inspection.
 [8.321.13.35 NMAC - N, 5/19/2026]

8.321.13.36 ALARM SYSTEM: A manually operated, electrically supervised fire alarm system shall be installed in each facility only as required by the national fire protection association (NFPA) 101 (life safety code). Multiple story facilities do require manual alarm systems.
 [8.321.13.36 NMAC - N, 5/19/2026]

8.321.13.37 FIRE DETECTION SYSTEM: The facility must be equipped with smoke detectors as required by the NFPA 101 (life safety code) and approved in writing by the fire authority having jurisdiction as to number, type and placement.
 [8.321.13.37 NMAC - N, 5/19/2026]

8.321.13.38 JANITOR'S**CLOSET(S):**

- A.** Each facility shall have at least one janitor's closet.
- B.** Each janitor's closet shall contain:
- (1) a service sink; and
 - (2) storage for housekeeping supplies and equipment.
- C.** Each janitor's closet must be vented.
- D.** Janitor closets are hazardous areas and must be provided with one hour fire separation and one and three-quarters inches solid core doors which are rated at a 20-minute fire protection rating.
[8.321.13.38 NMAC - N, 5/19/2026]

8.321.13.39 HAZARDOUS AREAS:

- A.** Hazardous areas include the following:
- (1) fuel fired equipment rooms;
 - (2) bulk laundries or laundry rooms with more than 100 sq. ft.;
 - (3) storage rooms with more than 50 sq. ft. but less than 100 sq. ft. not storing combustibles;
 - (4) storage rooms with more than 100 sq. ft. storing combustibles;
 - (5) chemical storage rooms with more than 50 sq. ft.; and
 - (6) garages, janitor's closets, maintenance shops, or maintenance rooms.
- B.** Hazardous areas on the same floor or abutting a primary means of escape or a sleeping room shall be protected by either:
- (1) an enclosure of at least one-hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter hour rating; or
 - (2) an automatic fire protection (sprinkler) and separation of hazardous areas with self-closing doors or doors with automatic closing on smoke detection; or

(3) any other hazardous areas shall be enclosed with walls with at least a 20-minute fire rating and doors equivalent to one and three-quarter inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection.

C. All boilers, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one hour. Doors to these rooms shall be one and three-quarter inch solid core.
[8.321.13.39 NMAC - N, 5/19/2026]

8.321.13.40 EMERGENCY LIGHTING:

- A.** A facility must be provided with emergency lighting that will activate automatically upon disruption of electrical service.
- B.** The emergency lighting must be sufficient to illuminate paths of egress and exits of the facility.
[8.321.13.40 NMAC - N, 5/19/2026]

8.321.13.41 ELECTRICAL STANDARDS:

- A.** All electrical installation and equipment must comply with all current state and local codes.
- B.** Circuit breakers or fused switches that provide electrical disconnection and over current protection shall be:
- (1) enclosed or guarded to provide a dead front assembly;
 - (2) readily accessible for use and maintenance;
 - (3) set apart from traffic lanes;
 - (4) located in a dry, ventilated space, free of corrosive fumes or gases;
 - (5) able to operate properly in all temperature conditions.
 - (6) Panel boards servicing lighting and appliance circuits shall be on the same floor and in the same facility area as the circuits they serve.

(7) each panel board will be marked showing the services; and

(8) the use of jumpers or devices to bypass circuit breakers or fused switches is prohibited.
[8.321.13.41 NMAC - N, 5/19/2026]

8.321.13.42 LIGHTING:

- A.** All spaces occupied by people, machinery, or equipment within buildings, approaches to buildings, and parking lots shall have lighting.
- B.** Lighting will be sufficient to make all parts of the area clearly visible.
- C.** All lighting fixtures must be shielded.
- D.** Lighting fixtures must be selected and located with the comfort and convenience of the staff and clients in mind.
[8.321.13.42 NMAC - N, 5/19/2026]

8.321.13.43 ELECTRICAL CORDS AND RECEPTACLES:

- A.** Electrical cords and extension cords:
- (1) Electrical cords and extension cords must be U/L approved.
 - (2) Electrical cords and extension cords must be replaced as soon as they show wear.
 - (3) Under no circumstances shall extension cords be used as a general wiring method.
 - (4) Extension cords must be plugged into an electrical receptacle within the room where used and must not be connected in one room and extended to some other room.
 - (5) Extension cords must not be used in series.
- B.** Electrical receptacles:
- (1) Duplex-grounded type electrical receptacles (convenience outlets) must be installed in all areas in sufficient quantities for tasks to be performed as needed. Each examination must have access to a minimum of two duplex receptacles.

(2) The use of multiple sockets (gang plugs) in electrical receptacles is strictly prohibited.
[8.321.13.43 NMAC - N, 5/19/2026]

8.321.13.44 HEATING, VENTILATION, AND AIR-CONDITIONING:

A. Heating, air-conditioning, piping, boilers, and ventilation equipment must be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical, and construction codes.

B. The heating method used by the facility must have a minimum indoor winter design capacity of 75 degrees fahrenheit. with controls provided for adjusting temperature as appropriate for clients and staff comfort.

C. The use of non-vented heaters, open-flame heaters or portable heaters is prohibited.

D. An ample supply of outside air must be provided in all spaces where fuel-fired boilers, furnaces, or heaters are located to ensure proper combustion.

E. All fuel-fired boilers, furnaces, or heaters must be connected to an approved venting system to take the products of combustion directly to the outside air.

F. A facility must be adequately ventilated at all times to provide fresh air and the control of unpleasant odors.

G. All gas-fired heating equipment must be provided with a one hundred percent automatic cutoff control valve in event of pilot failure

H. The facility must be provided with a system for maintaining clients and staff's comfort during periods of hot weather.

I. All boiler, furnace or heater rooms shall be protected from other parts of the building by construction, having a fire resistance rating of not less than one hour. Door must be self-closing with three-quarters of an hour fire resistance.
[8.321.13.44 NMAC - N, 5/19/2026]

8.321.13.45 WATER HEATERS:

A. Must be able to supply hot water to all hot water taps within the facility at full pressure during peak demand periods and maintain a maximum temperature of 120 degrees fahrenheit.

B. Fuel-fired hot water heaters must be enclosed and separated from other parts of the building by construction as required by current state and local building codes.

C. All water heaters must be equipped with a pressure relief valve (pop-off valve).
[8.321.13.45 NMAC - N, 5/19/2026]

8.321.13.46 TOILETS AND LAVATORIES:

A. All fixtures and plumbing must be installed in accordance with current state and local plumbing codes.

B. All toilets must be enclosed and vented.

C. All toilet rooms must be provided with a lavatory for hand washing.

D. All toilets must be kept supplied with toilet paper.

E. All lavatories for hand washing must be kept supplied with disposable towels for hand drying or provided with mechanical blower.

F. The number of and location of toilets and lavatories will be mandated by requirements for each type of facility. Such factors as extent of services provided and size of facility will also dictate requirements.
[8.321.13.46 NMAC - N, 5/19/2026]

8.321.13.47 COLLECTION/DRAW/LAB AREA: Facilities shall be rewarded to support laboratory procedures, if provided. Minimum facilities provided on-site shall include space for the following:

A. A urine collection room equipped with a toilet and hand washing sink.

B. Blood collection facilities with space for a chair, work counter, and lavatory.

C. Each AARTC shall have accommodations for storage and refrigeration of blood, urine and other specimens in a dedicated specimen refrigerator.
[8.321.13.47 NMAC - N, 5/19/2026]

8.321.13.48 EXITS:

A. Each facility and each floor of a facility shall have exits as required by the National Fire Protection Association 101 (Life Safety Code).

B. Each exit must be marked by illuminated signs having letters at least six inches high whose principal strokes are at least three-quarters of an inch wide.

C. Illuminated exit signs must be always maintained in operable condition.

D. Exit ways must be always kept free from obstructions.

E. Exit doors to exit or exit access doors must be at least 36 inches wide.
[8.321.13.4 NMAC - N, 5/19/2026]

8.321.13.49 CORRIDORS:

A. Minimum corridor width shall be five feet except work corridors less than six feet in length may be four feet in width.

B. Facilities will often be contained within existing commercial or residential buildings and less stringent corridor widths may be allowed other than those contained in Subsection A of 8.321.13.49 NMAC, above if not in conflict with building or fire codes and approved by the licensing authority prior to occupying the licensed part of the building.
[8.321.13.49 NMAC - N, 5/19/2026]

8.321.13.50 STAFF STATION:

A. Each client care area in the residential unit shall have a staff station located to provide visual or virtual monitoring of all resident room corridors and access to secured access to outdoor area, equipped with access to residential clients' records, a desk or work counter, a cleaning area with a sink with hot and cold running water, operational telephone, and emergency call system.

B. Locked storage area for drugs or pharmacy grade, locked medication cart.

C. Access to a biohazard disposal unit for needles, and other “sharps,” and breakable items.

D. A reliable monitored emergency call system shall be provided for staff use in the event of an emergency.

E. If a kitchen is not open at all times to residents, a nourishment station with sink, hot and cold running water, refrigerator, and storage for serving residents between meal nourishment shall be provided.

F. View of fire alarm control panel, generator panel (if any), and any other life safety code components.
[8.321.13.50 NMAC - N, 5/19/2026]

8.321.13.51 SECURED ENVIRONMENT/OUTDOOR AREA:

A. The AARTC shall provide a secure environment for client safety. A secure environment is an AARTC and grounds that have secured or monitored exits. A secure environment for facilities that offer residential services may include but is not limited to double alarm systems; gates connected to the fire alarm; or tab alarms for residents at risk for elopement. Locked areas shall have an access code or key which AARTC employees shall always have on their person or available in accordance with the Life Safety Code, NPFA 101, 2012 or subsequent updates. For an AARTC located within an existing licensed facility, a request for waiver may be submitted to the licensing authority containing an alternate plan for providing security for clients, if health, safety or welfare of the clients or staff would not be adversely affected.

B. In addition to the interior common areas required by this rule, an AARTC providing residential services shall provide an outdoor secured environment independently accessible to residents for their year-round use.

(1) Fencing or other enclosures, not less than six feet high, shall protect the safety, security and privacy of the residents and have emergency egress gates that are connected to the emergency call system.

(2) Outdoor area shall not provide access to contact the public.
[8.321.13.51 NMAC - N, 5/19/2026]

8.321.13.52 ASSESSMENT ROOMS: general purpose assessment rooms shall meet the following requirements:

A. minimum floor area of 80 square feet, excluding vestibules, toilets, and closets;

B. room arrangement shall permit at least two feet - eight-inch clearance around furniture items used for exam or assessment;

C. a lavatory or sink for hand washing.

D. assessment rooms shall not be in a public area.
[8.321.13.52 NMAC - N, 5/19/2026]

8.321.13.53 THERAPY/TREATMENT ROOMS:

A. Shall have a minimum floor area of 120 square feet, excluding vestibule, toilet, and closets.

B. All walls shall be constructed to a minimum length of 10 feet.
[8.321.13.53 NMAC - N, 5/19/2026]

8.321.13.54 ACTIVITY OR MULTIPURPOSE ROOM: The AARTC shall provide a minimum of 250 square feet for common living area, dining and social spaces, or 40 square feet per resident, whichever is greater.

A. The AARTC shall have a living or multipurpose room for the use of the residents. The furnishings shall be well constructed, comfortable and in good repair.

B. The activity or multi-purpose room may be used as a dining area.

C. The activity room or multipurpose rooms shall be provided with supplies to reasonably

meet the interests and needs of the residents.

D. Each activity room shall have a window area of at least one tenth of the floor area with a minimum of at least 10 square feet.

E. A dining area shall be provided for meals. Facilities shall have tables and chairs in the dining area to accommodate the total number of residents in one sitting. All seating arrangements during meals shall allow clear access to the exits. Lunch times for adults and youth must be separate if there is only one lunchroom.
[8.321.13.54 NMAC - N, 5/19/2026]

8.321.13.55 MEETING ROOM:

The AARTC shall have adequate meeting rooms and office space for use by staff, the interdisciplinary care team and client and family visits. Other rooms may serve as meeting rooms, provided resident confidentiality is maintained.
[8.321.13.55 NMAC - N, 5/19/2026]

8.321.13.56 RESIDENT ROOMS:

These regulations apply to those facilities providing a residential treatment program.

A. An AARTC that provides residential treatment shall not exceed the bed capacity approved by the licensing authority.

B. Resident rooms may be private or semi-private or dormitory style depending on assessed, resident acuity and need resident rooms must be separated by gender.

(1) Private rooms shall have a minimum of 100 square feet of floor area. The closet and locker area shall not be counted as part of the available floor space.

(2) Semi-private rooms shall have a minimum of 80 square feet of floor area for each resident and shall be furnished in such a manner that the room is not crowded and passage out of the room is not obstructed.

(3) A separate closet, bed (at least 36 inches wide), chair, towel bar, and non-metal trash receptacle, for each resident shall be provided.

(4) The beds shall be spaced at least three feet apart. Bunk beds, roll away beds, stacked beds, hide-a-beds, or beds with springs, cranks, rails or wheels, are not allowed.

D. Each resident room shall have a window to the outside. The area of the outdoor window shall be at least one tenth of the floor area of the room and allow for emergency egress. Windows may be textured or obscured glass to provide privacy without the use of any window coverings.

E. Every sleeping room shall provide a secondary means of escape, which may be any one of the following:

(1) a door leading directly to the outside, at or to grade level;

(2) a door, stairway, passage or hall remote from the primary escape and to the exterior; or

(3) an outside window or door, operable without tools from the inside with a minimum clear opening measured 20 inches wide, measured 24 inches high; the distance of the bottom of the opening from the floor is a maximum of 44 inches; this means of escape is acceptable if the bottom of the window is no more than 20 feet above grade or is accessible by fire department rescue apparatus, approved by the authority having jurisdiction, or it opens onto an exterior balcony; and

(4) bars, grills, grates or similar devices that are installed on emergency escape or rescue windows or doors shall be equipped with release mechanisms which are operable from the inside without the use of a key or special knowledge or effort.

F. Resident rooms shall not be less than seven feet in any horizontal direction.

G. There must be no through traffic in resident rooms. Resident rooms must connect directly to hallway or other internal common areas of the facility.
[8.321.13.56 NMAC - N, 5/19/2026]

8.321.13.57 DOORS:
A. The minimum door width for client’s use shall be 34 inches in width.
B. Rooms where client treatment takes place shall have a minimum door width of 36 inches.
[8.321.13.57 NMAC - N, 5/19/2026]

8.321.13.58 FLOORS AND WALLS:
A. Floor and wall areas penetrated by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.
B. Threshold and expansion joint covers shall be flush with the floor surface to facilitate use of wheelchairs and carts.
[8.321.13.58 NMAC - N, 5/19/2026]

8.321.13.59 EMERGENCY MEDICAL SERVICES: Each facility licensed pursuant to these regulations must maintain a list of emergency phone numbers co-located with telephones in the facility. This list must include fire and police departments, ambulance or EMS crew numbers, the New Mexico poison control center and the nearest hospital.
[8.321.13.59 NMAC - N, 5/19/2026]

8.321.13.60 HOURS OF OPERATION: Each facility licensed pursuant to these regulations must post its hours of operation where it can clearly be seen by clients and visitors.
[8.321.13.60 NMAC - N, 5/19/2026]

8.321.13.61 RELATED REGULATIONS AND CODES: Facilities or agencies subject to these regulations are also subject to other regulations, codes and standards as the same may from time to time be amended as follows.
A. health facility licensure fees and procedures, New Mexico health care authority, 8.370.3 NMAC;
B. health facility sanctions and civil monetary penalties, 8.370.4 NMAC;

C. adjudicatory hearings, New Mexico health care authority, 8.370.2 NMAC;
D. adult accredited residential treatment center (AARTC) for adults with substance use disorders, 8.321.2.10 NMAC;
E. adult accredited residential treatment center (AARTC) for adults with serious mental health conditions, 8.321.2.11 NMAC; and
F. nursing home and custodial care facilities; 16.19.11 NMAC.
[8.321.13.61 NMAC - N, 5/19/2026]

**HISTORY OF NMAC:
[RESERVED]**

**HEALTH CARE
AUTHORITY
MEDICAL ASSISTANCE
DIVISION**

The Health Care Authority, Medical Assistance Division, is approving to repeal its rule 8.314.7 NMAC, Long Term Care Services - Waivers, Supports Waiver filed 3/11/2021, effective 6/1/2026.

End of Adopted Rules

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Other Material Related to Administrative Law

**ENVIRONMENT
DEPARTMENT**
**NOTICE OF RADIOACTIVE
MATERIALS LICENSE
TERMINATIONS**

The New Mexico Environment Department (Department) is hereby providing notice pursuant to Subsection E of 20.3.4.426 NMAC that the following licensees have submitted applications for the termination of their radioactive materials licenses:

Clovis Cardiology Associates, 2000 W. 21st Street, Suite E-1, Clovis, NM 88101
 COG Operating LLC – Dump Yard 2 State 1H, 1401 Commerce Drive, Carlsbad, NM 88220
 COG Operating LLC – Tigercat Fed Com Battery, 1401 Commerce Drive, Carlsbad, NM 88220
 COG Operating LLC – Wild Cap State 5H Battery, 1401 Commerce Drive, Carlsbad, NM 88220
 Covenant Healthcare Center, 609 W. Country Club Road, Roswell, NM 88201
 Covenant Medical Group, 2000 W. 21st Street, Suite W-7, Clovis, NM 88101
 Eastern New Mexico Medical Center Cardiac Clinic, 405 W. Country Club Rd., Roswell, NM 88201
 EOG Resources, Inc. – Herradura BVH State #1 FAC, 5506 Champions Drive, Midland, TX 79706
 HDR, Inc., 2155 Louisiana Blvd. NE, Suite 3000, Albuquerque, NM 87110
 Mission Veterinary Clinic, 2451 Cabezon Blvd., Rio Rancho, NM 87124

During the evaluation period, the Department reviews and comments upon the application. The Department may, at its discretion, retain consultants to assist it in its evaluation of the application. Upon receipt of a license termination plan or decommissioning plan from the licensee, or a proposal by the licensee

for release of the site pursuant to Subsections C or D of 20.3.4.426 NMAC, the Department will notify and solicit comments from local governments in the vicinity of the site of the licensed activity and any Indian nation or other indigenous people that have treaty or statutory rights that could be affected by the decommissioning of the site of the licensed activity. In the case where the licensee proposes to release a site pursuant to Subsection D of 20.3.4.426 NMAC, the Department will notify and solicit comments from the United States Environmental Protection Agency. Relevant comments and questions received by the Department from various agencies and interested parties will be forwarded to the applicant for response. Correspondence associated with the application will be on file with the Radiation Control Bureau and will be available for inspection by the applicant and any other interested party.

The Department requires an applicant to provide a license termination plan or decommissioning plan, and other materials addressing, among other things, the public health, safety and environmental aspects for the termination of the license.

The Department will analyze the license termination application carefully. During this analysis, the application will be reviewed to ensure that there are no deficiencies, that the application meets all applicable requirements and that there is no reason to believe that the termination of the license will result in the violation of any laws or regulations. If the Department is so satisfied, it will grant the application for the termination of the license.

The application is available for review at the following location:

New Mexico Environment
Department
Radiation Control Bureau

525 Camino de los Marquez, Suite 1B
Santa Fe, NM 87502

It is anticipated that the review period will require about one month. Written comments and requests for public hearing will be accepted for 30 days after publication of this notice. Written comments regarding this license application should be directed to: New Mexico Environment Department, Radiation Control Bureau, P.O. Box 5469, Santa Fe, New Mexico 87502-5469.

**ENVIRONMENT
DEPARTMENT**
**NOTIFICACIÓN DE
TERMINACIONES DE
LICENCIAS DE MATERIAL
RADIATIVO**

El Departamento de Medio Ambiente de Nuevo México (Departamento) por el presente aviso notifica, de conformidad con la Subsección E de 20.3.4.426 NMAC, que los siguientes licenciatarios han presentado solicitudes para la terminación de sus licencias de materiales radiactivos:

Clovis Cardiology Associates, 2000 W. 21st Street, Suite E-1, Clovis, NM 88101
 COG Operating LLC – Dump Yard 2 State 1H, 1401 Commerce Drive, Carlsbad, NM 88220
 COG Operating LLC – Tigercat Fed Com Battery, 1401 Commerce Drive, Carlsbad, NM 88220
 COG Operating LLC – Wild Cap State 5H Battery, 1401 Commerce Drive, Carlsbad, NM 88220
 Covenant Healthcare Center, 609 W. Country Club Road, Roswell, NM 88201
 Covenant Medical Group, 2000 W. 21st Street, Suite W-7, Clovis, NM 88101
 Eastern New Mexico Medical Center Cardiac Clinic, 405 W. Country Club Rd., Roswell, NM 88201
 EOG Resources, Inc. – Herradura

BVH State #1 FAC, 5506 Champions Drive, Midland, TX 79706
HDR, Inc., 2155 Louisiana Blvd. NE, Suite 3000, Albuquerque, NM 87110
Mission Veterinary Clinic, 2451 Cabezon Blvd., Rio Rancho, NM 87124

Durante el período de evaluación, el Departamento revisa y hace comentarios sobre la solicitud. El Departamento puede, a su discreción, contratar consultores para que lo asistan en la evaluación de la solicitud. Tras recibir un plan de terminación de la licencia o un plan de desmantelamiento del licenciataria, o una propuesta por el licenciataria para la liberación del sitio de conformidad con las Subsecciones C o D de 20.3.4.426 NMAC, el Departamento notificará y solicitará comentarios a los gobiernos locales en las inmediaciones del sitio de la actividad autorizada, así como a cualquier nación indígena u otro pueblo indígena que tenga derechos legales por tratados o estatuarios que pudieran verse afectados por el desmantelamiento del sitio de la actividad autorizada. En caso de que el licenciataria proponga liberar un sitio de conformidad con la Subsección D de 20.3.4.426 NMAC, el Departamento notificará a la Agencia de Protección Ambiental de los Estados Unidos (EPA, por sus siglas en inglés) y solicitará sus comentarios. Los comentarios y preguntas pertinentes que reciba el Departamento de diversas agencias y partes interesadas se remitirán al solicitante para su respuesta. La correspondencia relacionada con la solicitud se archivará en la Oficina de Control de la Radiación y estará disponible para su revisión por parte del solicitante y cualquier otra parte interesada.

El Departamento exige al solicitante que presente un plan de terminación de la licencia o un plan de desmantelamiento, así como otros documentos que aborden, entre otras cosas, los aspectos de salud pública, seguridad y medio ambiente para la terminación de la licencia.

El Departamento analizará cuidadosamente la solicitud de terminación de la licencia. Durante este análisis, se revisará la solicitud para garantizar que no presente deficiencias, que cumpla con todos los requisitos aplicables y que no exista razón para creer que la terminación de la licencia resultará en la violación de alguna ley o regulación. Si el Departamento considera que esto es así, aprobará la solicitud de terminación de la licencia.

La solicitud está disponible para revisión en la siguiente dirección:
Departamento de Medio Ambiente de Nuevo México
Oficina de Control de la Radiación
525 Camino de los Marquez, Suite 1B
Santa Fe, NM 87502

Se prevé que el período de revisión dure aproximadamente un mes. Se aceptarán comentarios por escrito y solicitudes de audiencia pública durante los 30 días posteriores a la publicación de este aviso. Los comentarios por escrito sobre esta solicitud de licencia deben dirigirse a: Departamento de Medio Ambiente de Nuevo México, Oficina de Control de la Radiación, P.O. Box 5469, Santa Fe, Nuevo México 87502-5469.

**End of Other Material
Related to Administrative
Law**

2026 New Mexico Register

Submittal Deadlines and Publication Dates

Volume XXXVII, Issues 1-24

Issue	Submittal Deadline	Publication Date
Issue 1	January 2	January 13
Issue 2	January 15	January 27
Issue 3	January 29	February 10
Issue 4	February 12	February 24
Issue 5	February 26	March 10
Issue 6	March 12	March 24
Issue 7	March 26	April 7
Issue 8	April 9	April 21
Issue 9	April 23	May 5
Issue 10	May 7	May 19
Issue 11	May 21	June 10
Issue 12	June 11	June 23
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Issue 20	October 8	October 20
Issue 21	October 22	November 3
Issue 22	November 5	November 17
Issue 23	November 19	December 8
Issue 24	December 10	December 22

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