

TITLE 8 SOCIAL SERVICES
CHAPTER 321 SPECIALIZED BEHAVIORAL HEALTH SERVICES
PART 8 ADMISSION CRITERIA FOR ALCOHOL AND SUBSTANCE SERVICES

8.321.8.1 ISSUING AGENCY: New Mexico Health Care Authority.
[8.321.8.1 NMAC - N, 7/1/2024]

8.321.8.2 SCOPE: Agencies which receive state or federal funding from the division for the purpose of providing one or more of those substance abuse services authorized by the Alcoholism and Alcohol Abuse Prevention, Screening and Treatment Act (Sections 43-3-8, et seq. NMSA 1978) or the Drug Abuse Act (Sections 26-2-1, et seq. NMSA 1978).
[8.321.8.2 NMAC - N, 7/1/2024]

8.321.8.3 STATUTORY AUTHORITY: Subsection E of Section 9-7-6 NMSA 1978 and Section 43-2-5 NMSA 1978. Section 9-8-1 et seq. NMSA 1978 establishes the health care authority as a single, unified department to administer laws and exercise functions relating to health care facility licensure and health care purchasing and regulation.
[8.321.8.3 NMAC - N, 7/1/2024]

8.321.8.4 DURATION: Permanent.
[8.321.8.4 NMAC - N, 7/1/2024]

8.321.8.5 EFFECTIVE DATE: July 1, 2024, unless a later date is cited at the end of a section.
[8.321.8.5 NMAC - N, 7/1/2024]

8.321.8.6 OBJECTIVE: To establish minimum standards for admission criteria, policies and procedures for agencies providing substance abuse services. These standards are designed to ensure that each agency that receives funding from the division to provide substance abuse services has in place policies and procedures regarding admissions that ensure nondiscrimination, confidentiality, open accessibility to those policies, proper screening and assessment to match the client to the appropriate service(s), maintenance of a waiting list, a consistent intake procedure, provision of an orientation, development and maintenance of a treatment plan, and appropriate referrals. These standards also establish the basic procedure which must be followed once it has been determined that it is appropriate to admit a client under one of the following circumstances: admission to a substance abuse treatment facility of an adult found able to consent; admission to a substance abuse treatment facility of an adult found not able to consent; admission to a substance abuse treatment facility of a minor; and necessity for the provision of emergency services.
[8.321.8.6 NMAC - N, 7/1/2024]

8.321.8.7 DEFINITIONS:

A. "Admission" means the agency's acceptance of a client for the purpose of providing services on a scheduled basis in accordance with a client treatment plan.

B. "Adult" means an individual who has attained the age of eighteen years.

C. "Advocate" means any individual, group or organization who pleads another's cause.

D. "Agency" means a provider of substance abuse treatment, screening or assessment services receiving funds under contract with the New Mexico health care authority.

E. "Assessment" means the initial and on-going process of appraising the client's strengths, deficits and areas of need for purposes of developing a comprehensive client treatment plan.

F. "Client" means an individual or family requesting or receiving services.

G. "Intake" means the gathering of administrative and clinical data which is used for the screening, admitting and initial treatment of a client.

H. "Medical detoxification" means medically supervised 24 hour care for patients who require hospitalization for treatment of acute intoxication or withdrawal, or a combination of substance abuse/addiction, and other medical conditions which together warrant treatment in this type of setting. Length of stay varies depending on the severity of the disease and withdrawal symptoms.

I. "Minor" means an individual under the age of 18 years.

J. “Outpatient services” means diagnostic and treatment services to clients who will be served ,in accordance with a client treatment plan, intermittently or on a scheduled basis in a non-residential setting. Intervention strategies are aimed at reducing the harm to individuals, families and communities due to the use of alcohol and other substances.

K. “Policy” means a statement of principles that guide and determine present and future decisions.

L. “Procedure” means a series of activities designed to implement program goals or policy.

M. “Residential long-term rehabilitation” means a 24 hour residential treatment program for the chronic alcohol or drug dependent client who lacks an adequate social support system. This program provides multi disciplinary treatment designed to achieve a substance-free lifestyle, explore effective ways of functioning in a work setting within the family, and in the community in accordance with the treatment plan.

N. “Residential short-term rehabilitation” means a 24 hour intensive residential program for clients who require treatment services in a highly structured setting. An organized counseling and education curriculum ordinarily involving a residential stay of 30 day or less. This type of program is appropriate for clients who need concentrated, therapeutic services prior to community residence, and who do not require monitoring of physical withdrawal from alcohol or other drugs.

O. “Residential social detoxification” means a medically supported 24 hour, social rehabilitation residential program which provides physical care, education and counseling as appropriate for the client’s health and safety during their process of physical withdrawal from alcohol dependency. Social detoxification provides access into care and treatment of alcoholism through monitored withdrawal, evaluation of present or potential alcohol dependency and other physical ailments, and intervention into the progression of the disease through timely utilization of resources. Length of stay in a social detoxification program varies from three to seven days depending on the severity of the disease and withdrawal symptoms.

P. “Screening” means the method by which the agency selects appropriate clients for admission or referral to other appropriate services.

Q. “Substance abuse” means the use of one or more drugs or other potentially harmful substances, including alcohol, which significantly and negatively impacts one or more major areas of life functioning.

R. “Substance related disorder” means any disorder related to the taking of a drug of abuse (including alcohol), to the side effects of a medication, or to toxin exposure. (American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC, American Psychiatric Association, 1994, p.175).

S. “Treatment” means the broad range of emergency, outpatient, intermediate and inpatient services and care, including diagnostic evaluation, medical, psychiatric, psychological and social service care, vocational rehabilitation and career counseling, which may be extended to any client.

T. “Treatment plan” means that written strategy which is derived from the client screening/intake/assessment and contains the written goals and objectives of the services to be provided and a schedule of service delivery.

U. “Treatment staff” means any person employed by an agency which is directly involved in treatment and client care.

[8.321.8.7 NMAC - N, 7/1/2024]

8.321.8.8 NONDISCRIMINATION POLICY: Each agency shall have and utilize a written policy on nondiscriminatory practices as described below:

A. No agency shall discriminate or permit discrimination against any person or group of persons in any treatment service on the basis of race, color, religious creed, age, marital status, national origin, sex, sexual preference or physical disability.

B. No person shall be denied admission into a treatment program solely or jointly because of:

- (1) the inability to pay all or part of the cost of services, directly or through third party reimbursement;
- (2) the number of prior admissions to treatment;
- (3) the length of time since the last treatment;
- (4) the location of last treatment; or
- (5) a refusal to undergo previous treatment.

[8.321.8.8 NMAC - N, 7/1/2024]

8.321.8.9 CONFIDENTIALITY: Each agency shall have and utilize a written policy and procedure for ensuring the confidentiality and security of all clients’ case records and identifying information which conform to

the requirements of state and federal confidentiality laws and regulations. The procedure must include, but is not limited to:

- A. a description of the process and requirements for disclosure of confidential information;
- B. copies of forms for documenting the disclosure of confidential information and for obtaining the written consent of the client receiving services when such consent is required; and
- C. staff training requirements on the content of state and federal laws related to confidentiality of client records.

[8.321.8.9 NMAC - N, 7/1/2024]

8.321.8.10 APPLICATION FOR SERVICES:

- A. Any individual who believes that they may have a substance related disorder may present themselves to any agency for the purpose of being screened, admitted or referred to an appropriate treatment program.
- B. Any parent, guardian, spouse, or any interested individual may present an individual who may have a substance related disorder to an agency for the purpose of being screened, admitted or referred to the appropriate treatment program.

[8.321.8.10 NMAC - N, 7/1/2024]

8.321.8.11 ADMISSION CRITERIA:

- A. Each agency shall have and utilize written admission criteria which shall be available to clients, staff, the division and community.
- B. Agency admission criteria shall delineate guidelines which permit the clear identification of who is and is not eligible for admission.
- C. No person shall be admitted into a program unless they meet the agency's admission criteria, and any person who is ineligible because they do not meet the admission criteria shall be re-referred to the original agency or to another appropriate agency. All referrals will be processed in accordance with Section 18 of these regulations.
- D. The written admission criteria shall include, but not be limited to, consideration of the following factors:
 - (1) age;
 - (2) sex;
 - (3) physical health;
 - (4) mental status;
 - (5) previous treatment history;
 - (6) history of substance abuse; and
 - (7) current use of substance(s).

[8.321.8.11 NMAC - N, 7/1/2024]

8.321.8.12 SCREENING:

- A. The agency shall screen the individual to determine:
 - (1) if the individual meets the programs criteria for admission;
 - (2) that the individual's needs are matched with the appropriate agency and treatment services;
 - (3) the least restrictive means of treatment is being provided; and
 - (4) whether the individual should be referred to a more appropriate agency for alternate services.
- B. The agency shall make a diligent effort to involve, in the screening procedure, any reasonable number of people requested by either the individual or their guardian.
- C. When the agency has completed the screening, it shall present, whenever possible, its findings orally and in writing to the individual screened, their guardian, and such other person as the individual may request.
 - (1) If, at the conclusion of the screening process, it is determined that an individual does not meet the program's admission criteria for the provision of services, and the individual objects, that individual may contest the determination of the screening and request a review by the agency's supervisory staff.
 - (2) If the individual screened is found not to meet the programs admission criteria, but is in need of other types of services, the agency will refer the individual to an agency which provides the appropriate services needed. All referrals will be made in accordance with Section 18 of these regulations.

D. If the individual screened is found to meet the agency admission criteria, the following will be explained:

- (1) the procedure for admission into the treatment facility and other services;
- (2) the possibility of being put on a waiting list;
- (3) the intake and assessment process; and
- (4) the individuals right to have his preferences considered during the process from

admission through discharge and referral.

E. If the individual screened is found to meet the agencies admission criteria, the agency shall retain all information obtained through the screening process and open a case record.

F. Information obtained from the screening process should include, but is not limited to the following:

- (1) name;
- (2) date of birth;
- (3) presenting problem(s);
- (4) history of substance abuse and related problems;
- (5) identification of the types of alcohol or other drugs being used;
- (6) frequency and duration of substance(s) used;
- (7) method of administration;
- (8) treatment history;
- (9) legal history;
- (10) referral source (if any);
- (11) general physical and mental conditions;
- (12) types of medication (if any);
- (13) next of kin in case of an emergency;
- (14) allergies;
- (15) handicap or other restrictions; and
- (16) other pertinent information.

G. The information gathered from the screening process shall be consolidated, forwarded and utilized with all other segments of the service delivery process.

[8.321.8.12 NMAC - N, 7/1/2024]

8.321.8.13 WAITING LIST: The agency shall maintain an up-to-date and centrally located waiting list. This waiting list is comprised of individuals who, though the screening process, have met the agency's admission criteria and are waiting for placement into the identified treatment program. Individuals on the waiting list shall be rank ordered based on a prioritized need basis.

[8.321.8.13 NMAC - N, 7/1/2024]

8.321.8.14 INTAKE:

A. The acceptance of a client for treatment shall be based on an intake procedure and assessment of the client.

B. The agency shall have written policies and procedures governing the intake process including the following:

- (1) the types of information to be obtained on all applicants prior to admission;
- (2) the procedures to be followed when accepting referrals from outside agencies;
- (3) the procedures to be followed for referrals when an applicant is found ineligible for

admission. The reason for non-admission shall be documented.

[8.321.8.14 NMAC - N, 7/1/2024]

8.321.8.15 ASSESSMENT:

A. Assessment shall be done by members of the treatment staff and shall be clearly explained to the client, family, spouse, guardian or other interested person as appropriate.

B. During the assessment process, the designated staff member shall collect the following information for each person:

- (1) presenting problems;
- (2) history of substance abuse and problems;
- (3) identification of the alcohol or other drugs used;

- (4) frequency and duration of use;
- (5) method of administration;
- (6) personal and family history;
- (7) education and employment history;
- (8) physical and medical history;
- (9) legal history;
- (10) previous treatment history;
- (11) communicative and cognitive history;
- (12) social and emotional history; and
- (13) rehabilitative and vocational history.

C. The assessment shall be used as a guide to the formulation of the client's treatment plan.

[8.321.8.15 NMAC - N, 7/1/2024]

8.321.8.16 ORIENTATION:

A. Each client to be admitted shall receive an orientation in accordance with a written orientation policy and procedure.

B. Unless an emergency situation is documented during the intake/assessment process, each client to be admitted shall sign acknowledgment that they understands the following:

- (1) the agency's policies, goals and objectives;
- (2) the services offered by the agency and through referral to other service providers;
- (3) the agency's hours of operation;
- (4) the fee policy and fee schedule;
- (5) the client's rights;
- (6) the agency's expectations of the client;
- (7) the protection and restrictions which derive from state and federal confidentiality law and regulations;
- (8) the agency's rules and procedures and the consequences to the client of infractions of such rules, and the process for review and appeal; and
- (9) the agency's termination and discharge procedures.

[8.321.8.16 NMAC - N, 7/1/2024]

8.321.8.17 TREATMENT PLAN: Based on the screening/intake/assessment made of the client's needs, a written treatment plan shall be developed and recorded in the client's case record.

A. A preliminary treatment plan shall be developed as soon as possible.

B. The treatment may begin before completion of the plan.

C. The plan shall be developed with the client, and the client's participation in the development of treatment goals shall be documented.

D. The treatment plan shall specify the services needed to meet the client's needs and attain the agreed-upon goals.

E. The treatment goals shall be developed with both short and long range expectations and written in measurable terms.

F. A designated treatment staff member shall have primary responsibility for treatment plan development and review.

G. The client's progress and current status in meeting the goals set in the treatment plan shall be reviewed by the client's treatment staff at regularly scheduled case conferences and shall include:

- (1) the date and results of the review and any changes in the treatment plan shall be written into the client's case record;
- (2) the participants in the case conference shall be recorded in the clients case record; and
- (3) the designated treatment staff member shall discuss the review results with the client and document the client's acknowledgment of any changes in the plan.

[8.321.8.17 NMAC - N, 7/1/2024]

8.321.8.18 REFERRAL: There shall be written referral policies and procedures that facilitate client referral between the agency and other community service providers which include:

A. a description of the methods by which continuity of care is assured for the client;

B. a listing of resources that provide services to clients shall contain the following information:

- (1) the name and location of the resource;
- (2) the types of services the resource is able to provide;
- (3) the individual to be contacted when making a referral to a resource;
- (4) the resource's criteria for determining an individual's eligibility for its services; and
- (5) the types of follow-up information that can be expected from the resource and how this

information is to be communicated.

- C. a procedure for referral and monitoring of person on a waiting list for admission to the referred agency;
- D. current information shall be maintained on self-help groups, as well as procedures for referral to those groups;
- E. all relationships with outside resources shall be approved by the director of the agency;
- F. an agreement between the agency and outside resources on the degree of shared responsibility, if any, for client care; and
- G. documentation of annual review and approval of the referral policies and procedures by the director of the agency.

[8.321.8.18 NMAC - N, 7/1/2024]

8.321.8.19 ADMISSION TO ALCOHOL/DRUG TREATMENT FACILITY OF ADULTS FOUND ABLE TO CONSENT:

A. If the individual meets the agency's admission criteria and the screening/intake/assessment shows that:

- (1) the person would benefit from services provided in a treatment facility (outpatient services, residential social detoxification, medical detoxification, residential long-term rehabilitation, residential short-term rehabilitation, etc.);
- (2) the treatment facility is consistent with the least drastic means principle; and
- (3) that the person was able to consent to admission to an agency, then the person shall have the option of accepting or rejecting the recommendation. The person's decision to accept treatment shall be recorded by signature and shall become part of the case record. If an agency agrees to provide treatment services to the person, the person, and only that person, shall determine whether he enters the treatment facility, unless the provisions of Subsection B of 8.321.8.19 NMAC of these regulations are invoked.

B. If a screening/assessment shows that the person would benefit from services offered, and results of the screening/assessment showed that the person was able to consent to admission to a treatment facility, and the person objects to placement in such an agency, then the individual may enter a treatment facility, only upon involuntary commitment under Section 43-2-8 NMSA 1978.

[8.321.8.19 NMAC - N, 7/1/2024]

8.321.8.20 ADMISSION TO ALCOHOL/DRUG TREATMENT FACILITY OF ADULTS FOUND NOT ABLE TO CONSENT:

If a screening/intake/assessment shows that a person is found not able to consent to, admission to an agency, and the screening/intake/assessment shows that treatment services would be in the person's best interest and will be consistent with the least drastic means principle, then the agency may not admit the person without the consent of his guardian, except that the person may be admitted pursuant to 8.321.8.22 NMAC as an emergency admission while the person obtains a guardian or for a period not to exceed five days.

[8.321.8.20 NMAC - N, 7/1/2024]

8.321.8.21 ADMISSIONS OF MINORS TO ALCOHOL/DRUG TREATMENT FACILITY:

A. If the screening/intake/assessment determines that a person who is also a minor needs services in an agency, and parents or guardian of the minor agree, then the minor may be admitted to an agency which agrees to serve the minor.

B. If a minor voluntarily seeks admission to a treatment facility, or if any interest person seeks to have a minor admitted, and no parent or guardian for the child can be located, then a guardian shall be appointed for the child under the provisions of the New Mexico Probate Code, and the admission procedure (except for emergency services) will not proceed until the guardian has been appointed.

[8.321.8.21 NMAC - N, 7/1/2024]

8.321.8.22 EMERGENCY SERVICES:

A. Services in an agency may be provided on an emergency basis to any individual believed to be diagnosed as having a substance related disorder when the agency determines that:

(1) there is imminent danger that the physical health or safety of the individual will be seriously impaired if the services are not provided, and that the normal admissions procedure, including screening, cannot be accomplished in time to avoid danger; or

(2) there is imminent danger that the physical health or safety of the individual will be seriously impaired if the services are not provided, and the person has been evaluated and found unable to consent to admission, but does not have a guardian.

B. When emergency services are provided, the agency shall document the nature of the emergency and the reason for failing to comply with any section or paragraph of these regulations, and copies of the document shall be placed in the individual's case record and shall be sent to the individual, his parents, spouse, guardian or advocate, if applicable.

C. When an individual is receiving emergency services, the agency shall determine if the individual has been evaluated, and if the individual has not, shall make diligent efforts to evaluate the individual as soon as possible. Once completed, the results of the evaluation shall determine if the individual will continue to receive services, unless a court or the New Mexico health care authority (authority) orders the agency to continue to provide services while an issue is resolved in a judicial hearing or within the authority. Emergency services shall not be provided of more than seven days before an evaluation is begun, or for more than 14 days in total, unless a court or the authority orders otherwise, or unless the individual would have been admitted under Section 19 had he had a guardian.

D. The provisions of the section apply to both minors and adults.
[8.321.8.22 NMAC - N, 7/1/2024]

HISTORY OF 8.321.8 NMAC: [RESERVED]