



**To: All Nursing Homes and Assisted Living Facilities**  
**From: New Mexico Department of Health**  
**Date: December 9, 2020**  
**Re: Letter of Direction**

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Please see the following directives. Failure to follow these directives may result in citation, civil monetary penalty, or license revocation pursuant to the [New Mexico Administrative Code](#) and all applicable regulations to licensed nursing homes and assisted living facilities.

#### TRANSFER AND DISCHARGE

- You must notify residents or their representatives of your bed hold policy and this must happen prior to the transfer.
- Facilities must reserve a resident's bed and readmit that resident who is on leave (a brief home visit) or temporarily discharged (e.g. a hospital stay or transfer to a COVID-19 only facility for COVID-19 treatment).
- After a hospital stay, if the hospital and the physician have approved transfer back to the facility, you cannot refuse to readmit the resident based on level of care. These residents must do a 14-day quarantine upon readmission.
- If you refuse to allow the return of a resident, you must comply with transfer and discharge requirements and inform the resident of their right to an appeal.

#### BILLING

- Facilities must provide accurate insurance information for all staff and residents receiving COVID-19 tests. This billing guidance is posted in both the nursing home guidance and the assisted living facility guidance posted on [long-term care guidance DOH webpage](#).
- If you do not submit correct insurance information your facility will be liable for the cost of the tests.
- Facilities are required to complete and routinely update profiles on all residents electronically in accordance with the vendor instructions.

## TESTING

- Facilities are required to follow all [testing guidance](#) issued by the State of New Mexico.
- Facilities must timely administer and submit all tests to the appropriate laboratory.
- Facilities are required to comply with electronic requirements outlined by the vendor.
- Facilities should only be testing those individuals outlined in the testing guidance.
- If a facility utilizes tests beyond the prescribed testing frequency then the facility shall be responsible for those costs.

If facilities have received any communication from TriCore, ALTSD, or DOH/DHI regarding billing of tests these issues must be resolved by January 1, 2021.

## INFECTION CONTROL

- Any facility located in a red county, meaning the county has a positivity rate of >10% must use paper serving products for regular disposal.
- Any facility located in a red county, upon arrival to a shift, staff must change clothes and don appropriate PPE.
- Screening of staff prior to their shift must be conducted each day.
- This positivity rate table is updated every two weeks on the [long-term care guidance DOH webpage](#).
- Facilities must actively locate appropriate PPE for their staff. In the event the facility is unable to procure PPE, appropriate steps must be taken to request PPE through their local county Emergency Manager.

## CONTINGENCY PLANNING

- Facilities must have their disaster preparedness plans and contingency staffing plans ready prior to an outbreak.
- Each facility must identify a designated Infection Preventionist.

## CRISIS STAFFING

- Facilities must follow the process for [requesting crisis staffing](#).

## RESIDENT APPOINTMENTS AND SERVICES

- Facilities must accommodate resident medical appointments outside of the facility.
- Facilities cannot refuse hospice care for residents. Facilities should have documentation from the hospice agency that the agency is following the testing guidance from the Department of Health. If the facility is unable to get that, they need to allow the hospice staff into the facility and alert DHI immediately the agency is unable to provide the appropriate documentation pursuant to the [guidance issued November 20, 2020](#).



It is imperative that facilities are following all state issued guidance and failure to follow the directives will result in citation, civil monetary penalty or potential revocation of licensure.

A handwritten signature in black ink, appearing to read "CBurmeister".

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Christopher Burmeister, Director  
Division of Health Improvement  
Department of Health