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

8.3.2.1 ISSUING AGENCY: New Mexico Health Care Authority (HCA).
[8.3.2.1 NMAC – N, xx/xx/xxxx]

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

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

8.3.2.4 DURATION: Permanent.
[8.3.2.4 NMAC – N, xx/xx/xxxx]

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

8.3.2.6 OBJECTIVE: The objective of this part is to establish standards and procedures for identification of substance-exposed infants; development, implementation, and monitoring of plans of safe care; coordination among state agencies, licensed facilities, and medicaid contractors; data reporting; and training.
[8.3.2.6 NMAC – N, xx/xx/xxxx]

8.3.2.7 DEFINITIONS:

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

B. Terms beginning with the letter "B": "Birthing facility" means a licensed hospital that provides labor and delivery services or a licensed birth center.

C. Terms beginning with the letter "C":

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

(2) "**CARA navigation program"** means a program overseen directly by the New Mexico Health Care Authority or its contractor that provides navigation services to CARA infants and families, including support for facility CARA navigators in birthing hospitals and other participating facilities.

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

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

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

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

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

D. Terms beginning with the letter "D": [RESERVED]

E. Terms beginning with the letter "E": [RESERVED]

F. Terms beginning with the letter "F": "Facility CARA navigator" means an employee or contracted representative who has on-site presence at birthing hospitals or birth centers.

G. Terms beginning with the letter "G": "Guardian" means a person appointed as a guardian by a court or by a Native American nation or tribal authority.

H. Terms beginning with the letter "H":

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

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

I. Terms beginning with the letter "I": [RESERVED]

J. Terms beginning with the letter "J": [RESERVED]

K. Terms beginning with the letter "K": "**Key household member"** means any individual who lives at the infant's discharge address who is 18 years or older and provides care for the infant listed on the plan of safe care.

L. Terms beginning with the letter "L": [RESERVED]

M. Terms beginning with the letter "M":

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

(2) "Member" means a person enrolled in medicaid or a medicaid managed care organization.

N. Terms beginning with the letter "N": "Navigation services" means activities performed by a CARA navigator to receive and review POSCs and notifications, coordinate referrals, document actions, and follow up with families and providers.

O. Terms beginning with the letter "O": [RESERVED]

P. Terms beginning with the letter "P":

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

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

(3) "**POSC non-compliance"** means a failure by the infant's family or caregivers to take a required POSC action or to accept a POSC referral identified as necessary for infant safety and well-being.

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

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

Q. Terms beginning with the letter "Q": [RESERVED]

R. Terms beginning with the letter "R": [RESERVED]

S. Terms beginning with the letter "S":

(1) **"Safety family assessment"** means a comprehensive assessment prepared by the children, youth and families department to determine the needs of a child and the child's parents, relatives, guardians, custodians or caregivers, including an assessment of the likelihood of:

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

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

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

(2) "**Safety"** means freedom from present or impending serious harm.

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

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

(5) "**Substance-exposed infant"** means an infant under one year of age for purposes of this rule who was exposed in utero to a substance that has the potential to impact the health or development of the infant, including an illicit substance such as fentanyl, methamphetamine or heroin, prescribed medication such as opioids, methadone, buprenorphine, or legal substances including alcohol, tobacco, and marijuana. A substance-exposed infant is a substance-exposed newborn as otherwise defined in state law.

(6) "**Statewide central intake (SCI)"** means the unit within the children, youth and families department protective services division (CYFD PSD) whose responsibilities may include but are not limited to receiving and screening reports of alleged child abuse or neglect and prioritizing and assigning accepted reports to the appropriate county office for investigation.

T. Terms beginning with the letter "T": [RESERVED]

U. Terms beginning with the letter "U": [RESERVED]

V. Terms beginning with the letter "V": [RESERVED]

W. Terms beginning with the letter "W": [RESERVED]

X. Terms beginning with the letter "X": [RESERVED]

Y. Terms beginning with the letter "Y": [RESERVED]

Z. Terms beginning with the letter "Z": [RESERVED]

[8.3.2.7 NMAC – N, xx/xx/xxxx]

8.3.2.8 **CARA PROGRAM:** The overall objective of the New Mexico's comprehensive addiction and recovery (CARA) program is to ensure the safety and well-being of infants. The CARA program also provides support and resources for families experiencing substance use disorder to keep families together when that option is safe for the infant. Need for a CARA plan of safe care (POSC) may be identified during prenatal care, during the delivery episode, or after a child is born.

[8.3.2.8 NMAC – N, xx/xx/xxxx]

8.3.2.9 **IDENTIFICATION OF SUBSTANCE-EXPOSED INFANTS:**

A. Providers must be using an evidence-based verbal screening brief intervention with referral to treatment (SBIRT) model at all prenatal or perinatal medical visits and live births to identify substance use in pregnancy.

B. Infants are identified as substance exposed as evidenced by toxicology results of the newborn or mother as interpreted by a clinician, or when the mother discloses substance use during pregnancy.

C. Hospitals, birth centers, and perinatal providers shall use an evidence-based tool to evaluate infants born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder.

D. Meconium, cord, and other lab toxicology shall be ordered as determined by clinicians when the results will impact the clinical or medical management of the child. They shall not be done without indication and discussion with the child's parents or guardians with the exception of a medical emergency.

[8.3.2.9 NMAC – N, xx/xx/xxxx]

8.3.2.10 **RESPONSIBILITIES REGARDING PLAN OF SAFE CARE CREATION:**

A. When an infant in New Mexico has been identified as substance exposed, a plan of safe care POSC must be created by the hospital, birthing center, or perinatal provider who receives this information. All

providers at hospitals, birthing centers, or providers who perform perinatal medical visits, must be routinely, verbally screening for substance use disorder in pregnant, birthing, and postpartum people and developing POSC when identifying substance use in pregnancy. If the POSC has not been developed in the prenatal period, it must be created prior to discharge from the hospital. Providers should access the CARA supports system portal (CSSP) to identify if a POSC has already been created. If not, these providers are required to create the POSC upon identification of the substance use. To the extent permitted by applicable federal and state privacy and confidentiality laws, including HIPAA and 42 C.F.R. Part 2, notification of the active POSC shall be shared with the following parties either in a physical copy, telecommunication or an electronic version within a reasonable timeframe but within no less than 24 hours of discharge.

(1) The child's primary care provider.

(2) The child's parent, relative, guardian or caregiver.

(3) The CARA navigator/care coordinator.

(4) If the child's parent, relative, guardian, custodian, or caregiver is a tribal member or resides on tribal land, the respective nation, pueblo, or tribe's responsible entity as identified by tribal leadership.

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

B. Plans of safe care should be signed by the parent, relative, guardian, or caregiver and the provider. This can be discharging hospital staff, the birthing center staff, or the perinatal provider who created the POSC. When parents, relatives, guardians, or caregivers refuse to sign the POSC that is considered POSC non-compliance and the provider shall initiate a referral to CYFD SCI to request a family assessment.

C. A CARA POSC seeks to engage the family in support and treatment and is not on its own a referral to CYFD. The CARA POSC does not replace a report to the SCI system of CYFD. If child abuse or neglect is suspected, a SCI report shall be made.

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

[8.3.2.10 NMAC – N, xx/xx/xxxx]

8.3.2.11 REQUIREMENTS OF THE PLAN OF SAFE CARE:

A. The POSC shall include the following components:

(1) Referral to substance use prevention and treatment programs for the pregnant or birthing parent or guardian.

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

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

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

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

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

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

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

(e) In-utero exposures**:** If an infant is exposed to any substances during pregnancy, all exposures shall be documented in the POSC. Documentation of exposures includes exposures occurring during the timeframe in which the mother may not have known she was pregnant, and all substance exposures, including, but not limited to tobacco, fentanyl, heroin, methamphetamine, cocaine, alcohol, marijuana (medical or recreational), and medication assisted therapy such as methadone and buprenorphine.

(f) Substance use assessment: The parents, domestic partners and key household members shall be offered screening or referral for assessment for substance use disorders, as clinically appropriate

and with consent. If it is determined they have a substance use disorder, it shall be documented in the POSC. A copy of the POSC will be provided to individuals for whom such referrals are made.

(g) Services and referrals: The POSC shall also include the services for which the family agrees to be referred as well as services the family is already participating in. If the family declines services in their community, the healthcare professional clearly documents this within the POSC. Families shall be informed that they may request a referral for services at a later time, even if they have declined these services during the initial development of the POSC, by communicating with their CARA navigator(s). If families decline all services identified as necessary to address infant safety and well-being, the provider shall follow the non-compliance referral requirements in section 8.3.2.13 NMAC.

(h) The POSC shall include contact information for the infant and family's CARA navigator assigned to coordinate the implementation of the family's POSC pursuant to New Mexico Statutes section 32A-3A-13(B)(8) (2024).

(i) Health insurance and care coordinator information: The POSC shall identify the managed care organization (MCO) or private insurer that the mother and infant are enrolled with and include contact information for the insurer.

(j) Unknown information: If the individual completing the POSC does not have specific information necessary to complete the POSC, they shall fill it out to the best of their ability and write unknown where the information is not known. The assigned CARA navigator is responsible for completing the missing information once they receive the POSC. If a caregiver declines to participate in the creation of the POSC the staff member will indicate this on POSC and submit as notification to the CARA program and to CYFD.

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

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

D. The POSC may include the following referrals:

(1) Public health agencies;

(2) Maternal and child health services;

(3) Infant mental health providers;

(4) Public and private children and youth agencies;

(5) Early intervention and development services;

(6) Courts;

(7) Local education agencies;

(8) Managed care organizations; and

(9) Hospitals and medical providers.

[8.3.2.11 NMAC – N, xx/xx/xxxx]

8.3.2.12 IMPLEMENTATION OF THE CARA NAVIGATION PROGRAM:

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

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

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

(1) Ensure the plans of safe care are implemented and CARA families are supported;

(2) Assure compliance with the Comprehensive Addiction and Recovery Act and this Part; and

(3) Collaborate with all state agencies and service providers to ensure continuity of care and implementation of the CARA program.

D. CARA navigators shall:

(1) Complete a POSC if it was not completed by the infant hospital discharge staff upon their initial contact.

(2) Ensure that, if CYFD is involved, the POSC is provided to the assigned investigator or other CYFD service provider working with the family in the case of a family assessment.

(3) Send a copy of the POSC to the infant's PCP within five business days of receiving notification for a new POSC.

(4) keep the parent or caregiver updated and informed when changes are made to the POSC in a timely manner.

(5) Upon receiving a copy of or the notification of new POSCs for each infant with substance exposure review plans of care for completeness, ensure that a PCP is identified, assure that correct insurance information is on the plan, and verify that all referred services are complete or in process and moving towards completion.

(6) Work directly with the infant and family to ensure that necessary referrals are in place, appointments are scheduled and attended and to work with family on progression where progression has stalled to support the family in sustaining engagement with services that promote infant safety and well-being.

(7) Act as a liaison to MCOs or private insurances if there is any issue in accessing necessary resources available within their health plan such as substance use disorder treatment or home visiting services.

(8) Act as the primary point of contact to support coordination of the infant's POSC related services while the family is engaged in the CARA navigation program.

(9) If the CARA navigator is unable to establish contact with the family after documented outreach or identifies that the family has not engaged in POSC identified services such as home visiting or substance use disorder (SUD) treatment, the CARA navigator shall contact SCI within 24 hours to request a family assessment. Outreach shall include at least three attempts at different times of day and one in-person visit to the home.

(10) The CARA navigator shall make a report to CYFD SCI if the CARA navigator has immediate concerns for abuse or neglect.

(11) During any CYFD screening or investigation, continue plan of safe care coordination and outreach and document all contacts, services, and outcomes.

(12) If CYFD declines to open a case or closes a case without custody, the navigator shall, within five business days:

(a) attempt contact with the family at least three times using at least two modalities;

(b) escalate to CARA Navigation Leadership to review barriers and amend the plan of safe care as needed;

(c) schedule follow-up in the home to establish the necessary intensity of engagement given CYFD decision in not pursuing a custody situation within 14 days; and

(d) if safety concerns persist or new information arises, make a new referral to CYFD SCI.

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

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

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

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

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

(4) Hospitals are required to ensure facility CARA navigators have the necessary information about CARA infants.

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

(1) the family graduates from the CARA program when the infant is 13 months old and the family and the CARA navigator mutually agree that services are no longer needed;

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

(3) For non-responsive, difficult to engage families the CARA Navigator shall check with Family Services at CYFD to see if they are engaged with the family.

(a) If family services is engaged with the family and provides services, navigator shall interact with family services to provide updated documentation in CARA system of family services involvement.

(b) If family is not engaged with family services, navigator should reach out again to determine if the family would like any support from the navigator. If family still refuses CARA navigation, the CARA navigator program shall have processes in place to monitor listed CARA participants for law enforcement activity and or emergent medical care activity that shall prompt a new SCI report until the child is 13 months old.

(4) the infant's nation, pueblo, or tribe has assumed full responsibility for a navigation case and has not requested state agency support. The CARA navigator shall document the name of the person responsible at the nation, pueblo, or tribe who advised the state the nation, pueblo, or tribe is assuming full custody.
[8.3.2.12 NMAC – N, xx/xx/xxxx]

8.3.2.13 REFERRAL TO CYFD FOR SAFETY FAMILY ASSESSMENT:

A. When a family is not compliant with a POSC then the provider or CARA navigator shall contact CYFD SCI within 24 hours to request a safety family assessment.

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

C. If CYFD does not assume custody following screening or investigation, the facility, MCO, and navigator responsibilities under 8.3.2.10 through 8.3.2.12 NMAC remain in effect until navigation is closed under Subsection F of 8.3.2.12 NMAC.
[8.3.2.13 NMAC – N, xx/xx/xxxx]

8.3.2.14 TRAINING REQUIREMENTS

A. HCA will provide training to hospitals on SBIRT and evidence-based assessment tools to evaluate infants born exposed to substances.

B. Hospitals and clinics that perform perinatal visits are required to ensure staff that interface directly with birthing people and infants have the necessary training.
[8.3.2.14 NMAC – N, xx/xx/xxxx]

8.3.2.15 DATA AND REPORTING REQUIREMENTS: The HCA shall be responsible for collecting data entered by hospitals, birthing facilities, health care providers and CARA navigators in the CARA supports system portal to meet federal and state reporting requirements, including the following from prenatal care offices, hospitals, birthing centers, and the CARA navigation program. All data collection and reporting under this section shall comply with applicable federal and state privacy and confidentiality laws, including HIPAA and 42 C.F.R. Part 2, as applicable.

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

B. The services that infants and families were referred to

C. The availability and uptake of the services

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

E. Data will be shared with children's medical services, family health bureau, department of health, and CYFD for epidemiological analysis.
[8.3.2.15 NMAC – N, xx/xx/xxxx]