

New Mexico

Type	Provision(s)	Description
PUB	N.M. Stat. Ann. § 12-10A-4	During a possible public health emergency, an enhanced public health advisory shall be broadly disseminated in English, Spanish and other appropriate languages to the impacted population.
MFA	N.M. Stat. Ann. §§ 32A-6-12(C); 32A-6A-20(C); 32A-6A-21(C)	Residential treatment or habilitation facilities shall ensure that each consent to admission document for children is clearly explained in the child's and parent's, guardian's or legal custodian's primary language, if that is their language of preference.
MCO	N.M. Stat. Ann. § 59A-57-4(B)(3)(e)	A managed health care plan shall insure that the plan, through provider selection, provider education, the provision of additional resources or other means, reasonably addresses the cultural and linguistic diversity of its enrollee population.
PWD, OAA	N.M. Code R. § 1.18.665.251 (C)	Records for applicants of the disabled and elderly services program may include a Spanish or English version of a client letter.
AGY, TRA	N.M. Code R. §§ 1.18.665.798, 1.18.665.826 (C), 1.18.665.827 (C), 1.18.665.828 (C), 1.18.665.829 (C), 1.18.665.830 (C), 1.18.665.836 (C), 1.18.665.842 (C), 1.18.665.862 (C), 1.18.665.870 (C), 1.18.665.915, 1.18.665.916, 1.18.665.922	Certain forms are available in Spanish including Children's Medical Services Renewal form, Appointment to apply letter for the medical management program, Authorization for Release of Information, Program Information or Contact, Zero Income Affidavit, Adult Cystic Fibrosis Program Information or Contract, Asthma Care Information or Contract Agreement, Child and Family History, "Lead Risk Questionnaire", Prenatal Consent Form, "Pediatric Consent Form", "Client Satisfaction Survey".
CHI, PWD	N.M. Code R. § 6.31.2.10(E)(1), (3), (6)	Procedural requirements for the assessment and evaluation of culturally and linguistically diverse children with disabilities – each public agency must ensure that tests and other evaluation materials used to assess children are selected, provided and administered so as not to be discriminatory on a racial or cultural basis and are provided and administered in the child's native language, unless it is clearly not feasible. Each public agency must consider information about a child's language proficiency in determining how to conduct the evaluation of the child to prevent misidentification. A child may not be determined to be a child with a disability if the determinant factor for that eligibility determination is limited English proficiency. Comparing academic achievement results with grade level peers in the public agency with similar cultural and linguistic backgrounds should guide this determination process and ensure that the child is exhibiting the characteristics of a disability and not merely language difference. Public agencies shall devote particular attention to the foregoing requirements in light of the state's cultural and linguistic diversity. Persons assessing culturally or linguistically diverse children shall consult appropriate professional standards to ensure that their evaluations are not discriminatory and should include appropriate references to such standards and concerns in their written reports.
AGY, CHI, PWD	N.M. Code R. § 6.31.2.13(E)	Each public agency providing services to children with disabilities must communicate with parents in understandable language, including the parent's native language unless it is clearly not feasible to do so, if necessary for understanding, in IEP meetings, in written notices and in obtaining consent where consent is required.
HOS, RGT	N.M. Code R. § 7.7.2.19(A)	A list of hospital patient rights and responsibilities shall be available in languages appropriate to the ethnic needs of the community.



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MFA, RGT	N.M. Code R. §§ 7.8.2.19(A)(6), 7.8.2.34(B)	Residential adult care facilities shall provide a written description of the legal rights of the residents translated into another language, if necessary.
RGT, TRA	N.M. Admin. Code R. § 7.11.2.26(A)(5), (C)	LEP patients have right to obtain assistance in interpretation. All patients' rights shall be posted in English and Spanish.
MEN	N.M. Code R. § 7.20.2.11(A)	All mental health providers shall provide effective services to people of all cultures, races and ethnic backgrounds and shall integrate and demonstrate methods for incorporating cultural competency into planning, policy, administration, training, research, service delivery, and quality improvement. At a minimum, this shall include the employment of appropriate multi-cultural and multi-lingual professionals or para-professional staff as indicated by the population being served.
MFA	N.M. Code R. § 7.20.2.22(B)(3)	Comprehensive behavioral health prevention standards for non-network providers require provider to establish and maintain language appropriate materials and documentation of the process used to select and recruit the target populations served.
CHI, MEN	N.M. Code R. § 7.20.11.18(C)	Child and Adolescent Mental Health Services Community Agencies, as a requirement for certification, shall provide culturally competent services and serve the needs of those clients who are bicultural and/or who are non-English speaking through the use of bilingual/bicultural professional and qualified paraprofessional personnel and translators to meet the clients' communication needs. The agency shall provide public information concerning its services to persons in the community who are non-English-speaking designed to encourage full participation of non-English speaking clients.
MFA, CHI	N.M. Code R. § 7.20.11.22(B)	As a certification requirement for child and adolescent mental health services, the agency shall provide materials in a form understandable to the client and client's legal guardian(s) with consideration of the client's/guardian's primary language.
MFA, CHI	N.M. Code R. § 7.20.11.29(B)(3)(e)	For child and adolescent mental health treatment foster care services a documented match assessment includes treatment foster family's ability to speak the primary language of the client. Treatment foster care shall consider the client's cultural needs in placement and treatment.
MFA	N.M. Code R. § 7.26.5.13(E)(4)	At the inter-disciplinary team meeting for individual with developmental disabilities living in the community, team members shall perform a functional assessment which may evaluate the use of an interpreter as a support.
MEN	N.M. Code R. § 7.26.6.7(H)(1)	Requirements for developmental disabilities community programs includes that a determination of developmental delay is not based on behavior related to cultural or language differences.
MEN	N.M. Code R. §§ 7.26.7.7(B), 7.26.7.11(B)(2)(a), 7.26.7.12(E), 7.26.7.19(C)	In transition planning for individuals with developmental disabilities, the parent/guardian shall be informed and involved, and planning includes making reasonable scheduling accommodations and providing interpreters as necessary.
EIS	N.M. Code R. § 7.30.8.7(I), (W)	Family Infant Toddler Early Intervention Services specifies that for "consent" to occur, the parent has been fully informed of all information relevant to the activity for which consent is sought in the parent's native language. "Native Language" means the language or mode of communication normally used by the parent(s) and/or family of an eligible child.
EIS	N.M. Code R. § 7.30.8.9(E)(3)	Early intervention providers may hire, with approval from the Family Infant Toddler Program, service coordinators who do not meet other qualifications but do meet cultural or linguistic needs of the population served.



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EIS	N.M. Code R. § 7.30.8.10(C)	Child identification for Family Infant Toddler Early Intervention Services shall be sensitive to issues related to culture, language, and modes of communication. Evaluations shall be administered in the child's native language unless it is clearly not feasible to do so. A determination of developmental delay shall not be based upon behavior related to cultural or language differences.
EIS	N.M. Code R. § 7.30.8.11(2)(b)	Individualized service plans for Family Infant Toddler Early Intervention Services shall be conducted in the native language of the family unless it is clearly not feasible to do so.
EIS	N.M. Code R. § 7.30.8.14(E), (F)	Family Infant Toddler Early Intervention Services notice of identification, evaluation, or provision of appropriate services must be written in language understandable to the general public and provided in the native language or usual mode of communication of the parent(s), unless it is clearly not feasible to do so. If a parent(s)'s language is not a written language, documentation of the procedures used to provide prior notice shall be included in the child's record. The parent(s) shall be fully informed in their native language of all information relevant to the activity for which consent is sought.
AGY	N.M. Code R. § 8.100.130.8	An Income Support Specialist for the Income Support Division (ISD) will assist in document verification by explaining written information orally in the applicant's language or/and providing an interpreter as needed.
HEA	N.M. Code R. § 8.100.970.10(G)(2)	An interpreter shall be provided to explain the hearing procedure and interpret at program participation hearings for public assistance programs if the claimant speaks a language other than English and the project area in which claimant lives is required to provide bilingual staff or interpreters who speak the appropriate language.
MED, MCO, TRA	N.M. Code R. § 8.305.2.9(C)	The Medicaid managed care organization or the single statewide entity (MCO/SE) member handbook and the provider directory shall be available in formats other than English. If there is a prevalent population of 5% within the MCO/SE membership, as determined by the MCO/SE or Human Services Department, these materials shall be made available in the language of the identified prevalent population. Oral interpretation must be made available free of charge to members and to potential members, upon request, and be available in all non-English languages.
MED, MCO, TRA	N.M. Code R. § 8.305.5.13(A)(3)	When marketing to Medicaid members, MCO/SE shall make marketing materials available in the language of the prevalent population if there is a prevalent population of 5% in the MCO/SE membership that has limited English proficiency.
MED, MCO	N.M. Code R. § 8.305.8.12(A)(11)	The Medicaid quality management program description or work plan shall address activities aimed at addressing culture specific health beliefs and behaviors as well as risk conditions and shall respond to member and provider requests for culturally appropriate services. Culturally appropriate services may include language and translation services. The MCO/SE shall incorporate cultural competence into utilization management, quality improvement, and the planning for the course of treatment.
MED, MCO	N.M. Code R. § 8.305.8.15(B)(4)(c)	The Medicaid MCO/SE shall provide members and legal guardians with access to a toll-free hot line grievance management that shall allow communication with members whose primary language is not English.
MED, MCO	N.M. Code R. § 8.305.12.10(C)	The Medicaid MCO/SE shall have available reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate interpreter capability.
INS, TRA	N.M. Code R. § 8.306.2.9(C)(2)(c)(3)	Oral interpretation shall be made available free of charge to state insurance coverage (SCI) members and to potential members, upon request, and be available in non-English languages for populations that exceed a greater than 5% incidence within the managed care organization's (MCO's) membership.



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INS, MCO	N.M. Code R. § 8.306.5.14(A)(4)	When marketing to State Insurance Coverage members, if there is a population of greater than 5% in the Managed Care Organization (MCO) membership that has limited English proficiency, marketing materials shall be available in the language of that population.
INS, MCO	N.M. Code R. § 8.306.12.10(C)	The Managed Care Organization (MCO) for State Insurance Coverage shall have available reasonable assistance in completing forms and taking other procedural steps including providing interpreter services and toll-free numbers that have adequate interpreter capability.
HHC	N.M. Code R. §§ 8.314.2.13(B)(1)(j), 8.314.6.15(B)(6)	Homemaker support services for disabled and elderly home based care and long term care services include services that promote participants' independence such as translating/ interpreting.
MED, LTC	N.M. Code R. § 8.314.3.1(C)(2)	As part of the Medicaid Medically Fragile Home and Community-Based Services Waiver, private duty nursing care agencies must assure that all nurses delivering services are culturally sensitive to the needs and preferences of the individuals and their families. Based upon the client's individual language needs or preferences, nurses may be requested to communicate in a language other than English.
LTC	N.M. Code R. § 8.315.2.11(B)(1)(a)	The long term care services for the elderly program descriptions shall be written in a culturally competent format at a language level understandable by the participant (sixth grade). The format should be sensitive to the culture and language common to the service area.
HHS	N.M. Code R. § 8.315.4.11(A)(38)	For attendants providing consumer delegated personal care, written competency tests shall make special accommodations for attendants who speak/read/write a language other than English.
HHC	N.M. Code R. § 8.315.4.14(C)(3)	The personal care option services program includes translating/interpreting through qualified persons as a covered support service.
MED, CHI, TRA	N.M. Code R. § 8.320.6.13(G)	Medicaid covers the cost of certain administrative activities that directly support efforts to provide health-related services to Medicaid-eligible children and youth with special education and health care needs. These administrative activities include, assisting in obtaining translation services when necessary to receive health care services.
MED, STA	N.M. Code R. § 8.325.3.12(A)(6)(e)	For Medicaid covered sterilization procedures, providers must provide an interpreter if needed to ensure that the recipient understands the information furnished.
MED, WOM, PWD, CHI, MEN	N.M. Code R. §§ 8.326.3.10(C), 8.326.5.10(D), 8.326.6.10(C), 8.326.7.10(C)	Regarding qualifications of Medicaid case managers for pregnant women and their infants, traumatically brain injured adults, for children up to age three, and adult protective services, it can be important that they have language skills, cultural sensitivity and acquired knowledge and expertise unique to the geographic area.
AGY, LTC	N.M. Code R. § 8.354.2.11(G)(2)	If the claimant speaks a language other than English and the Health Services Department area in which claimant lives is required to provide bilingual staff or interpreters who speak the appropriate language, an interpreter must be provided to explain Medicaid preadmission screening and annual resident review (PASRR) and patient status hearings procedures and interpret at the hearing.
HEA	N.M. Code R. § 8.349.2.10(C)	The Coordinated Service Contractors (CSC) appeals and grievance process shall have available reasonable assistance in completing forms and taking other procedural steps including providing interpreter services and toll-free numbers that have adequate interpreter capability.
OAA	N.M. Code R. § 9.2.6.10(S)(1)	A designated Area Agency on Aging shall use outreach efforts that identify individuals eligible for assistance with special emphasis on older individuals with, among other factors, limited English-speaking ability.



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LTC	N.M. Code R. § 9.2.23.18	Long-term care facilities shall post a notice in a conspicuous place at the entrance to a room with a monitoring device that a monitoring device is in use. The notice shall be posted at the facility's expense in English and Spanish.
MCO, TRA	N.M. Code R. § 13.10.13.26(H)	If a negotiation by a health care insurer with an enrollee or subscriber leading up to the effectuation of a Managed Health Care Plan (MHCP) contract are conducted in a language other than English, the health care insurer shall supply to the enrollee or subscriber a written translation of the contract. The translation shall accurately reflect the substance of the contract and shall be in the language used to negotiate the contract. No translation of a MHCP contract form shall be approved by the superintendent unless the translation accurately reflects the substance of the MHCP contract form. The text of all advertisements by a health care insurer if printed or broadcast in a language other than English also shall be available in English and shall be provided to the superintendent upon request.
MCO	N.M. Code R. § 13.10.13.29	The Managed Health Care Plan (MHCP) must ensure that information and services are available in languages other than English and that services are provided in a manner that takes into account cultural aspects of the enrollee population. Each MHCP shall develop, implement, and maintain a plan that reasonably addresses the cultural and linguistic diversity of its enrollee population. MHCPs must submit to the superintendent for approval a plan of how the MHCP will address the cultural and linguistic diversity of its enrollee population. At a minimum, the plan shall address, including how the MHCP will identify the language needs of enrollees; measures to be taken to ensure access for LEP enrollees in both administrative and health care encounters with the plan and its providers; steps the MHCP will take to ensure availability of adequate interpretation services within its network, which shall include a description of specific contracts or other arrangements for interpretation; whether interpreting services are available to enrollees on a 24-hour basis for emergency care; whether linguistic and cultural needs is explicitly addressed in the MHCP's continuous quality improvement program; how the MHCP will conduct outreach to ensure that enrollees with particular cultural and linguistic needs are identified by the MHCP and made aware of the services available to them to address their needs; any guidelines or training regarding cultural and linguistic needs of enrollees that the MHCP will utilize with its own staff and providers within its network; and the extent to which the MHCP contracts with community clinics and other local providers that offer linguistic and culturally appropriate services to enrollees in their areas.
HEA	N.M. Code R. § 13.10.17.10(C)	Information about health insurance grievance procedures must be provided in accordance with cultural and linguistic diversity.
CRD	N.M. Code R. § 16.22.23.8(B)(17)	A psychologist or psychologist associate seeking authority to write prescriptions must document completion of a psychopharmacology training program that demonstrates that it integrates into the training: socio-cultural issues in psychopharmacological treatment, ethno-pharmacology, use of translators, the cultural context of compliance and noncompliance with prescribed medication, creating a culturally appropriate environment to meet patient care treatment and language needs, and working collaboratively with traditional healers.
XXX	N.M. Code R. § 16.63.16.8(C)(2)	Social workers should take steps to ensure clients' comprehension when clients have difficulty understanding the primary language used in the practice setting including providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.