

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Kyra Ochoa, Deputy Secretary

Nurse Aide Training and Competency Evaluation Program (NATCEP) Waiver Request

Event Case #		Ownership:	
Administrator:			
Facility Name:			
Facility Address:			
City:	State:	Zip Code:	Contact Ph #:
		License #:	
Facility Current Statu	s in New Mexico: (C	MS Administrative Review	Letter with adjustment and options
	•	with Survey Results, CMP	Fees imposed by CMS, Amount
Currently Owed by th	e Facility:		

When a Skilled Nursing Facility (SNF), Nursing Facility (NF) or SNF/NF has NATCEP approval withdrawn in accordance with §483.151, the facility may not offer a NATCEP or host a NATCEP run by an outside entity.

There are two waivers which may be granted to permit NATCEP to take place in your facility. You will need to submit this request to the Certified Nurse Aide Registry and Training Program. You must indicate below the type of waiver you are requesting.

Regardless of the reason why the NATCEP approval was withdrawn, a facility may request a "reasonable distance" waiver. If granted a waiver by DHI, the facility may allow an independent third-party program operated by a school or another entity and supervised by a Registered Nurse (RN) not employed by the facility. However, if Substandard Quality of Care (SQC) was involved, the examples in 4132.1E c. show that:

- A reasonable distance waiver may not be granted until the SQC has been removed, which means not until HFL&C conducts the revisit and determines that the facility is back in compliance, and, if SQC recurs, the waiver must be withdrawn. The Health Care Authority will also consider not granting or withdrawing a "reasonable distance" waiver if actual harm or immediate jeopardy that are not SQC occur.
- 2. If a facility has NATCEP approval withdrawn for a CMP of \$5,000.00 or more, §483.151(c) permits CMS to waive the disapproval if the reason for the CMP was not related to the quality of care furnished to residents. If a facility is requesting this type of waiver, they will submit their request to us and we will forward that request to CMS.



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Please include in your application for a reasonable distance waiver a copy of the signed agreement between the facility Name and the independent third-party school or CNA training program Name.

Name and Title of Person Submitting Request:	
Date of Request:	