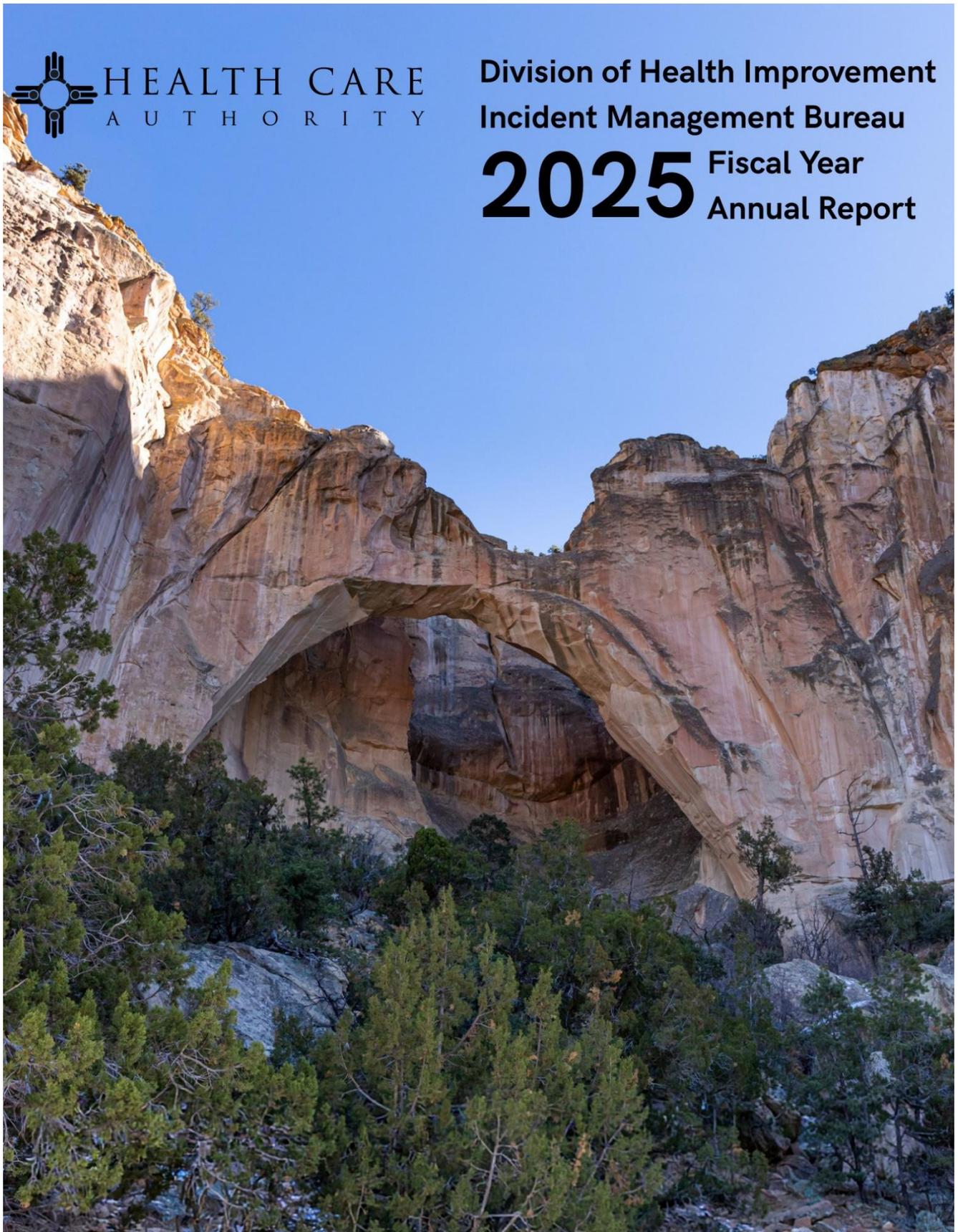




HEALTH CARE
AUTHORITY

Division of Health Improvement
Incident Management Bureau

2025 Fiscal Year
Annual Report



Health Care Authority Mission Statement

We ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality healthcare and safety-net services.

Division of Health Improvement Mission Statement

The mission statement of the Division of Health Improvement (DHI) is to ensure that New Mexicans Attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services. This mission is supported by the Division's commitment to promoting health and well-being and improving health outcomes for all people in New Mexico. The Division works with partners to achieve these goals and ensures that healthcare facilities, providers, and community support services deliver safe and effective healthcare and community services.

Incident Management Bureau Mission Statement

The Incident Management Bureau (IMB) operates within the Health Care Authority, Division of Health Improvement. IMB is dedicated to ensuring the health, safety, and well-being of individuals served on the Developmental Disabilities Waiver (DDW), the Mi Via Self-Directed Waiver, Supports Waiver, and the Medically Fragile Waiver, by investigating allegations of abuse, neglect, exploitation, suspicious injury, environmental hazard, and death (ANE.)

Who do we serve? DHI and its partners provide supports and services to individuals who meet eligibility criteria for the Medicaid Developmental Disabilities (DD) Waiver, Mi Via Self-Directed Waiver, Supports Waiver, and the Medically Fragile waiver program. Intellectual disability is characterized by limitations both in intellectual functioning (reasoning, problem solving) and in adaptive behavior, which covers a wide range of everyday social and practical skills. The disability originates before the age of 18. “Developmental Disabilities” is an umbrella term that includes intellectual disability but also includes other disabilities that are apparent before the age of 22 and are likely lifelong. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes physical and intellectual disability, for example, Down syndrome. Some people with developmental disabilities also have significant medical or mental health

needs. In FY2025, the number of adults enrolled in intellectual and/or developmental disabilities (I/DD) services through the DD Waiver, Mi Via Self-Directed Waiver, the Supports Waiver, and the Medically Fragile Waiver programs reached 8,447 individuals who billed for services.

What is Abuse, Neglect or Exploitation?

Abuse is defined as knowingly, intentionally, and without justifiable cause inflicting physical pain, injury, or mental anguish.

Mental Anguish is defined as a relatively high degree of mental pain and distress that is more than mere disappointment, anger, resentment, or embarrassment, although it may include all of these, and is objectively manifested by the recipient of care or services by significant behavioral or emotional changes or physical symptoms. NMAC 8.370.10.7 (P).

Sexual Abuse is defined as the inappropriate touching of a recipient of care or services for sexual purpose or in a sexual manner, and includes kissing, touching the genitals, buttocks, or breasts, causing the recipient of care or services to touch another for sexual purpose, or promoting or observing for sexual purpose any activity or performance involving play, photography, filming, or depiction of acts considered pornographic. Sexual conduct engaged in by an employee with a person for whom they are providing care or services is sexual abuse per se. NMAC 8.370.10.7 (Z).

Verbal Abuse is defined as profane, threatening, derogatory, or demeaning language, spoken or conveyed with the intent to cause mental anguish. NMAC 8.370.10.7(DD).

Neglect is defined as the failure of the caretaker to provide basic needs of a person, such as clothing, food, shelter, supervision, and care for the physical and mental health of that person. Neglect causes or is likely to cause harm to a person. NMAC 8.370.10.7(R).

Exploitation is defined as an unjust or improper use of a person's money or property for another person's profit or advantage, financial, or otherwise. NMAC 8.370.10.7(J).

Suspicious Injuries: are not defined in the New Mexico Administrative Code; however, some examples of suspicious injuries are listed IMB ANE Guide.

Environmental Hazard: is defined as a condition in the physical environment which creates an immediate threat to health and safety of the individual. NMAC 8.370.10.7(I).

Reporting

In FY25 the Incident Management Bureau and The New Mexico Adult Protective Services Department continue to maintain a 24-hour hotline for reporting abuse, neglect, exploitation, suspicious injury, environmental hazard and death. The hotline number is (866)-654-3219 (option #6 for IMB.) Individuals can also submit reports of ANE at [Report Abuse, Neglect & Exploitation - New Mexico Health Care Authority](#) See NMAC 8.370.10.8 for Incident Reporting Requirements for Community Providers.

Immediate Action and Safety Plan (IASP)

The Immediate Action and Safety Plan (IASP) is required for all allegations of abuse, neglect and exploitation and is utilized to keep the individual safe throughout the course of the screening process and/or investigation. Some examples of an IASP include:

- Arrange for an individual to stay somewhere temporarily or a permanent move;
- Staff are re-trained on the individual's plans.
- Offer information on obtaining a protection order (restraining order, stalking order, sexual assault order, guardianship);
- Assist with obtaining medical assistance or assessment;
- Staff person accused of the ANE is put on administrative leave or moved to a different type of position.

Categories of Protective Services

- Advocacy
- Alternative living arrangement
- Counseling
- Legal Services
- Medical Services
- Mental state examination
- Physical state examination
- Removal of staff involved

FY25 IMB Descriptive Data

For FY25, IMB represents data regarding the overall types of abuse, neglect and exploitation experienced by individuals in the waiver systems as well as the types of abuse and causations

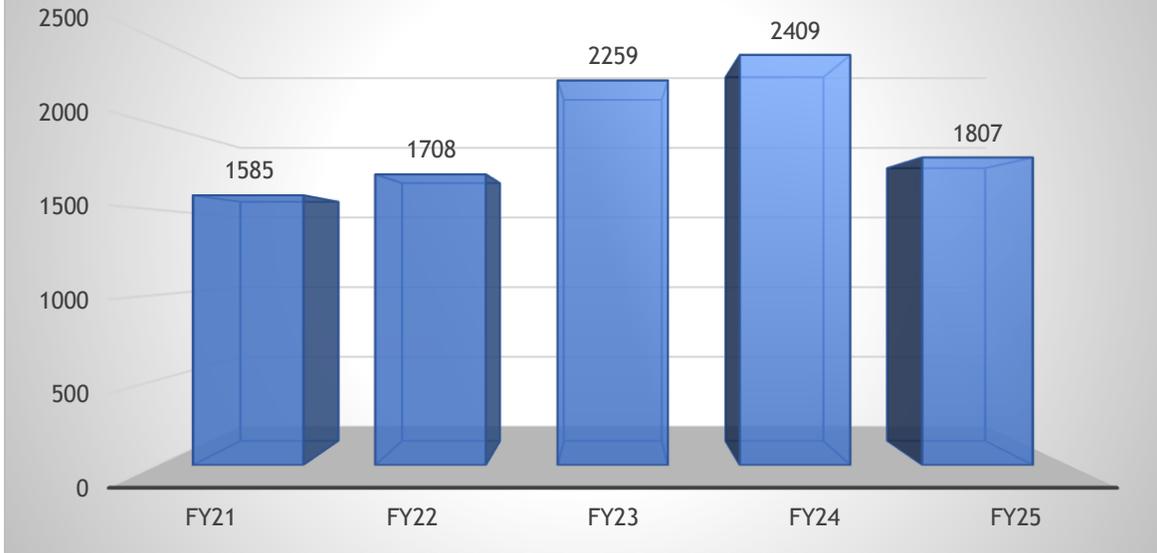
for neglect. IMB also categorized the type and number of referrals made to outside agencies during the course of the intake and investigative process.

With the ability of the IMB intake team to utilize the Enhanced Screening process, IMB was able to close a total of 722 allegations of ANE reported to IMB at intake in FY25. These allegations either did not meet the definition of ANE, IMB did not have jurisdiction over the individual or facility involved in the allegation, and/or with the enhanced screening, the allegation was able to be resolved without further incident, and no injuries or negative outcome occurred to the individual. In these instances, the IMB intake specialist triaging the intake report was able to ensure the health and safety of the individual and close the concern at intake without the need for a full investigation. (*For closed at intakes, IMB does collect a Safety Verification, similar to an Immediate Action Safety Plan, which documents steps the responsible agency, or team members, or consultants have taken to ensure the individual's safety and ensure the incident will not occur or likely not occur in the future.)

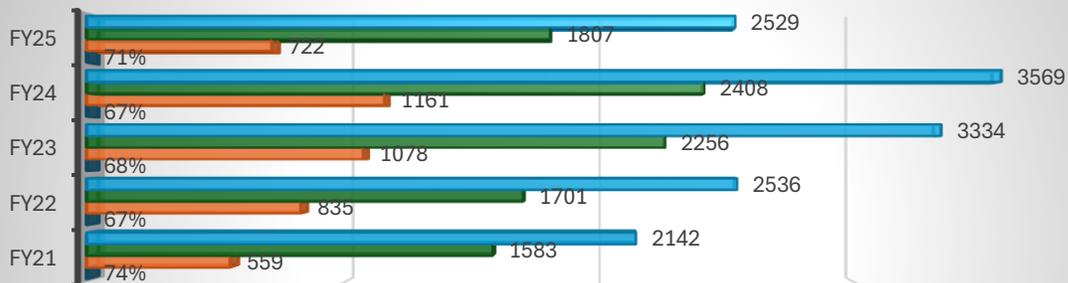
FY25 Intakes and case assignments

In FY25 there were a total of 2,529 reported allegations of ANE reported to IMB. Of the 2,529 reports of ANE, 1,807 reports were assigned for investigation. IMB assigned 72% of all reported ANE for FY25. These numbers coincide with the pre-covid data (FY19), when case assignment data reflected 1,808 reports assigned that fiscal year. Below is a five-year comparison for case assignments.

Five-Year look at Case Assignments



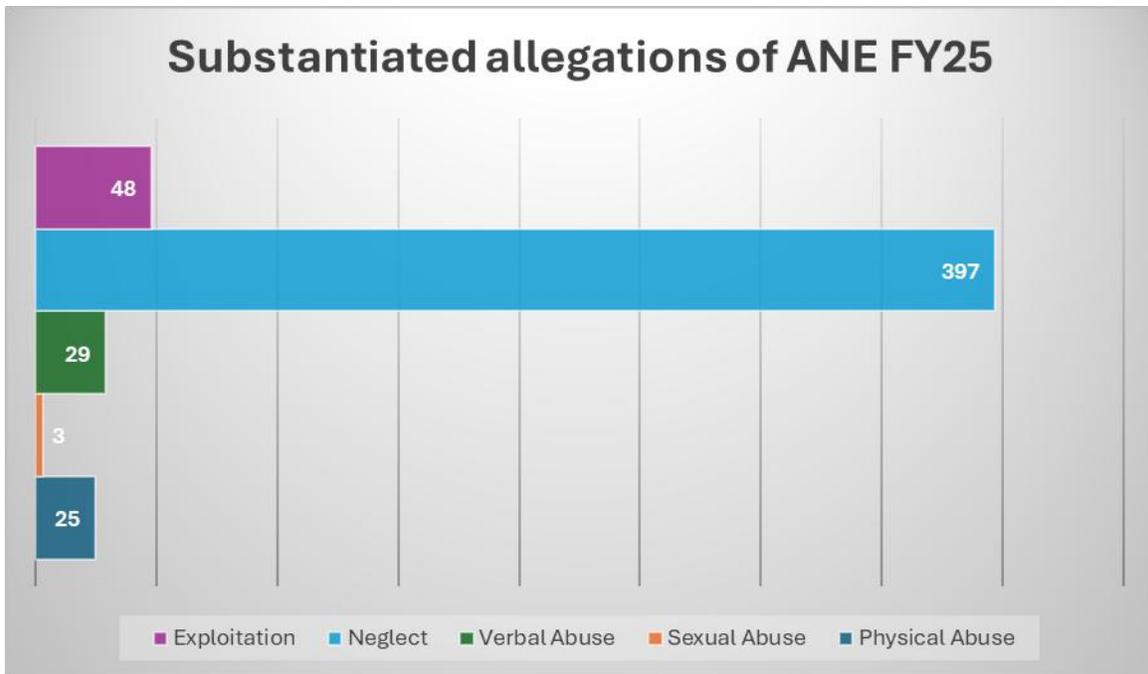
IMB Intake Data



	FY21	FY22	FY23	FY24	FY25
Intakes	2142	2536	3334	3569	2529
Assigned	1583	1701	2256	2408	1807
Closed at Intake	559	835	1078	1161	722
Assignment %	74%	67%	68%	67%	71%

■ Intakes
 ■ Assigned
 ■ Closed at Intake
 ■ Assignment %

In FY25 as of 06/30/2025: IMB substantiated 372 cases which involved a total of 502 allegations of abuse, neglect, and exploitation.



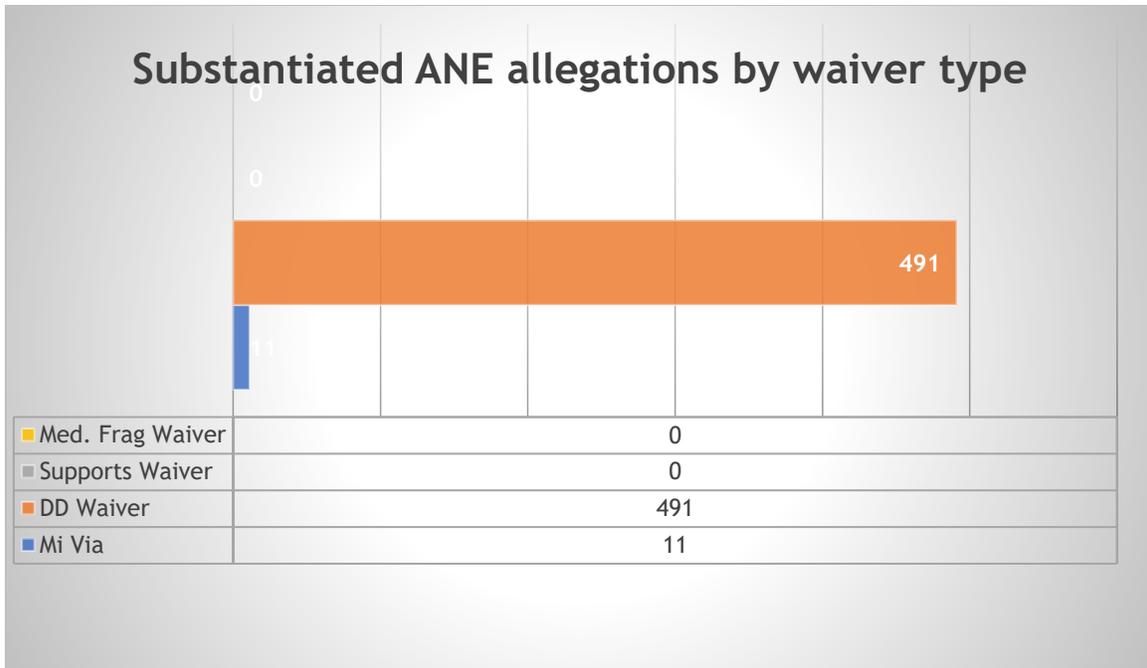
ANE Substantiations by Waiver Program

The Mi Via Waiver Program makes up approximately 42% of the waiver system. Approximately 137 reports of ANE were reported for Mi Via recipients in FY25. This accounts for 5.4% of all ANE reports for FY25. Of the 372 substantiated cases of ANE, only 11 involved a Mi Via Participant. The substantiation rate for Mi Via is 3%.

The Traditional DD Waiver Program accounts for 55% of all waiver services offered and accounts for 92% of all ANE reports for FY25. Approximately 2,332 reports of ANE were reported for DD waiver recipients in FY25. Of the 372 substantiated cases, 361 involved a DD waiver individual. The substantiation rate for DD waiver is 97%.

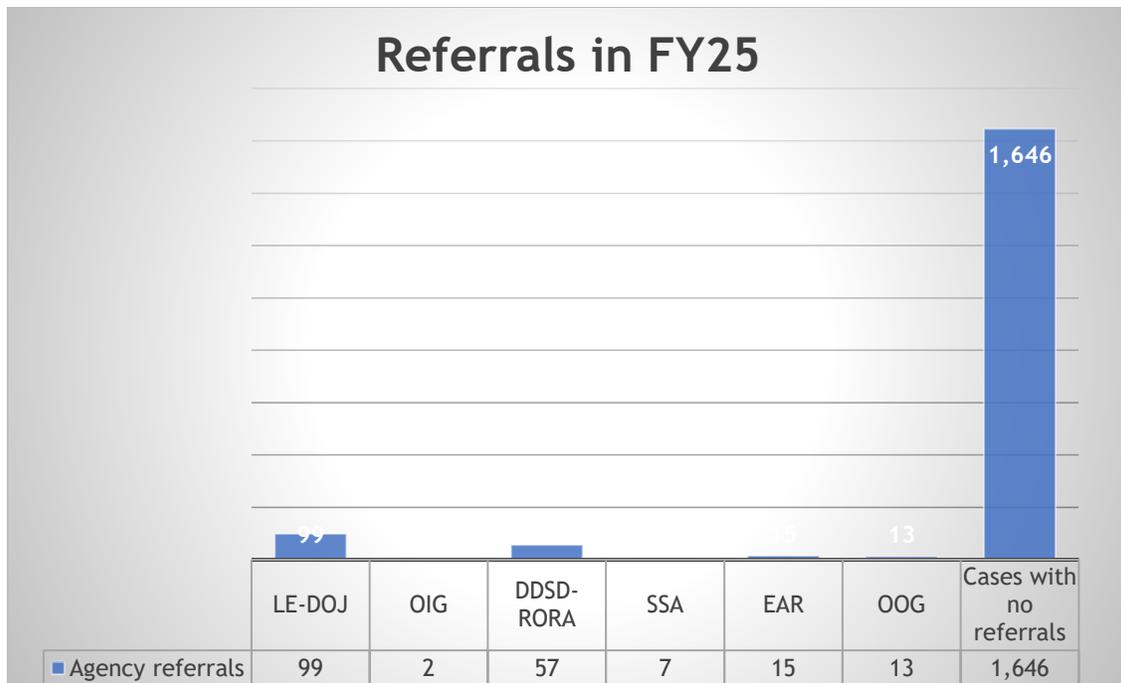
The Supports Waiver Program makes up 1.2% of the combined waiver services. This number accounted for .01% of ANE reports for FY25. Approximately three (3) reports of ANE were reported to IMB in FY25. There were no substantiated findings in FY25 for any Support Waiver recipient.

The Medically Fragile Waiver Program is the remaining waiver program offered and accounts for 3.5% of all waiver services offered. Approximately three (3) reports of ANE were reported to IMB in FY25. There were no substantiated findings in FY25 for any Medically Fragile individuals.



Referrals

IMB makes a number of referrals to outside agencies for further action such as law enforcement agencies for criminal prosecution, abuse registry placement, licensing board review, and the DDS for provider contract management (Regional Office Request for Assistance.) IMB also collaborates with the New Mexico Department of Justice and the Office of Inspector General when cases involve criminal activity and/or Medicaid fraud and elder abuse. In some cases, these agencies may have been contacted and a referral made prior to the ANE report being made to IMB; in which case, IMB verifies and collaborates with outside agencies as needed.



In FY25, 193 referrals involving 161 cases were made to outside agencies for intervention.

Causation

IMB has been collecting information on the causes and contributing factors of ANE; more specifically related to Neglect. Reported allegations of Neglect accounted for 92.0% of all IMB investigations in FY25.

IMB has identified common causes of Neglect, including the ‘fatal five’ most common conditions that lead to premature death of people with I/DD which include: aspiration, supervision, dehydration, failure to follow service care plans and timely medical attention. The 13 causes IMB tracks include aspiration, constipation, dehydration, delay in medical treatment, falls, medication errors, pressure ulcers, sepsis, failure to follow service care plans, human rights violations, lack of appropriate supervision, the use of restraints, and lack of training. The top three causations for substantiated neglect allegations in FY25 were: 1). Supervision 2). Service care plans not followed and 3). Training.

How is the Division of Health Improvement working to ensure the health and safety of individuals with intellectual and developmental disabilities?

The Incident Management Bureau (IMB) serves individuals with I/DD by assessing needs and providing protective services in community-based programs through investigations of allegations of abuse, neglect, and exploitation, often collectively referred to as ANE. New Mexico state law requires all persons with knowledge about potential ANE to report; this includes people who work directly with individuals with I/DD. All family, friends and people who provide support can report abuse. Reports also come from law enforcement, medical providers, and other sources. There is a 24-hour ANE reporting hotline and a link on the APS and DHI websites to file reports electronically, to increase reporting availability and efficiency in responding to urgent situations.

- An IMB Intake Specialist gathers preliminary information to assess the need for protection of the vulnerable adult and determine if a situation meets the definitions of ANE. An adult is considered anyone over 18 years of age. The Community-Based Provider, Mi Via Consultant, Case Manager, or Community Supports Consultant is responsible for delivery of an immediate action and safety plan (IASP) and is required to update the IASP if instructed to by the assigned Investigator.
- Once it is determined that an allegation meets the definition of ANE as defined by the New Mexico Administrative Code (NMAC 8.370.10), the case is screened in, and an Investigator is assigned. The case is assigned a Priority Level, depending on the seriousness of the allegation. An Emergency requires the Investigator to respond within three hours; Priority One allegation requires a 24-hour response and Priority Two requires the Investigator to respond within five calendar days.
- The Investigator will begin an investigation into the nature and cause of the reported ANE. The Immediate Action and Safety Plan (IASP) is continually assessed to ensure the health and safety of the alleged victim while the investigation progresses.
- The Investigator also makes a mandatory report to law enforcement if they believe a crime has been committed, if the provider agency or others have not already done so.
- When an investigation is complete, the investigator determines a finding: either Substantiated or Unsubstantiated based on a preponderance of the evidence.
- Next, the Investigator requests a corrective/preventive action plan from the Provider agency (or the consultant, case manager, or community supports coordinator) if an

allegation is substantiated and an Interdisciplinary team (IDT) meeting be held by the case manager, (notification of the substantiation will be received in the form of a Decision Letter) detailing what actions will be taken to ensure the individual remains safe. These corrective/preventive actions and IDT meetings are individually tailored to each situation. The purpose of corrective/preventive actions and IDT meetings are to mitigate risk, increase safety, and provide education and training, based on deficient practice. An example of corrective/preventive actions could include re-training on healthcare plans, mandatory abuse, neglect, and exploitation reporting training for all program staff, updating the person's Individual Service Plan, re-evaluating the need for increased supervision or disciplinary action for the agency employee, including termination of employment, for serious violations.

As the waiver population continues to expand, safeguards for prevention of abuse, neglect and exploitation are of paramount importance and preventive actions should be seen as a shared responsibility between DDS, DHI, providers, the Healthcare Authority, and our community partners.

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