



HEALTH CARE  
AUTHORITY

---

## Client Rights, Grievance Process and Abuse, Neglect and Exploitation Reporting Acknowledgment Form

### Individual Client Rights, Individual Client Rights Regulation (8.371.3 NMAC) and 1915 (c) Home and Community-Based Setting Rights and Responsibilities

All individuals served through home and community-based waiver programs have rights. Having clear rules around what those rights are helps make them easy to identify, use and protect. It also helps promote the health, safety, and welfare of those individuals.

This form outlines how to file a complaint should you feel that a service provider, employee, or person acting under contract with the service provider, has violated your rights. The Health Care Authority will enforce the next steps to a resolution when a complaint is substantiated.

Unless expressly modified by court order, or specifically granted to a guardian or conservator, all individuals served have the same legal rights guaranteed to all other individuals under the United States Constitution, the New Mexico State Constitution, and Federal and State laws.

### Client Complaint Procedures Regulation (8.371.4 NMAC)

As an individual receiving support and services through a community agency contracted with the Health Care Authority or as a legal guardian of an individual receiving services, a complaint procedure is available to you. If, at any time, you feel that a service provider, its employee, or person acting under contract with the service provider has violated your rights, you may initiate the complaint process with the service provider. This must be done within one-hundred and eighty (180) days of the event of the occurrence. If the complaint alleges abuse, neglect, exploitation or involves a dangerous condition, or a risk to health and safety, the complaint may be made with the division's office without initiating a complaint with the service provider.

If the complaint filed with the service provider is not resolved, you can file your complaint orally or in writing with the division's designated office within twenty (20) days. A written report of the investigation will be prepared within forty-five (45) days of receipt of your complaint. The Director of the Developmental Disabilities Supports Division will review this report and issue a written decision within ten (10) days of receipt of the report.

If you as a complainant are not satisfied with the decision of the Director, you will receive information about requesting an Administrative Hearing. Your request must be filed in writing within twenty (20) days from the receipt of the Director's decision.

If you have further questions about the process, or want a copy of these state rules, please contact the Developmental Disabilities Supports Division at **HCA-DDSD.CONSTITUENTS@HCA.NM.GOV**



HEALTH CARE  
AUTHORITY

---

### How to detect and report Abuse, Neglect and Exploitation (8.370.10 NMAC)

The Division of Health Improvement's (DHI), Incident Management Bureau's (IMB) role is to ensure the health and safety of waiver participants and to ensure compliance with state and federal regulations by community-based providers.

**Anyone who suspects abuse, neglect, or exploitation, must report immediately.** Suspicious injuries, environmental hazards and death are to be reported immediately also.

**To file a report, call 1-866-654-3219, fax to 1-800-584-6057 or report online at [www.hca.nm.gov/report-abuse-neglect-exploitation/](http://www.hca.nm.gov/report-abuse-neglect-exploitation/)**

\*If the participant is under 18 years old, immediately report to Children, Youth and Families Department, by dialing #SAFE from a cell phone or calling 1.855.333.7233.

Common warning signs which may indicate, neglect and exploitation may include:

- Unexplained signs of injury, such as bruising, the explanation of injury does not match, and/ or the injuries occur in places not commonly injured like the inner thighs, abdomen, bottom of feet, back, and neck.
- Frequently missed medical appointments.
- Running out of necessary life sustaining supplies frequently, like formula/enteral nutrition.
- Frequent school absences or not enrolling a child in school with no valid reason.
- Changes in normal patterns occur seemingly without explanation (sleeping pattern, eating pattern, toileting).
- Sudden and unexplained changes in behavior.
- Changes in the person's health are not assessed by the nurse or no appointment is made with their community physician.
- Medications are missing, not refilled, are forgotten or the individual gets someone else's medication.
- Staff are not trained, do not follow the plans written to keep the person safe (healthcare plan, medical emergency plan, physical therapy plans), or don't pay attention to the people they are supporting.
- Skin breakdown regularly appears and is not assessed, or treatment instructions are not followed.
- Personal spending money or belongings go missing.
- Staff who create work schedules to benefit them financially when it is not needed or wanted by the individual.
- Staff using individuals' funds to purchase personal items or using individual's personal property (like a car) for personal use.



HEALTH CARE  
AUTHORITY

**Right to a Fair Hearing:** You can ask for a Fair Hearing if you think the agency has denied your request in error.

**How to ask for a Fair Hearing:** You can ask for a Fair Hearing by email, phone, or in writing. You must ask within ninety (90) days of the date of notice. You can submit your request to the HCA Fair Hearings Bureau. You can represent yourself at the hearing, or a friend, relative, attorney, or other person can help you.

Ask for a Fair Hearing by email or phone. Or ask by writing a letter:

Email Address: [HCA-FairHearings@hca.nm.gov](mailto:HCA-FairHearings@hca.nm.gov)

Phone: (505)476-6213 or 1-800-432-6217. Press option 6

Fax Number: (505)476-6215

Mail: New Mexico Health Care Authority

Fair Hearings Bureau

P.O. Box 2348

Santa Fe, NM 87504-2348

**Client Rights, Grievance Process and Abuse, Neglect and Exploitation Reporting Acknowledgment Form**

- I have had the above rights which pertain to me explained to me. I have received or have been told where to receive a copy of the relevant regulation pertaining to my rights.
- Explanation of how to recognize and report abuse, neglect, and exploitation was provided to me. If I am experiencing, or I suspect someone else is experiencing, abuse, neglect, or exploitation I know how to report.

\_\_\_\_\_  
WAIVER PARTICPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CM/CONSULTANT

\_\_\_\_\_  
DATE