



HEALTH CARE
AUTHORITY

State Fiscal Year

2025

Abuse,
Neglect
and Exploitation

**Reporting
Guide**

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DEFINITIONS OF ABUSE, NEGLECT, AND EXPLOITATION

ABUSE is defined as

- (1) knowingly, intentionally, and without justifiable cause inflicting physical pain, injury or mental anguish;
- (2) the intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person; or
- (3) sexual abuse, including criminal sexual contact, incest and criminal sexual penetration.

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.

VERBAL ABUSE is defined as profane, threatening, derogatory, or demeaning language, spoken or conveyed with the intent to cause 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.

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.

EXPLOITATION is defined as unjust or improper use of a person's money or property for another person's profit or advantage, financial, or otherwise.

SUSPICIOUS INJURIES: Not defined in NMAC. Please see examples on pages 6 & 7.

ENVIRONMENTAL HAZARD: A condition in the physical environment which creates an immediate threat to the health and safety of the individual.

PERSON OF TRUST - A "trust relationship" is defined as caregivers or others involved in the life of the individual who bear or have assumed some responsibility for protecting the interests of the person, or where expectations of care or protection arise by law or social convention and includes family members and others who are aware of the person's vulnerability and exploit it. It excludes perpetrators who are strangers.

LIKELY RISK OF HARM - Risk of harm refers to clinically significant harm which has not yet occurred but is likely to occur, given risk factors identified in the present. The level of future risk is identified as likely (probable), not just possible (may occur). The probable harm will have a significant detrimental effect on the Individual if it does occur.

RECOGNIZING ABUSE, NEGLECT, EXPLOITATION, ENVIRONMENTAL HAZARDS AND SUSPICIOUS INJURIES

Physical Abuse Examples:

- Infliction of injury: bruising, lacerations, welts, burns, fractures or dislocations
- Hitting, slapping, biting, shaking or kicking
- Pulling arms, hair or ears
- Bending back fingers or bending an arm up behind the back
- Placing hot substances or non-food items in the mouth for swearing
- Physically restraining a Individual without approved reason or doing so without training/certification
- Actions that result in bodily harm
- Use of medication as a chemical restraint
- Depriving a person of services such as medical, therapeutic, or behavioral services that they need to remain healthy.

Verbal Abuse Examples:

- Intimidating gestures (such as shaking a fist, aggressive posturing, and others)
- Use of racial slurs
- Criticizing
- Name calling
- Yelling or screaming
- Using ridicule or demeaning language - cursing
- Using threats

Sexual Abuse Examples:

- Engaging in any sexual contact
- Exposure to pornographic materials
- Making sexual advances
- Harassment of a sexual nature that demeans, humiliates or embarrasses
- Inappropriate touching
- Sexual innuendo

Possible Signs of Abuse:

- Typical response by the individual changes without explanation
- The Individual exhibits unusual fear or anxiety
- The Individual has sudden unexplained changes in their behavior
- The Individual is injured or bleeding from around their genitals
- The Individual flinches/cowers in the presence of caregiver or another trusted person
- Injuries sustained by the Individual that cannot be explained, or the explanation does not match the injury
- Signs of pain experienced by the Individual are unexplained
- There are unexplained changes in the Individual's sleeping patterns, appetite, or actions
- The Individual has an increased need to seek approval or comfort
- The Individual does not seem to be him or herself and there is no apparent cause for the change

Neglect Examples:

- Not supervising a person as required to keep them safe
- Spend long periods of time in own feces or urine
- Has untreated medical conditions
- The provider has assigned insufficient staff to meet the needs of the Individuals they support
- Failing to follow-up on health/medical symptoms
- Has unhealed sores or untreated injuries
- Medication is administered by untrained staff
- G-tube protocols are not followed as prescribed
- Failing to follow a positive behavior support plan or crisis plan
- Unsafe living conditions (could also be Environmental Hazard)
- Providers do not train their staff to support Individual's plans
- Leaving someone in a hot car, unattended
- Failing to seek medical attention in a timely manner
- Failing to follow expected procedures outlined in emergency response plans, health care plans, therapy plans, mealtime plans, etc.
- Medication error that results in the need for medical treatment or the agency nurse determines the need to consult with a physician/CNP/PA, pharmacist or poison control regarding potential need for medical intervention (does not include mere notification).
- The individual misses multiple doses of medication over a period equal to or greater than 48 hours or misses a single dose that places the Individual at a risk of harm.

- A prescribed medication is delivered to the wrong person

Possible Signs of Neglect:

- The Individual has a foul odor of urine or feces
- The Individual is malnourished or dehydrated
- The Individual has experienced significant weight loss without dieting or medical reasons
- The Individual is not dressed appropriately for weather conditions
- The Individual has poor dental hygiene
- The Individual has illness or injuries that are not being treated
- The Individual is left alone when they are supposed to be supervised
- The Individual has frequent constipation episodes
- The Individual has frequent trips to the emergency room
- The Individual's food, medication or personal care is withheld
- The Individual exhibits a failure to thrive (not linked to diagnosis)
- The Individual has multiple small bruises
- The Individual's adaptive equipment is not individualized or in working condition.
- There are unexplained changes in the Individual's sleeping patterns and appetite

Examples of Exploitation:

- Use of the Individual's funds to meet caregiver's needs
- Taking Individual's paycheck or social security funds
- Taking Individual's clothing or other belongings
- Unauthorized withdrawal of funds
- Borrowing Individual's possessions, for example, DVDs, lawn mowers and others
- Staff's use of Individual's transportation for their own purposes
- Staff use of the Individual's telephone, leaving the Individual to pay the cost of the calls
- Forcing them to sell or give away property or possessions
- Staff's use of the Individual's food stamps to purchase food for themselves
- Borrowing money, even if offered by the Individual and/or reimbursed to the Individual
- Providers charging business expenses to the Individual

Possible Signs of Exploitation:

- The Individual is regularly denied outings and activities due to a lack of funds
- The Individual has insufficient money to meet normal budgetary expenses
- The Individual pays fees or charges imposed for late payments
- The Individual is denied housing subsidies or food stamps through no fault of their own
- The Individual's cost of living expenses are not fairly divided between housemates
- The Individual's money is not accounted for
- The Individual's personal funds accounting records indicate unusual or inappropriate purchases
- The Individual's personal funds are used to pay for household items they do not use such as a tropical fish tank or internet service
- The Individual does not have access to personal funds
- The Individual's money, household goods or personal property (television, iPad, computer, clothing, etc.) disappear
- The Individual's personal funds are not adequately overseen
- The Individual loses approved supplemental income or assistance
- The Individual's funds are used to supplement another Individual's needs

Examples of Environmental Hazards:

- Bed bugs are found in the person's home

- The Individual's residence has mold growing on the bathroom walls
- The Individual's home is infested by insects
- There is a gas leak at the day habilitation site
- Broken windows have not been repaired
- Air conditioning or heat is not functioning
- Toilet is not functional

Possible Signs of Environmental Hazards:

- The Individual has numerous insect bites on their body
- The Individual is experiencing otherwise unexplained respiratory symptoms
- The Individual's residence is in ill-repair
- Observing a large number of rodents around the residence
- Lack of potable water or no electricity

Examples of Suspicious Injuries:

- A patterned bruise, no matter its size, that is in the shape of an identifiable object such as a belt buckle, shoe, hanger, etc.
- Unexplained serious injuries or multiple bruises, cuts, abrasions
- A spiral fracture
- Dislocated joints (e.g. shoulders, fingers)
- Facial or head injuries (e.g. black eyes, injuries to the scalp)
- Bruising to an area of the body which does not typically or easily bruise (e.g. midline – stomach, breasts, genitals or middle of the back)
- Injuries that are not consistent with what is reported to have happened, for example:
 - bruising to the inner thighs are explained to have been sustained in a fall that happened in the driveway
 - injuries explained as caused by self-injury to parts of the body the Individual has not previously injured or cannot access
 - Injuries are explained as having been caused by another Individual, but the Individual has no history of such behavior or there is no documentation of an incident
- A pattern of injuries such as injuries recurring during certain shifts or at certain times of the day
- The explanation for how an injury occurred is not reasonable, probable, or is unlikely
- Internal injuries
- Petechiae (definition: pinpoint round spots appearing on the skin as the result of bleeding under the skin or the result of minor hemorrhages caused by physical trauma)
- The Individual is repeatedly injured when certain staff is working, even when there is an explanation of how the injury occurred

REPORTING ABUSE, NEGLECT, EXPLOITATION, SUSPICIOUS INJURIES, ENVIRONMENTAL HAZARDS, AND DEATH

Your first and foremost responsibility is to ensure the safety of Individual(s). If you witness or learn of an allegation or incident of abuse, neglect, exploitation, suspicious injury, environmental hazard or death you must report it immediately. Ensure safety first in the event action is required to prevent harm, such as obtaining emergency medical treatment. Your second duty is to report abuse, neglect, exploitation, suspicious injuries, environmental hazard, and death by calling the DHI/IMB ANE Hotline at 1-866-654-3219 or you can report ANE via the link on the Health Care Authority (HCA) website at [Report Abuse, Neglect & Exploitation – New Mexico Health Care Authority](#) .

ENSURING SAFETY MAY INCLUDE THE FOLLOWING

Examples:

- seeking medical attention when someone has injuries or other medical needs;
- contacting law enforcement if you have reason to believe a crime was committed;
- providing first aid;
- protecting Individuals from hazards in their environment;
- making sure that accused individuals do not have contact with the Individual(s).

REPORTING MEANS

- Immediately notifying DHI/IMB that an incident of abuse, neglect, exploitation, suspicious injury, environmental hazard or death has occurred.
- There is a **24-HOUR ANE REPORTING HOTLINE** to receive and process reports of abuse, neglect, exploitation, suspicious injury, environmental hazard and death:

1-866-654-3219 option#6

- As soon as you have ensured that immediate safety needs are addressed, you are required by NM Administrative Code NMAC 8.370.10 to call the ANE Hotline.
- Make sure that you are prepared to tell DHI/IMB what happened:
 - Who is the alleged victim(s)?
 - What is/are is the date of birth and social security number(s)?
 - Where did the incident happen?
 - Who was involved or witnessed the incident?
 - Is someone named or identified as responsible for abuse/neglect/exploitation, environmental hazard or suspicious injury?

- What did you do, or what do you plan to do, to ensure that Individual(s) are safe, given the incident/allegation?
- Make sure when you complete an ANE report:
 - The person with the most firsthand knowledge about what happened should call in the report or file online;
 - Each of the fields should be filled in; especially when completing online, as the form is an APS form and should have as much identifying information about the individual as possible.
 - Please make sure to name an agency, have a DOB and social security number and your contact information if you are the reporter.
 - You provide IMB with an Immediate Action and Safety Plan if you are the responsible agency, case manager, or the consultant.
 - Be prepared to inform the Intake Specialist or document in the on-line ANE form if medical attention has been sought and/or law enforcement has been contacted when a suspected crime has been committed.

INTERNAL INVESTIGATIONS PROHIBITED

When an ANE incident occurs, the Agency often wants to conduct their own investigation to find out what happened. However, conducting internal investigations while an IMB investigation is pending can seriously jeopardize the integrity of the IMB investigation and are strictly prohibited. NMAC 8.370.10.8(C)(3) states, “**No investigation beyond that necessary** in order to be able to report the abuse, neglect or exploitation and ensure the safety of the Individuals is permitted until the division has completed its investigation.”

NOTIFICATION REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDER AGENCIES

- Responsible providers must notify the individual’s case manager or consultant within 24 hours that an alleged incident involving ANE has been reported.
- Responsible providers shall ensure that the legal guardians or parents (if individual is a minor) is notified of the alleged incident of ANE within 24 hours of the alleged incident unless the parents or legal guardian is suspected of committing the alleged abuse, neglect or exploitation.
- Non-responsible reporters: Providers who are reporting an incident in which they are not the responsible community-based service provider shall notify the responsible community-based service provider within 24 hours of an incident or allegation of abuse, neglect, and exploitation.

DDSD GENERAL EVENTS REPORTING (GER)

The following events should be reported to the Developmental Disabilities Supports Division (DDSD) through General Events Reports (GER) in Therap.**

- A Individual's utilization of emergency services
- A Individual's hospitalization or psychiatric facility admission
- Law enforcement intervention that results in the arrest or detention of a Individual

**** Please note: If any factors that contributed to the use of emergency service, hospitalization, or law enforcement may have been the result of abuse, neglect, exploitation, environmental hazards, or suspicious injuries, it is the expectation that they be reported to DHI/IMB immediately.**

Examples include:

- A Individual is transported to the hospital by ambulance after choking during dinner. Her mealtime plan requires her food to be cut into ¼" sized bites. The person who prepared and served her meal was not trained in her mealtime guidelines and served her a whole hotdog for dinner.
- Law enforcement is called following an incident where the Individual assaulted his staff. Prior to the assault, the staff person was making fun of the Individual for soiling their pants during a community outing.
- A Individual is transported to the emergency room where he is diagnosed with an abdominal contusion. His staff said that he fell out of bed during the night.

- The Individual experienced a series of seizures that are more severe and more frequent than commonly exhibited. 911 was called and the person transported to the emergency room by ambulance. It is found that she has not been administered her seizure medication in two weeks.
- Other incidents may require reporting to entities other than DHI/IMB and DDS (GER). These include Adult Protective Services, Child Protective Services, and Law Enforcement Agencies. Examples include:
 - During a visit to a supported living provider, the Individual's minor sister tells staff that her mother's boyfriend inflicted the injury noticed to the child's left eye. This would be reportable to Child Protective Services.
 - During a visit to a Family Living Provider, you notice that the Individual's live-in grandmother is lying on a soiled mattress on the floor and you later hear faint cries for help from the bedroom where she is located. This would be reportable to Adult Protective Services.
 - While conducting a visit to the home of a Mi Via Individual, you see the Individual's stepfather trade money for illegal drugs in the driveway. He tells you that it helps to keep the Individual calm. This incident would be reportable to both DHI/IMB and Law Enforcement.

**Child Protective Services Reporting Hotline:
1-855-333-SAFE (7233)
or #SAFE from a cell phone**

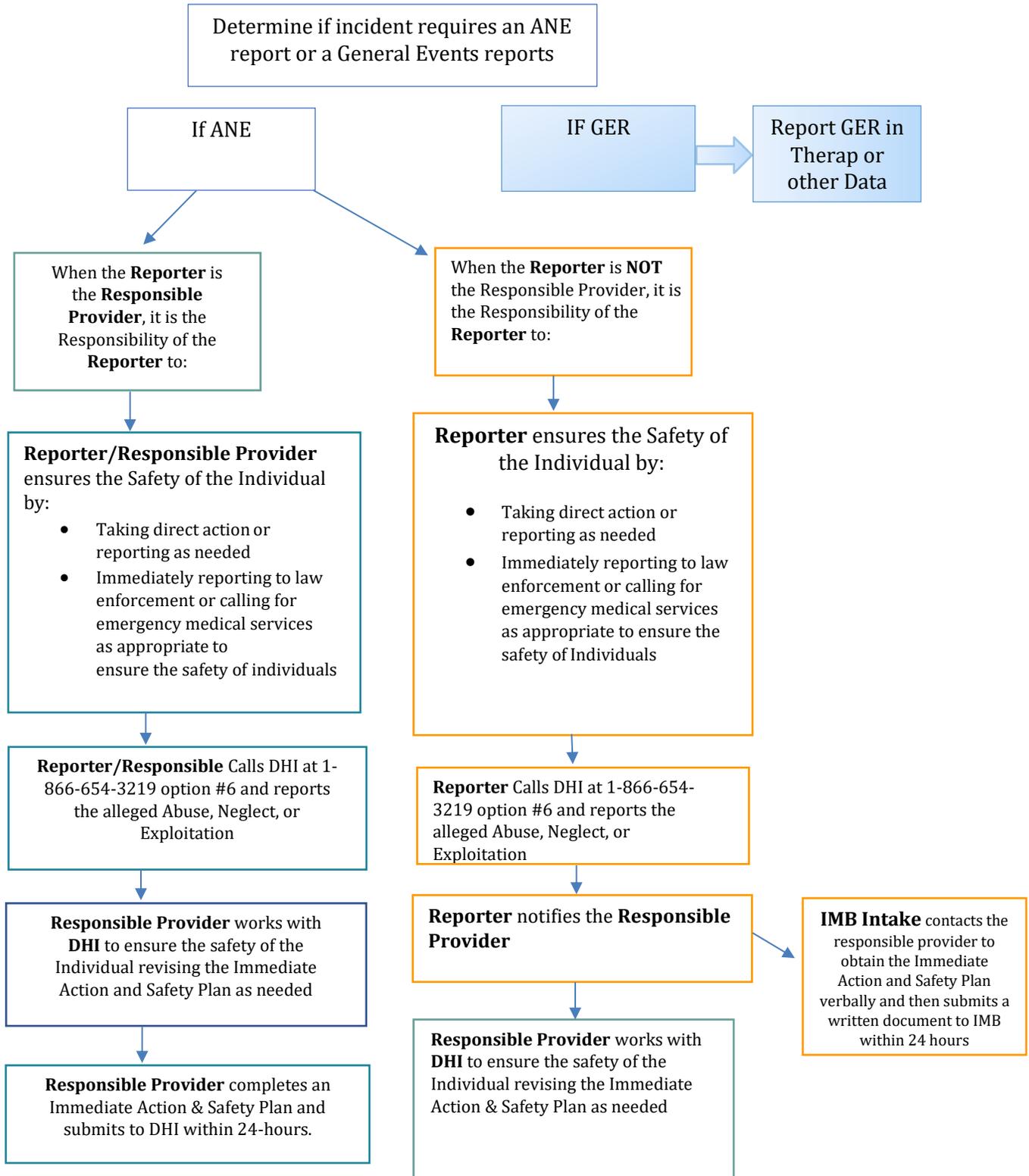
**Adult Protective Services Reporting Hotline:
1-866-654-3219**

**Health Facility Program and District Operations Bureaus
(formerly Health Facility Licensing and Certification)
Includes: Nursing Homes, Assisted Living Homes, Intermediate Care Facilities,
Hospitals, Federally Qualified Health Care Clinics and Home Health Agencies.
Call the Health Facility Complaints Hotline
1-800-752-8649**

New Mexico Board of Nursing
Complaints may be submitted to the NM Board of Nursing in writing, by fax, email, or in person. The phone number is **505-841-8340** or you can obtain a complaint form by visiting www.bon.nm.gov

New Mexico Health Care Authority
Office of Inspector General
1-800-228-4802
HCA-OIG.Fraud@hca.nm.gov

ABUSE, NEGLECT, EXPLOITATION REPORTING FLOW CHART



IMMEDIATE ACTION AND SAFETY PLAN

One of the revisions to NMAC includes the responsibility of Community-Based Service Providers to develop a plan to keep people safe and implement the plan when an incident or allegation of abuse, neglect, exploitation, environmental hazard or suspicious injury is reported. It is called an IMMEDIATE ACTION AND SAFETY PLAN.

The IMMEDIATE ACTION AND SAFETY PLAN (IASP) outlines what happened and to whom, identifies who could be at risk because of what happened or was alleged to have happened, the provider's plan to keep people safe while the DHI/IMB investigation takes place, and identifies who is responsible for making sure that the plan is followed and revised as needed.

DHI/IMB developed a form for Providers to use to record their IMMEDIATE ACTION AND SAFETY PLANNING activities. The IMMEDIATE ACTION AND SAFETY PLAN form can be found on the HCA/DHI Website: [ANE-IASP-ImmediateActionSafetyPlan FILLABLE.pdf](#) Or Providers can submit the IASP to the IMB Intake Specialist by using the secured communication method in Therap.

HOW TO CREATE THOROUGH IMMEDIATE ACTION AND SAFETY PLAN

When developing an IMMEDIATE ACTION AND SAFETY PLAN, there are four (4) things that should immediately happen:

1. Identify who is at risk given the nature of the allegation or reported incident; and
2. Determine how to protect anyone who could be impacted by what was alleged or reported to have happened; and
3. Be prepared to verbally report what steps will be taken to keep the Individual(s) safe at the time you report the incident to DHI/IMB.
4. Make revisions to the initial IMMEDIATE ACTION AND SAFETY PLAN as directed by DHI/IMB.

DETERMINING WHO IS AT RISK: IF IT WAS TRUE, WHAT SHOULD I DO?

In many cases, the identification of who is at risk given what was alleged or reported to have happened is a straightforward task. Consider the following incident:

“Sally reported that her third shift staff, Joe, yells at her and pushes her when she gets out of bed at night.”

- Sally is easily identified as a Individual at risk.
- Identify others that may be at risk given what was alleged:
- Does Sally live with anyone else? If so, her housemates could be at risk.
- Does Joe work in homes other than Sally’s? If so, the residents of the other homes could be at risk.
- Does Joe perform other tasks for the provider? Does he drive a van that transports Individuals to and from day activities? If so, others could be identified as being at risk.
- Does Joe work for a provider other than Sally’s? If so, Individuals of other Provider agencies could be at risk.

HOW DO I PROTECT THOSE IDENTIFIED AT RISK?

After identifying anyone who could be at risk given the nature of what was reported/alleged, it is necessary to determine how the risk will be minimized to keep everyone safe who could be impacted.

Keeping in mind the allegation/incident above, and in particular the physical abuse allegation, a plan to keep Individuals safe could include the following:

- Re-assigning Joe to work in the office, or a position that will not place him in direct contact with Individuals.
- Placing Joe on administrative leave pending the outcome of the DHI/IMB Investigation.

RE-CAP: IMMEDIATE ACTION AND SAFETY PLAN REQUIREMENTS

First and foremost, always ensure the safety of the Individual(s), including separating the alleged victim(s) from an accused person, providing needed first aid, or obtaining medical care.

- Immediately report the allegation of Abuse, Neglect, Exploitation, Suspicious Injury, Environmental Hazard or Death by calling the Division of Health Improvements (DHI) hotline number at **1-866-654-3219 option #6**.
- Develop, implement and verbally report the initial IMMEDIATE ACTION AND SAFETY PLAN to DHI hotline.

Within 24 hours of contacting the DHI hotline, complete and submit an IMMEDIATE ACTION AND SAFETY PLAN form.

The following includes a scenario and an example of what might be included in an Immediate Action and Safety Plan.

Scenario:

It was reported to IMB on 7/1/25 by Jim S. (a staff from ABC Provider Agency) that a co-worker, Charlie F., was seen squeezing Eric M.'s (a Individual receiving services from ABC provider) arm and yelling at him in a very angry manner. The incident took place on 7/1/25 at about 3:15pm. Jim had walked around the corner into the kitchen and noticed Charlie F. squeezing Eric's arm and angrily speaking to him. Jim immediately confronted Charlie about what he had observed.

EXAMPLE: IMMEDIATE ACTION & SAFETY PLAN

Responsible Provider: Sunshine Community

Alleged Victim(s) include date of birth and social security number): Eric M. DOB 3-17-

1987; SS# 548-00-0000

Accused Person(s): Charlie Frank. Relationship to Alleged victim(s): Direct Care Staff

Date of Incident: 7/1/25 Time of incident: Approximately 3:15pm

Did the incident create concern for the safety of Individual(s) served?

Yes No

Immediate Action and Safety Plan drafted by (Name and title): Jim Stevens, Incident Coordinator

<p>Section 1. - Required</p> <p>Describe the identified Safety Risk(s)</p> <p>When describing the safety risk, be sure to name the Individual(s).</p>	<p>Section 2. - Required</p> <p>Action to address risk</p> <p>What action has or will be taken to protect the Individual(s) from the identified safety risks(s)?</p>	<p>Section 3. - Required</p> <p>Plan Management</p> <p>How will the plan be managed? Who is responsible for implementing the plan? Who is responsible for communicating the plan?</p>
<p>On 7/1/25 it was reported that Charlie F. was squeezing Eric M's arm and speaking to him in an angry way.</p> <p>Risk of injury and/or verbal abuse.</p>	<p>The co-worker, Jim S., who witnessed the incident confronted Charlie F. about the incident. Charlie F. indicated that the alleged incident did not occur and that Jim S was mistaken. Jim contacted his supervisor and then called IMB. According to Jim his supervisor came to the home and spoke with Charlie. Charlie indicated that the incident did not occur, however the supervisor did send Charlie home and indicated that he would contact him the next day.</p> <p>Charlie F. has been removed from duty pending investigation.</p>	<p>Sally Smith, Incident Coordinator, is responsible for ensuring the plan is implemented and communicated.</p>

Signatures and Dates for Immediate Action and Safety Plan

To the best of my knowledge the attached Immediate Action and Safety Plan has been implemented as described and all those who are responsible for carrying out the plan have been alerted to the Immediate Action and Safety Plan and have agreed to implement.

Author of Plan (Name and title): Jim Stevens, Incident Management Coordinator Phone Number: 505-555-1234

Signature: Jim Stevens

Date: 7/1/2025

How to Respond to Sexual Assault

1. If there is a medical emergency, respond to the medical need first; the SANE exam is always secondary to medical stability.
2. **If the patient is age 13 or older** and based on patient consent and if the suspicion of sexual assault is within the previous 5 days/120 hours, contact the nearest Sexual Assault Nurse Examiner's (SANE) Program to request an exam. There is no cost for this exam.
 - a. If you do not have access to a nearby SANE program, contact your local hospital's Emergency Department to determine whether they are equipped to conduct a medical/forensic exam.
3. Medical care related to the sexual assault is the primary concern in a SANE exam, and forensic evidence collection is always secondary. A sexual assault patient does not have to file a police report to receive SANE services. It is the patient's right, for example, to consent to a medical exam and treatment, and to not give consent for evidence collection or the filing of a police report.
4. The SANE exam is offered as options that are driven by patient consent. The patient can decline any part of the exam and/or evidence collection. Services may include testing for pregnancy and pregnancy contraception; treatment for sexually transmitted diseases; documentation of assault; treatment, documentation, and photography of injury; and evidence collection.
5. If the assault is recent, encourage the Individual (patient) not to shower, bathe, or otherwise clean up. If the Individual (patient) is still wearing the clothes worn during the assault, the SANE may ask to take the clothing but will provide replacement clothes.
6. The SANE nurses are on call. They are not physically on-site waiting. You need to call to activate the SANE before presenting to the unit.
7. A SANE exam can take 2 to 4 hours; some exams take longer depending on injury. Exams can be scheduled within the 5 days/120 hours post assault.
8. **If the patient is age 13 or older**, and the assault occurred more than 5 days but less than 30 days prior, the patient can make an appointment at the nearest SANE Program for STI (sexually transmitted infection) treatment. There is no cost for this appointment. It is for STI treatment only and does not include a physical exam or evidence collection.

9. **The SANE exam for children ages 12 and under differs from the adult exam.**
The acute child sexual abuse exam is done within 72 hours of last suspected contact, while a deferred exam is scheduled for children who disclose well after 72 hours. Law enforcement, child protective services, and SANE will consult for child sexual abuse cases. If you are working with a Individual (patient) who is 12 years or younger, call the nearest SANE Program and the nurse will guide you through the process.

NEW MEXICO SANE PROGRAMS

Alamogordo

- **Otero/Lincoln County SANE Program**

MAIL: PO Box 2626
Alamogordo, NM 88310
Lincoln County
575-430-8353 phone
575-430-9485 SANE dispatch

Albuquerque

- **Statewide SANE Coordinator**

New Mexico Coalition of Sexual Assault Programs
PHYSICAL: 3909 Juan Tabo Blvd. NE, Suite 6
Albuquerque, NM 87111
State-Wide
505-883-8020 phone
505-883-7530 fax

- **Albuquerque SANE Collaborative**

MAIL: PO Box 37139
Albuquerque NM 87176
PHYSICAL: 625 Silver SW Suite 2206
Albuquerque, NM 87102
Bernalillo, Valencia, Sandoval & Torrance Counties
505-883-8720 phone
505-883-8715 fax
505-884-7263 SANE dispatch

- **Para Los Niños Program**

PHYSICAL: 625 Silver Ave SW
Albuquerque, NM 87102

State-Wide

Child Sexual Abuse - scheduled evaluations

505-272-6849 phone

505-272-6844 fax

505-888-5332 Ask for pediatric triage

Farmington

- **Sexual Assault Services of Northwest NM**

PHYSICAL: 622 West Maple Suite F
Farmington, NM 87401

San Juan, McKinley & Rio Arriba Counties

505-325-2805 phone

505-326-2557 fax

505-326-4700 SANE dispatch

1-866-908-4700 emergency

Gallup

- **Gallup Indian Medical Center**

PHYSICAL: 516 E Nizhoni Blvd
Gallup, NM 87301

McKinley County

Adults and Adolescents

505-722-1000 and ask to be transferred to ER SANE dispatch

Hobbs

Phoenix House
SANE
Mail: 710 East Cottonwood
Lane Hobbs, NM 88242
Physical: 221 E. Green
Acres Hobbs, NM 88242
Lea County
575-942-1911 SANE dispatch

Las Cruces

- **Las Cruces La Piñon SANE Project**

MAIL: La Piñon SANE Project
850 North Motel Blvd., Suite B
Las Cruces, NM 88007
PHYSICAL: Memorial Medical Center
2450 South Telshor
Las Cruces, NM 88011
Doña Ana, Luna & Sierra Counties
575-526-3437 SANE dispatch/La Piñon office
888-595-7273 SANE dispatch

Portales

- **Arise Sexual Assault Services**

MAIL: Roosevelt General Hospital
PO Drawer 868
Portales, NM 88130
Roosevelt, Curry, Lea & Quay Counties

575-226-7263 SANE dispatch
575-226-4664 fax

Roswell

- **I Can Survive Roswell Refuge SANE Project**

MAIL: Roswell Refuge
1215 N. Garden
Roswell, NM 88203
Chaves County
575-627-8361 phone
575-627-5359 fax

Santa Fe

- **Christus St. Vincent Regional Medical Center SANE Program**

MAIL: 455 St. Michael Drive
Santa Fe, NM 87505
PHYSICAL: 6601 Valentine Way
Santa Fe, NM 87507
Santa Fe, Sandoval, San Miguel & Rio Arriba Counties
505-913-4999 main phone
505-982-4917 fax
505-989-5952 SANE dispatch

Silver City

- **Silver Regional Sexual Assault Support Services and SANE**

MAIL: 905 N. Hudson, Silver City, NM 88061
PHYSICAL: La Clinica
3201 N Ridge Loop Drive
Silver City, NM 88061
Grant, Hidalgo & Luna Counties
575-313-6203 main phone

575-388-4251 SANE clinic
575-388-1690 fax
866-750-6474 emergency

Taos

- **Taos/Holy Cross Hospital SANE Program**

PHYSICAL: 1329 Gusdorf Road
Taos, NM 87571
575-751-8990 main phone
575-758-8883 SANE dispatch

REGULATORY HIGHLIGHTS

8.370.10 NMAC RULE APPLIES TO THE FOLLOWING PERSONS, ORGANIZATIONS OR LEGAL ENTITIES:

- Community Programs that provide services under:
 - Developmental Disabilities Waiver (DDW)
 - Medically Fragile Waiver
 - Mi Via Self-Directed Waiver
 - Supports Waiver

8.370.5 NMAC CAREGIVERS CRIMINAL HISTORY SCREENING REQUIREMENTS

- Requires all applicants, caregivers (including hospital caregivers) to consent to a nationwide and statewide criminal history screening (via fingerprint card) no later than 20 calendar days from the first day of employment or contractual relationship.
- Requires all new employees not to have contact with any individuals served by provider agency pending written notice of completion (with either clearance of the caregiver or notice of a disqualifying conviction) of criminal background check.

- Individuals with disqualifying felony convictions are barred from employment or contractual services as a caregiver.

8.370.8 NMAC EMPLOYEE ABUSE REGISTRY (EAR)

- This registry originally took effect on January 1, 2006. It is an electronic registry of persons with substantiated registry referred complaints of abuse, neglect or exploitation that meet severity standards. It supplements other pre-employment screening requirements such as Caregiver Criminal History Screening (CCHS).
- This regulation applies to all health care providers, employees, and contractors of those providers. It does not apply to NM licensed health care professionals practicing within the scope of a license or a CNA. (If these individuals are substantiated for ANE they will be referred to their licensing or certification board.
- It requires that employers check the registry prior to employing or contracting with someone. A provider may not employ or contract with a person listed on the registry.
- DHI/IMB uses the EAR rules to evaluate cases of substantiated ANE of an accused person. If they believe the NMAC criteria are met, DHI/IMB makes a referral to the registry. The accused person who was substantiated for ANE will be notified that they have been referred to the EAR by receiving a DOH letter. Persons referred to the registry may request a hearing in writing within thirty (30) calendar days of the date of the Notice of Contemplated Action against the accused. If no hearing request in writing is received after the thirty (30) calendar days the person is placed on the registry and, if employed, must be terminated immediately.
- EAR definitions of Abuse, Neglect and Exploitation differ from definitions in NMAC 8.370.10 Incident Reporting that were described earlier on page 3. The EAR includes severity standards that assess the impact of the ANE on the recipient of services and that assess the employee (who has been substantiated for ANE) for aggravating factors.

EAR abuse definition:

(1) Knowingly, intentionally or negligently and without justifiable cause inflicting physical pain, injury or mental anguish, and includes sexual abuse and verbal abuse; or

(2) The intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person.

EAR severity standard for abuse:

A substantiated complaint of abuse meets the severity standard if:

- (1) Abuse results in, or is a contributing factor to, death;
- (2) Abuse results in the infliction of a significant, identifiable physical injury that reasonably requires or results in medical or behavioral intervention or treatment;
- (3) Abuse results in any injury for which criminal charges are brought against the employee resulting in a plea or conviction;
- (4) Abuse results in the infliction of excruciating pain or pain that endures over a significant time-period;
- (5) Abuse causes significant mental anguish as evidenced by the victim's descriptions, or significant behavioral changes;
- (6) Abuse is sexual abuse; or
- (7) Abuse is verbal abuse that causes significant mental anguish, including psychological or emotional damage, and which is evidenced by significant behavioral changes or physical symptoms.

EAR neglect definition:

Subject to a person's right to refuse treatment and subject to a provider's right to exercise sound medical discretion, the failure of an employee to provide basic needs such as clothing, food, shelter, supervision, protection and care for the physical and mental health of a person or failure by a person that may cause physical or psychological harm. Neglect includes the knowing and intentional failure of an employee to reasonably protect a recipient of care or services from nonconsensual, inappropriate or harmful sexual contact including such contact with another recipient of care or services.

EAR severity standard for neglect:

A substantiated complaint of neglect meets the severity standard if:

- (1) Neglect results in, or is a contributing factor to, death;
- (2) Neglect results in the infliction of a significant, identifiable physical injury that reasonably requires or results in medical or behavioral intervention or treatment;
- (3) Neglect results in any injury for which criminal charges are brought against the employee resulting in a plea or conviction;
- (4) Neglect results in the infliction of excruciating pain or pain that endures over a significant time period; or,
- (5) Neglect causes significant mental anguish as evidenced by the victim's descriptions, or significant behavioral changes.

EAR Exploitation Definition

An unjust or improper use of a person's money or property for another person's profit or advantage, pecuniary or otherwise.

EAR severity standard for exploitation:

A substantiated complaint of exploitation meets the severity standard where unjust or improper use of the money or property belonging to the recipient of care or services results in:

(1) A single instance of an objectively quantifiable loss, the value of which exceeds the lesser of either:

(a) twenty-five dollars (\$25); or,

(b) twenty five percent (25%) of the monthly income available to the recipient of care or services for purchasing personal items or discretionary spending; or

(2) A subjectively substantial loss to the recipient of care or services due to a special attachment to the property, as demonstrated by anger, fear, frustration, depression or behavioral changes caused by the loss.

EAR Aggravating factors:

A substantiated complaint of abuse, neglect or exploitation meets the severity standard requiring referral of the employee for placement on the registry where:

(1) The employee used alcohol or a controlled substance at or near the time of the substantiated abuse, neglect or exploitation; or

(2) The employee used, brandished or threatened to use, a weapon in connection with the substantiated abuse, neglect or exploitation.

8.370.10 NMAC INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS OVERVIEW

The Health Care Authority (HCA) offers free training in the recognition and reporting of Abuse, Neglect, and Exploitation and ANE Train-the-Trainer opportunities. You can request this training by emailing: DDSD.TrainingCompli@doh.nm.gov or by accessing the link at: [DDSD Online Courses | Abuse, Neglect and Exploitation Awareness :: Center for Development and Disability | The University of New Mexico](#)

1. Community based providers must **immediately** report abuse, neglect, exploitation, suspicious injury, environmental hazards and death to the DHI hotline (1-866-654-3219 option #6)
2. Limited provider investigation: No investigation beyond that necessary in order to be able to accurately report the abuse, neglect, or exploitation and ensure the safety of Individuals is permitted until the division (DHI/IMB) has completed its investigation.

Note: It may be necessary for the provider to take actions short of conducting an investigation after they have received a report or allegation of ANE. First and foremost is provision of medical treatment and ensuring safety as described in the IMMEDIATE ACTION AND SAFETY PLAN section. They may need to obtain clarity from a reporter when receiving a general report of abusive conditions. They may need to obtain clarity from a reporter who documented observing “abuse.” The provider may need additional detail to identify the accused staff. Most of the permissible actions are related to identification of risk to Individuals and assurance of safety pending an investigation.

3. IMMEDIATE ACTION AND SAFETY PLANNING: Upon discovery of any alleged incident of abuse, neglect or exploitation, the community-based service provider shall:
 - a. Develop and implement an IMMEDIATE ACTION AND SAFETY PLAN for any potentially endangered Individuals, if applicable;
 - b. Be immediately prepared to report that IMMEDIATE ACTION AND SAFETY PLAN verbally, and revise the plan according to the division’s direction, if necessary; and
 - c. Provide the DHI accepted IMMEDIATE ACTION AND SAFETY PLAN in writing within 24 hours of the verbal report. If the provider has internet access, the report form shall be submitted via the division’s website at [ANE-IASP-ImmediateActionSafetyPlan FILLABLE.pdf](#)
4. Evidence preservation: The community-based service provider shall preserve evidence related to an alleged incident of abuse, neglect or exploitation, including records, and do nothing to disturb the evidence in cases in which an investigator will be on site within 24 hours. If physical evidence must be removed or affected, the provider shall take photographs or do whatever is reasonable to document the location and type of evidence found which appears related to the incident.
5. Legal guardian or parental notification by reporter: The community-based service provider shall ensure that the Individual’s legal guardian or parent (if a minor) is notified of the alleged incident of abuse, neglect and exploitation within 24-hours of notice of the alleged incident unless the parent or legal guardian is suspected of committing the alleged abuse, neglect or exploitation, in which case the community-based service provider shall leave notification to the division’s investigative representative.
6. Case manager or consultant notification by community-based service providers: Community-based service providers shall notify the Individual’s case manager or consultant within 24 hours that an alleged incident involving abuse, neglect, or exploitation has been

reported to the division. Names of other Individuals and employees may be redacted before any documentation is forwarded to a case manager.

7. Non-responsible reporter: Providers who are reporting an incident in which they are not the responsible community-based service provider shall notify the responsible community-based service provider within 24 hours of an incident or allegation of an incident of abuse, neglect, and exploitation.
8. Incident policies: All community-based service providers shall maintain policies and procedures which describe the community-based service provider's immediate response, including development of an IMMEDIATE ACTION AND SAFETY PLAN acceptable to the division where appropriate, to all allegations of incidents involving abuse, neglect, or exploitation, or suspicious injury as required in Paragraphs (2) of Subsection A of 8.370.10 NMAC

RETALIATION PROHIBITED

IMB often hears reports from direct care staff that the community-based provider retaliated against them for making an ANE report. While we understand not all of these reports are accurate, retaliation against anyone making an ANE report is strictly prohibited.

NMAC 8.370.10.8(E) states, "Any person, including to but not limited to an employee, volunteer, consultant, contractor, Individual, family members, guardian and another provider who, without false intent reports an incident or makes an allegation of abuse, neglect or exploitation shall be free of any form of retaliation such as termination of contract or employment, nor may they be disciplined or discriminated against in any manner including, but not limited to, demotion, shift change, pay cuts reduction in hours, room change, service reduction or in any other manner without justifiable reason."

An employee who believes they've been retaliated against for making a report of abuse, neglect or exploitation to IMB should contact the New Mexico Department of Labor, Workforce Solutions office at (505) 827-6838 and file a complaint.

DHI/IMB: WHO WE ARE & WHAT WE DO

MISSION

IMB exists to assure the health, safety, and well-being of individuals served on the medicaid waiver programs by investigating allegations of abuse, neglect, exploitation, suspicious injury, environmental hazard, and death.

WHAT HAPPENS WHEN I REPORT AN INCIDENT/ALLEGATION?

When you call the DHI Hotline, you will speak to a DHI/IMB Intake Specialist/ On-Call staff. It is important to provide all of the information that you know about the incident/allegation, including the names, date of birth and social security number of the victim, and contact information for Individuals, staff or other witnesses who were present or who have information about what happened. A complete picture is needed so IMB can triage the allegation and can assign the allegation with an accurate priority level for the IMB response. More serious reports may require that an IMB investigator come to the Individual's home within a matter of hours. For example, in the case of a report of physical abuse, an investigator may come to the home to take photographs of injuries within 24 hours of the report of incident.

For those reports where there is reason to believe a crime was committed, the IMB staff will want to make sure law enforcement was contacted.

IMB intake staff will evaluate (also called screen/triage) the report they have received along with the necessary documentation about the Individual including incident reports, Medical Emergency Response Plan (MERP), Comprehensive Aspiration Risk Management Plan (CARMP), Individual Service Plan (ISP) etc. and decide two things:

- First, whether DHI/IMB has jurisdiction over the Individual.
- Second, whether the report/allegation meets the NMAC definitions for which they have authority to investigate, based on the reported circumstances.

If these two requirements are met, the report/allegation will be assigned for investigation. If the report is not assigned (also referred to as screened out or closed at intake), or the allegation requires additional agency intervention, IMB may refer you or the report to another appropriate agency.

IMB intake has 24 hours to evaluate/screen incidents that are reported. At times IMB intake staff are unable to gather the necessary information within 24 hours to determine whether the allegation meets criteria for potential abuse, neglect, or exploitation. This can occur when a provider is not timely in their provision of the requested information, or when the information is requested of an entity over which DHI has no authority (e.g., hospital records, police reports). When this occurs, IMB implements its Intake Extension Request Policy procedures. This policy sets forth procedures to request additional time to collect and review information necessary in making a determination of the disposition of the reported incident/allegation.

PRIORITY LEVELS FOR ASSIGNED INVESTIGATIONS

IMB has established revised response times related to investigations that are assigned. Each opened investigation will be assigned a priority rating that will determine the amount of time in which an investigator is to initiate the investigation:

Emergency Case: Reports of very serious cases of abuse or neglect resulting in physical harm, including sexual abuse, or mental anguish which leave affected Individuals at continued risk for injury or harm. Due to the severity of the case the investigator will respond within three (3) hours.

Emergency Allegations include but are not limited to:

- Serious injuries – fractures, head injuries, lacerations requiring sutures, serious burns, internal injuries
- Lack of medications for the health and safety of the individual.
- Sexual abuse where there is danger of repeated abuse
- Severe lack of basic physical necessities that could result in dehydration or starvation
- Need for immediate medical attention to treat conditions that could result in irreversible physical harm – severe respiratory distress, unconsciousness, gangrene, advanced bedsores
- No caregiver is available and the Individual is unable to perform critical personal care activities

Priority 1 Case: Reports of urgent cases of abuse, neglect or exploitation. Due to the severity of the case the investigator will respond within twenty-four (24) hours but does not require more immediate action.

Priority 1 allegations include but are not limited to:

- Falling or being pushed, hit or scratched which is alleged to have resulted in bruises or other injuries or severe mental anguish
- Critical need for medical or mental health treatment – disease or illness that is acute but not life threatening, small bedsores or pressure spots, insufficient food or medicine but not life-threatening
- Sexual abuse of Individual but clearly no danger of repeated abuse
- Threats of physical violence or harm to the Individual
- Improper use of the Individual's income or resources such that they are unable to meet basic needs or is threatened with substantial loss of income or resources.

Priority 2: Case: Reports of cases of abuse, neglect or exploitation. Due to the severity of the case the investigation will be initiated within five (5) calendar days.

Priority 2 allegations include but are not limited to:

- Verbal abuse – cursing, degrading remarks, intimidating gestures
- Being pushed or scratched when there are no bruises, other injuries or severe mental anguish and/or medical attention has already been sought at the time of the report to IMB
- Marginal care
- Need for medical or mental health treatment that is not urgent – poor nutrition that is not acute
- Improper use of resources or income but the Individual's needs are being met

WHAT HAPPENS DURING A DHI/IMB INVESTIGATION?

After you report an incident/allegation to the DHI/IMB ANE Hotline, if the incident/allegation meets the definitions outlined on page 3, and DHI/IMB has the jurisdiction to investigate, a formal investigation will be opened. Based on an Intergovernmental agreement with Aging and Long-Term Services Division, and as required by NMAC, IMB is the primary investigative entity for community-based providers. This agreement was reached to eliminate duplication, limit the impact of the investigative process on victims and witnesses, and to improve the integrity of DHI/IMB investigations and their resulting conclusions.

The Investigation Process: What is an investigation?

An investigation is the systematic collection of information to describe and explain an event or series of events. This definition distinguishes between *description* and *explanation* to the extent that each represents a different level of understanding about the incident. To describe the event is merely to obtain the basic information. To explain the event requires further inquiry about motives or other contributing factors.

Review of the IMMEDIATE ACTION AND SAFETY PLAN

When the investigation is opened, DHI/IMB will collect and review the Provider's initial IMMEDIATE ACTION AND SAFETY PLAN and the investigation will be assigned to a DHI/IMB Investigator. The assigned Investigator will ensure that the agreed upon protections (as reflected in the IMMEDIATE ACTION AND SAFETY PLAN) have been implemented by the responsible Provider. They may also recommend revisions to the plan as they learn information over the course of conducting the investigation. For example, should the investigator learn that the originally named accused person was wrongly identified, the IMMEDIATE ACTION AND SAFETY PLAN would require revision to ensure the safety of the Individuals given the discovery of any new/additional information. These revisions (when applicable) will be recorded in the final investigative report.

The Investigative Process: How are the facts obtained?

- Investigations include interviews with witnesses including but not limited to:
 - Person who reported the incident
 - The alleged victim/Individual
 - Persons with the most knowledge of the incident or direct witnesses
 - Other witnesses to the incident or circumstantial witnesses
 - medical professionals (when applicable)
 - Experts/Consultants (when applicable)
 - Case Manager
 - Guardian
 - Parents
 - Therapists
 - Physicians
 - Accused person or provider (when applicable)
- Investigators will conduct site visits and may take photographs of the site of the incident and other physical evidence, in accordance with NMAC 8.370.10. If the provider took photographs, or collected evidence in another manner, the investigator will ask for copies of those photographs and collect the other evidence (when applicable).
- Investigators will request documentation and will attach timelines for how quickly the documentation must be provided. Documents may include but are not limited to:
 - Shift Notes

- Visitor's Logs
- Medication Administration Record (MAR)
- Behavioral Progress Notes
- Nursing Notes
- Medical Emergency Response Plans (MERP)
- Staff Schedules (as well as a list of who actually worked)
- Individualized Service Plan
- Behavior Support Plan/Crisis Plan
- Physician or hospital notes
- Healthcare Plan (HCP)
- Individual financial records
- Personnel records
- Training records
- Provider Policies and Procedures
- Provider documentation of incident review
- Evidence of corrective/preventive actions taken
- Provide internal incident reports

Audio Recording Interviews

It's possible the Investigator may ask to audio record an interview with you. This is done to ensure there is an accurate record of your interview, and that there is no misunderstanding regarding what you said. It also helps the Investigator, who must type a summary of your interview for the investigative report. Investigators must document a lot of information during your interview; and not all of the information is in a nice, neat chronological order. So, the audio recording allows the Investigator to replay your statement and organize it in a way that will make sense to the reader.

If, for whatever reason, you do not wish to be recorded, you may ask the Investigator not to record your interview, and the Investigator will simply take handwritten notes.

Weighing the Evidence

Once all witnesses have been interviewed and documents and other evidence have been collected and reviewed, the analysis and decision-making process begins. The investigator initiates this process with the examination of the evidence collected. The evidence is considered to determine its relevance to the investigation. The investigator reviews the witness statements to determine what happened from the perspective of those who have the most direct information about the incident/allegation. Witness statements are reviewed to determine if there are inconsistencies with the statements of other witnesses and to corroborate the information contained within the documents. Information from the examination of the evidence is used to determine whether additional evidence or information is needed to explain and describe what happened and ultimately establish a preponderance of evidence and conclusion.

The Investigative Conclusion

Once all evidence has been reviewed, the investigator develops their conclusion based on the evidence that was determined to be relevant to the investigative question(s). The determination of whether there is a substantiation of an allegation is based on the preponderance of the evidence standard, i.e. it is more likely than not that Abuse, Neglect and/or Exploitation occurred.

INVESTIGATION TIME FRAMES

DHI/IMB Investigators are allotted forty-five (45) calendar days from the time that the investigation is assigned to them to complete the investigation. Once completed, they are allotted ten calendar (10) days to put the information into their database which creates the final investigative report. The Investigator's Supervisor will then review and approve the investigation for final closure within seven calendar days.

Sometimes circumstances occur which prevent the Investigator from completing the investigation within forty-five (45) days. Examples of these circumstances include: a key witness was unavailable for interview, documents requested were not provided, the investigation is very complex, or law enforcement is also investigating. If an extension is approved by a Supervisor, the Investigator must notify the community-based provider, the case manager and the person who reported the allegation, unless the Reporter is the community-based provider, that an extension has been approved, and the new anticipated due date for completing the case.

INVESTIGATION FINDINGS

If an investigation is substantiated, the Case Manager and the Responsible Provider or the Consultant will receive a letter, informing them of the IMB decision, known as the IMB Decision letter. The notification will include a description of the incident, a summary of the investigation, and the conclusion and disposition. The letter will request the Case Manager hold an IDT meeting, in accordance with NMAC 8.371.5.12(H)(7), to determine if changes are needed in the Individuals ISP. In addition, the Responsible Provider is required to submit a Corrective and Preventive Action Plan to remediate the cause of the ANE.

Upon completion of an investigation, including receipt of the IDT minutes and the Corrective and Protective Action Plan, the provider will receive notice that the case is closed. The notification will include a description of the incident, a summary of the investigation, and the conclusion and disposition.

Closure communications are sent to the responsible provider, case manager/consultant, guardian and DDS via SCOMM or US Postal Service if necessary. Although the provider is required to notify the accused person (if applicable) of the investigative findings, IMB also notifies the accused person of the investigative findings.

NOTIFICATION OF FINDINGS

Closure communications are sent to corporate office locations when multiple addresses exist for a provider. This process is necessary to ensure that the corporate office is aware of incidents regarding the agency's clients. The corporate office is responsible for assuring that the local/regional office provider receives a copy of the letter pertaining to his or her individual client. The notification grid below shows the notification process in detail.

- Scenario: When the reporting provider **is** the responsible provider
- NMAC Definition: MET

What Happened	Who to tell? (Interested Party)	What information will be shared	When will the information be shared	Who will notify them
Alleged incident of abuse, neglect, exploitation, environmental hazard, or death was referred to the IMB which does meet the definition found in NMAC 8.370.10	Guardian	Verbal notification	At time of report of within 24 hours of allegation being made to IMB	Responsible Provider
	Alleged Victim	Verbal notification	At the time of the interview or sooner	IMB Investigator or Provider, based on situation
	Case Manager	verbal notification	At time of report of within 24 hours of allegation being made to IMB	Responsible Provider
	Responsible Provider	n/a	n/a	n/a
	Accused Person	Verbal notification	#Situational/discretionary	Responsible Provider
	DDSD Regional Office	Incident Alert Report	Weekly unless emergency case	IMB
	Reporting Provider	*Modified closure letter	After case closure	IMB

- Scenario: The reporting person can be anyone (even unknown)
- NMAC Definition: n/a; NMAC definition has **not** been met (case has been screened out)

What Happened	Who to tell? (Interested Party)	What information will be shared	When will the information be shared	Who will notify them
Alleged incident of abuse, neglect, exploitation, environmental hazard, or death was referred to the IMB which does not meet the definition found in NMAC 8.370.10	Case Manager	Letter	Once there is a determination that the Alleged incident of abuse, neglect, exploitation does not meet the definition found in NMAC 8.370.10	IMB
	DDSD Regional Office	Incident Alert Report	Weekly	IMB
	Reporter (if provider)	Letter	Once there is a determination that the Alleged incident of abuse, neglect, exploitation does not meet the definition found in NMAC 8.370.10	IMB
	Reporter (if not provider)	Letter	Once there is a determination that the Alleged incident of abuse, neglect, exploitation does not meet the definition found in NMAC 8.370.10	IMB
	Guardian	Letter	Once there is a determination that the Alleged incident of abuse, neglect, exploitation does not meet the definition found in NMAC 8.370.10	IMB

- Scenario: When the reporting provider **is not** the responsible provider
- NMAC Definition: MET (case screened in and to be assigned for investigation)

What Happened	Who to tell? (Interested Party)	What information will be shared	When will the information be shared	Who will notify them
Alleged incident of abuse, neglect, exploitation, environmental hazard, or death was referred to the IMB which does meet the definition found in NMAC 8.370.10	Guardian	Verbal notification that an allegation was made	At time of report of within 24 hours of allegation being made to IMB	Responsible Provider
	Alleged Victim	Verbal notification that an allegation was made	Situational/discretionary	IMB Investigator or Provider, based on situation
	Case Manager	Verbal or electronic notification that an allegation was made	At time of report of within 24 hours of allegation being made to IMB	Responsible Provider
	Accused Person	Verbal notification that an allegation was made	Situational Discretionary	Responsible Provider
	DDSD Regional Office	Incident Alert Report	Weekly unless emergency case	IMB
	Reporting Provider	*Modified closure letter	After case closure	IMB

- Scenario: The reporting person can be anyone (even unknown)
- NMAC Definition: MET
- Investigation is still in process (post 45 days)/Delay in Investigation

What Happened	Who to tell (Interested Party)	What information will be shared	When will the information be shared	Who will notify them
Alleged incident of abuse, neglect, exploitation, environmental hazard, or death was referred to the IMB which does meet the definition found in NMAC 8.370.10	Guardian	Verbal notification stating delay in investigation	Upon IMB notification	Responsible Provider
	Alleged Victim	Verbal notification stating delay in investigation (if no guardian)	Upon IMB notification	Responsible Provider
	Case Manager	SComm notification stating delay in investigation	At time of delay	IMB
	Responsible Provider	SComm notification stating delay in investigation	At time of delay	IMB
	Accused Person	Verbal notification stating delay in investigation	Upon IMB notification	Responsible Provider
	DDSD Regional Office	No notification	No notification	
	Reporter	Written notification of delay (if requested).	When the extension is approved by a Supervisor.	IMB

- Scenario: The reporting person can be anyone (even unknown)
- NMAC Definition: MET
- Investigation has concluded
- Case was substantiated

What Happened	Who to tell (Interested Party)	What information will be shared	When will the information be shared	Who will notify them
Alleged incident of abuse, neglect, exploitation, environmental hazard, or, death was referred to the IMB which does meet the definition found in NMAC 8.370.10	Guardian	Closure letter	After case closure	IMB
	Alleged Victim	Verbal	After case closure	Case Manager
	Case Manager	Closure letter	After case closure	IMB
	Responsible Provider	Closure letter	After case closure	IMB
	Accused Person	If no EAR Referral will be made If an EAR Referral to be made	After case closure	Responsible Provider IMB
	DDSD Regional Office	Closure letter	After case closure	IMB
	Reporter (if different from above entities)	*Modified closure letter	After case closure	IMB

- Scenario: The reporting person can be anyone (even unknown)
- NMAC Definition: MET
- Investigation has concluded
- Case was NOT substantiated

What Happened	Who to tell (Interested Party)	What information will be shared	When will the information be shared	Who will notify them
Alleged incident of abuse, neglect, exploitation, environmental hazard, or death was referred to the IMB which does meet the definition found in NMAC 8.370.10	Guardian	Modified Closure letter	After case closure	IMB
	Alleged Victim	Verbal notification	After case closure	Case Manager
	Case Manager	Modified Closure letter	After case closure	IMB
	Responsible Provider	Closure letter	After case closure	IMB
	Accused Person	Modified Closure letter	After case closure	Responsible Provider
	DDSD Regional Office	Closure letter	After case closure	IMB
	Reporter	*Modified Closure letter	After case closure	IMB

REFERRALS MADE BY IMB

Upon the completion of an investigation, or at any time over the course of the investigation, the assigned Investigator or the intake staff may refer issues to entities within or external to HCA. For example, a Request for Regional Office Assistance (RORA); a referral to the to the DDS Regional Office for contract management; a referral to the Internal Review Committee (IRC); the Employee Abuse Registry; the Office of the Attorney General's Medicaid Fraud and Elder Abuse Division (MFEAD); law enforcement, the New Mexico Department of Justice, or the New Mexico Board of Nursing. Each of these referrals results in the examination of individual, provider and system issues in order to reduce the likelihood of their reoccurrence.

REQUESTING RECONSIDERATION OF THE INVESTIGATIVE FINDINGS (NMAC 8.370.10.13)

Persons or Providers may request an informal reconsideration of a decision made by DHI/IMB regarding a substantiation of abuse, neglect, or exploitation.

This request must be submitted in writing along with all relevant evidence to be considered by the bureau within 10 calendar days of the date of the closure communication. It should be addressed to the Incident Management Bureau Chief or their designee.

Incident Management Bureau
5300 Homestead Rd. NE, Suite 200
Albuquerque, NM 87110
Informal Reconsideration of Findings Process

The NMAC provides the following reconsideration process:

The person conducting the review shall be neutral and have no direct involvement with the investigation or substantiation and shall issue a written decision within 30 days of the review. The written decision will be mailed to the aggrieved party and placed in the case record. The decision by the person conducting the reconsideration of findings is final and non-appealable except as otherwise provided for by law.

POLICIES THAT GUIDE DHI/IMB INVESTIGATIONS

IMB has developed a number of policies to guide its operations and the conduct of investigations. They include the following:

Procedure and Guidelines for Conducting Site Visits: These procedures and guidelines direct the Investigator in scheduling, conducting, and documentation of visits to the sites of alleged incidents. It also directs the investigator in the collection of physical and documentary evidence that may take place during the site visit.

Photographic Evidence Procedure and Guidelines: These detailed procedures and guidelines direct Investigators in the collection, preservation, and use of photographic evidence collected over the course of an investigation.

Photographic Evidence Policy: This policy outlines in less detail the collection and preservation of photographs taken over the course of an investigation.

Witness Interview Policy: This policy directs investigators with regard to who should be interviewed in person, the ideal order of witness interviews, the timeframe during which interviews should take place, and in making diligent efforts to interview relevant witnesses.

Witness Interview Guide: These guidelines direct investigators in the scheduling of witness interviews, techniques for conducting the interview, special considerations to take over the course of conducting interviews, and other considerations specific to the type of investigation (e.g. sexual abuse investigations).

Professional Consultation Guidelines: These guidelines outline the use of professional consultants required during the course or at the completion of an investigation due to the nature of the report. The guidelines direct the Investigator with regard to when and how to request professional consultation to assist during the planning phase of the investigation or to provide an opinion or interpretation to inform its conclusions.

Intake Procedure: These procedures outline the process for the receipt of calls to the DHI hotline received after hours and on weekends. It directs investigators in the dissemination of information from the point of Intake to the point of investigation assignment.

Intake Extension Request Policy: This policy directs IMB intake staff in making requests to extend the time allotted (24 hours) to collect and review information necessary to determine whether or not reported incidents will be opened for investigation.

Investigation Extension Procedure: These procedures outline the process for investigators to request additional time (beyond the allotted 45 days) to complete an investigation.

Professional Conduct Policy: This policy sets forth reasonable and necessary standards for professional and ethical behavior applicable to all IMB employees.

Conflict of Interest Procedure: These procedures direct investigators with regard to the necessary steps to take when there is potential for actual or perceived conflicts identified over the course of an investigation. These circumstances relate to personal and professional relationships, outside employment, or any other factor which has the potential to impact the investigators objectivity in conducting an assigned investigation.

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