



State Fiscal Year
2023
ANNUAL REPORT



Division of Health Improvement
Incident Management Bureau

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EXECUTIVE SUMMARY

The Incident Management Bureau (IMB), a bureau within the New Mexico Department of Health's Division of Health Improvement (DHI), is committed to ensuring the health, safety, and well-being of individuals receiving services under various waiver programs. These programs include the Medicaid Developmental Disabilities (DD) Waiver, Mi Via Self-Directed Waiver, the Medically Fragile Waiver, and the Supports Waiver. IMB conducts investigations into allegations of abuse, neglect, and exploitation (ANE), as well as other incidents that impact the individuals served.

In April 2023, the Incident Management Bureau and the Adult Protective Services at the New Mexico Aging & Long-Term Services Department joined forces to establish a unified Central Intake Reporting system. This integrated system operates a 24-hour hotline, reachable at **(866)-654-3219**, for reporting incidents of abuse, neglect, exploitation, suspicious injury, environmental hazards, and deaths. Alternatively, individuals have the option to submit reports online at <https://www.nmhealth.org/about/dhi/ane/rane/>.

With the increased awareness in reporting cases of abuse, neglect, and exploitation, IMB is receiving approximately 60 reports every week. This statistic emphasizes the growing awareness and demonstrates an increased vigilance in safeguarding vulnerable individuals.

IMB plays a crucial role in addressing these allegations of abuse, neglect, and exploitation. In Fiscal Year 2023 (FY23), it substantiated 547 cases out of 777 allegations. The substantiated cases included instances of sexual abuse, physical abuse, verbal abuse, exploitation, and neglect.

The number of adults enrolled in these waiver programs reached approximately 7,258 individuals in FY23, compared to approximately 6,073 in FY22 indicating an increase in demand for services.

IMB collaborates with various agencies to make referrals for criminal prosecution, abuse registry placement, licensing board review, guardianship, and provider contract management. Egregious cases are referred to the Attorney General for intervention.

To address neglect, IMB has identified common causes and conditions leading to harm, including aspiration, supervision, dehydration, failure to follow service plans, and sepsis. The severity of neglect cases varies, with a significant number involving high levels of harm.

In conclusion, IMB is at the forefront of ensuring the safety and well-being of individuals served by waiver programs in New Mexico. As the demand for services continues to rise, the bureau plays a vital role in investigating and addressing allegations of abuse, neglect, and exploitation. Collaboration with various agencies, a robust reporting system, and a commitment to preventive measures are key components of IMB's mission to protect individuals with intellectual and developmental disabilities.

OVERVIEW

MISSION STATEMENT

The Incident Management Bureau (IMB) operates as a bureau within the New Mexico Department of Health's Division of Health Improvement. IMB is dedicated to safeguarding the health, safety, and overall well-being of individuals receiving services. It fulfills this mission by conducting investigations into allegations of abuse, neglect, exploitation, suspicious injuries, environmental hazards, and incidents resulting in death.

WHO WE SERVE

DHI, in collaboration with its partners, provides support and services to adults who meet the eligibility criteria for various waiver programs. These programs include the Medicaid Developmental Disabilities (DD) Waiver, Mi Via Self-Directed Waiver, the Medically Fragile Waiver, and the Supports Waiver. It's important to note that, for cases falling under the Medically Fragile Waiver, IMB has the authority to investigate allegations involving adults only. Any allegations related to children under the age of 18 who are on the waiver are referred to the Children, Youth, and Families Department.

Intellectual disability is defined by limitations in both intellectual functioning, encompassing skills like reasoning and problem-solving, and adaptive behavior, which involves a wide range of everyday social and practical skills. Typically, this disability becomes apparent before the age of 18. The term "Developmental Disabilities" serves as an overarching category, encompassing not just intellectual disability but also other conditions that become apparent before the age of 22 and are often lifelong. Some developmental disabilities primarily involve physical challenges, such as cerebral palsy or epilepsy, while others may combine physical and intellectual disabilities, as seen in cases like Down syndrome. Furthermore, individuals with developmental disabilities may have significant medical or mental health needs.

In FY23, the number of adults enrolled in services for individuals with intellectual and developmental disabilities (I/DD) through the DD Waiver, Mi Via Self-Directed Waiver, the Supports Waiver, and the Medically Fragile Waiver programs reached approximately 7,258 individuals according to the data in Omnicaid. This increase was due to the super allocation in FY22 and extending into FY23.

DEFINITIONS

FROM NEW MEXICO ADMINISTRATIVE CODE 7.1.14.7

ABUSE

Knowingly, intentionally, and without justifiable cause inflicting physical pain, injury, or mental anguish.

ENVIRONMENTAL HAZARD

A condition in the physical environment which creates an immediate threat to health and safety of the individual. NMAC 7.1.14.7(J).

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.

MENTAL ANGUISH

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 via significant behavioral or emotional changes or physical symptoms.

NEGLECT

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.

**SEXUAL
ABUSE**

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**

Profane, threatening, derogatory, or demeaning language, spoken or conveyed with the intent to cause mental anguish.

**SUSPICIOUS
INJURIES**

Not defined in the New Mexico Administrative Code; however, some examples of suspicious injuries are listed in the NMAC 7.1.14.

IMMEDIATE ACTION & SAFETY PLAN

IMMEDIATE ACTION & SAFETY PLAN

The Immediate Action and Safety Plan (IASP) is a vital component in addressing allegations of abuse, neglect, and exploitation. Its purpose is to ensure the safety and well-being of the disabled individual subject to potential ANE. Here are some examples of what an IASP can involve:

- Arranging for the individual to stay temporarily in a safe location or facilitating a permanent relocation.
- Providing additional training to staff to better align with the individual's specific needs.
- Offering guidance on the process of obtaining a protection order, which can include restraining orders, stalking orders, sexual assault orders, or guardianship.
- Assisting in accessing medical support or assessments as required.
- Managing staff members accused of abuse by placing them on administrative leave or reassigning them to different roles.

CATEGORIES OF PROTECTIVE SERVICES:

- Advocacy
- Alternative living arrangements
- Counseling
- Legal services
- Medical services
- Mental health evaluations
- Physical health evaluations
- Removal of staff involved

REPORTING

In April 2023, the Incident Management Bureau and the New Mexico Adult Protective Services Division at the Aging and Long-Term Services Department joined forces to establish a unified Central Intake Reporting system. This integrated system operates a **24-hour hotline, reachable at (866)-654-3219**, for reporting incidents of abuse, neglect, exploitation, suspicious injury, environmental hazards, and deaths. Alternatively, individuals have the option to submit reports online at <https://www.nmhealth.org/about/dhi/ane/rane/>.

According to the New Mexico Administrative Code (NMAC 7.1.14), community-based service providers are mandated to strictly adhere to comprehensive incident reporting guidelines. They hold a legal obligation to promptly report alleged crimes to law enforcement, seek emergency medical services when necessary and report cases involving abuse, neglect, exploitation, suspicious injury, or death. This responsibility rests with the employee or volunteer possessing knowledge of the incident. The reporting methods provide an extensive framework for incident reporting, including procedures, evidence preservation, immediate action, safety planning, and notifications to pertinent parties. Moreover, NMAC 7.1.14 unequivocally prohibits retaliation against those reporting incidents and prescribes that community-based service providers establish a quality improvement program. This program's purpose is to review and address complaints and incidents, ensuring compliance with departmental requirements, the appointment of an incident management coordinator, and the establishment of an incident management committee. These measures aim to safeguard individuals and ensure the proper reporting and follow-up of incidents.

SUBSTANTIATED CASES OF ABUSE, NEGLECT, AND EXPLOITATION

IMB FINDINGS FOR FY23

For FY23, IMB collected 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.

In FY23, IMB substantiated 547 cases with 777 allegations involving 547 individuals (see Table 1).

Please note that cases can have multiple allegations associated with them.

- 6 substantiated cases of sexual abuse.
- 21 substantiated cases of physical abuse.
- 36 substantiated cases of verbal abuse.
- 90 substantiated cases of exploitation.
- 624 substantiated cases of neglect.

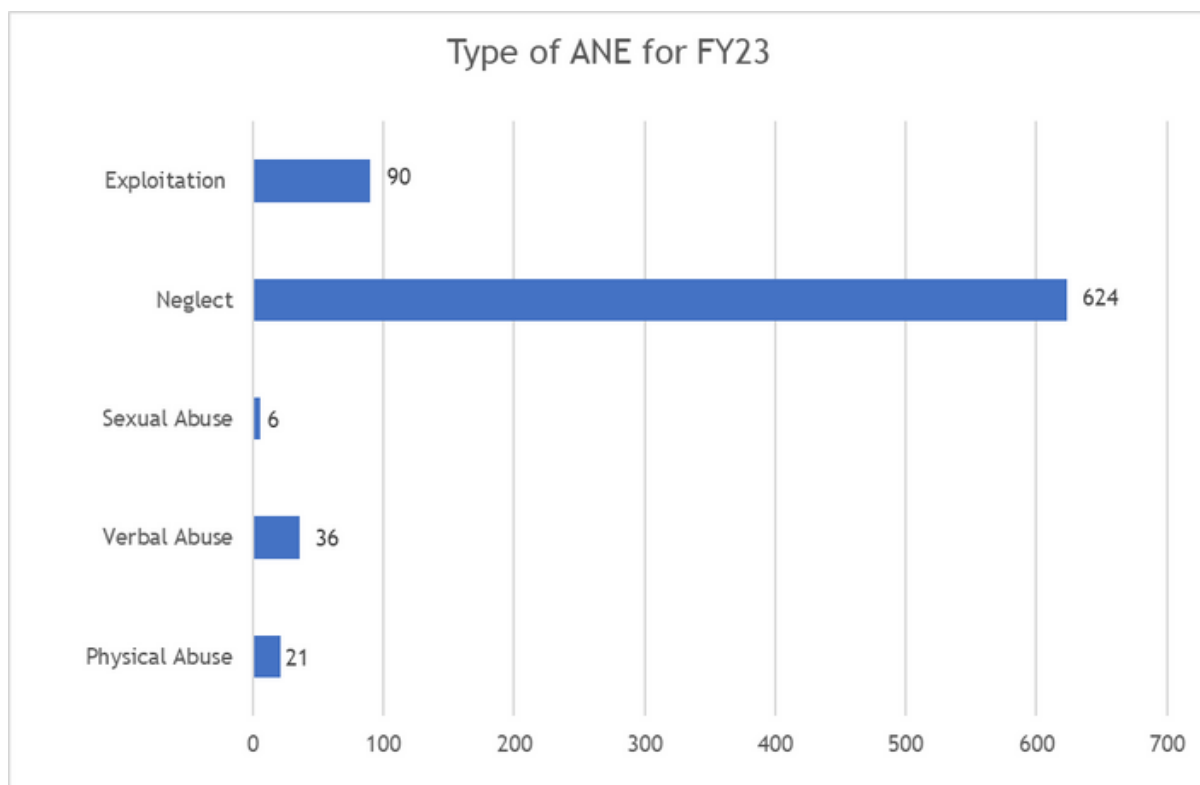


Table 1

ABUSE, NEGLECT, AND EXPLOITATION SUBSTANTIATIONS

The Mi Via Waiver Program makes up approximately 35% of the waiver system and accounts for only 5% of ANE reports for FY23 (see Table 2).

In FY23, there were a total of 63 cases with substantiated abuse, comprising 36 verbal, 21 physical, and six sexual abuse cases. Out of the 21 substantiated cases of physical abuse, 16 providers were involved as perpetrators (see Table 3).

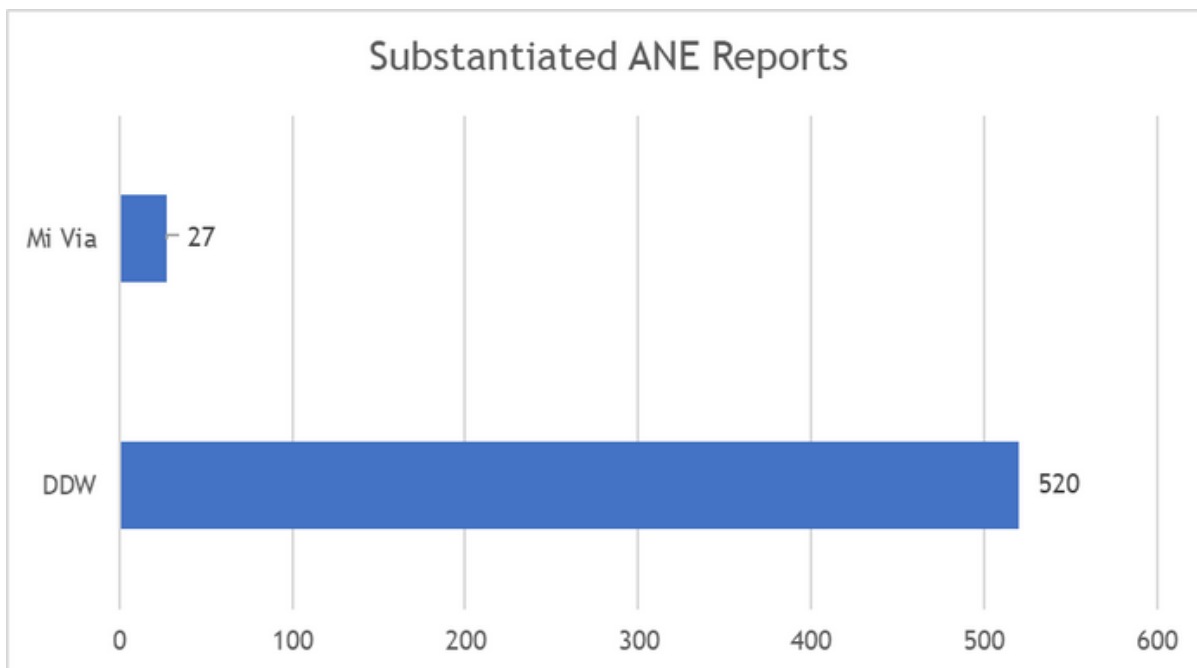


Table 2

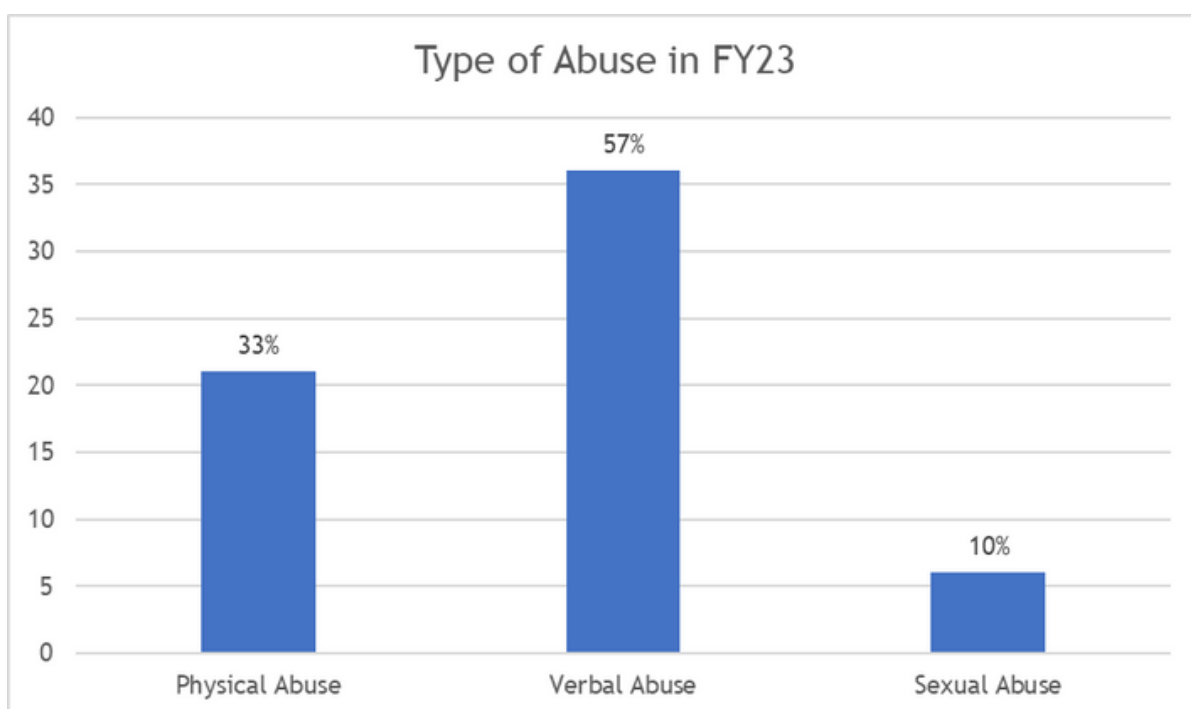


Table 3

ABUSE, NEGLECT, AND EXPLOITATION SUBSTANTIATIONS

Of the 21 cases involving physical abuse, 20 had law enforcement referrals, and three individuals met the criteria for the Employee Abuse Registry (see Table 4).

Out of the six sexual abuse cases, three had law enforcement referrals, and five individuals met the criteria for the Employee Abuse Registry (see Table 5).

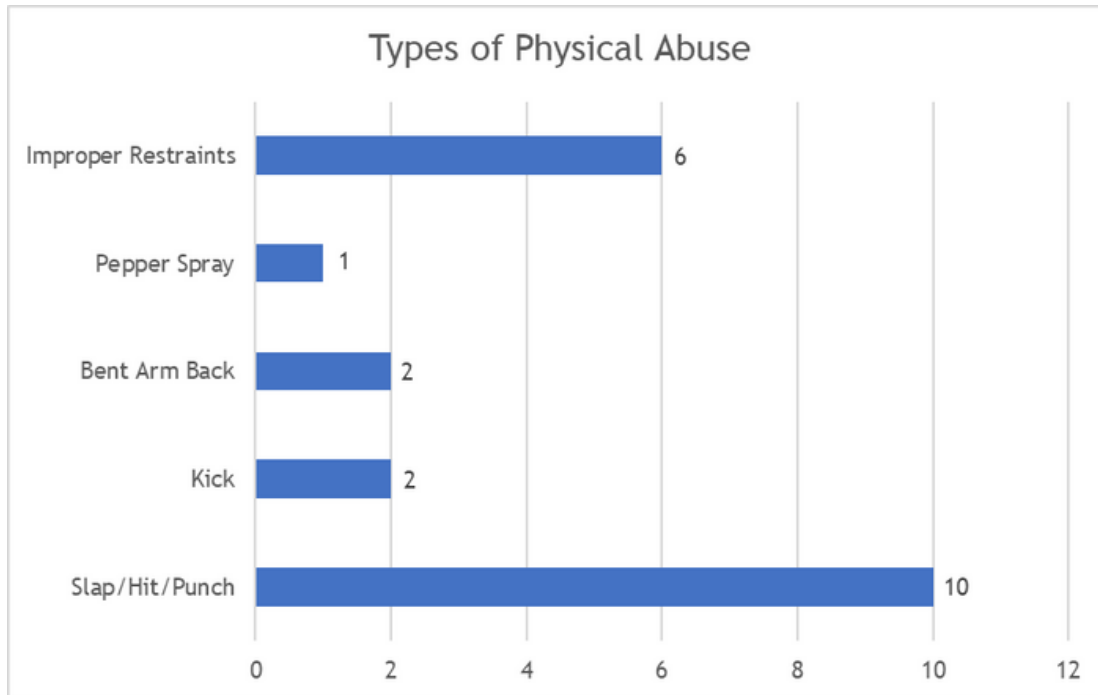


Table 4

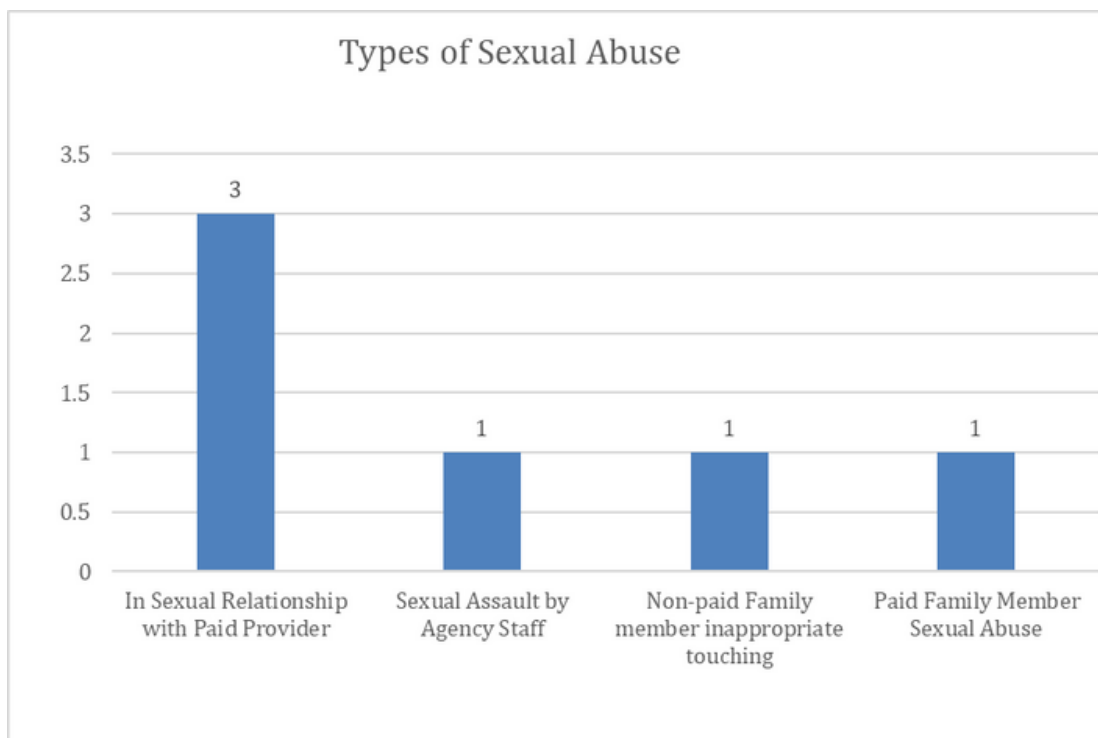


Table 5

REFERRALS

CONNECTING CASES WITH APPROPRIATE AUTHORITIES

IMB makes various referrals to outside agencies for further action, including criminal prosecution, abuse registry placement, licensing board review, guardianship referrals, and provider contract management with DDS. Additionally, IMB sends egregious cases to the Attorney General for intervention.

In FY23, IMB made a total of 389 referrals to outside agencies for intervention (see Table 6).

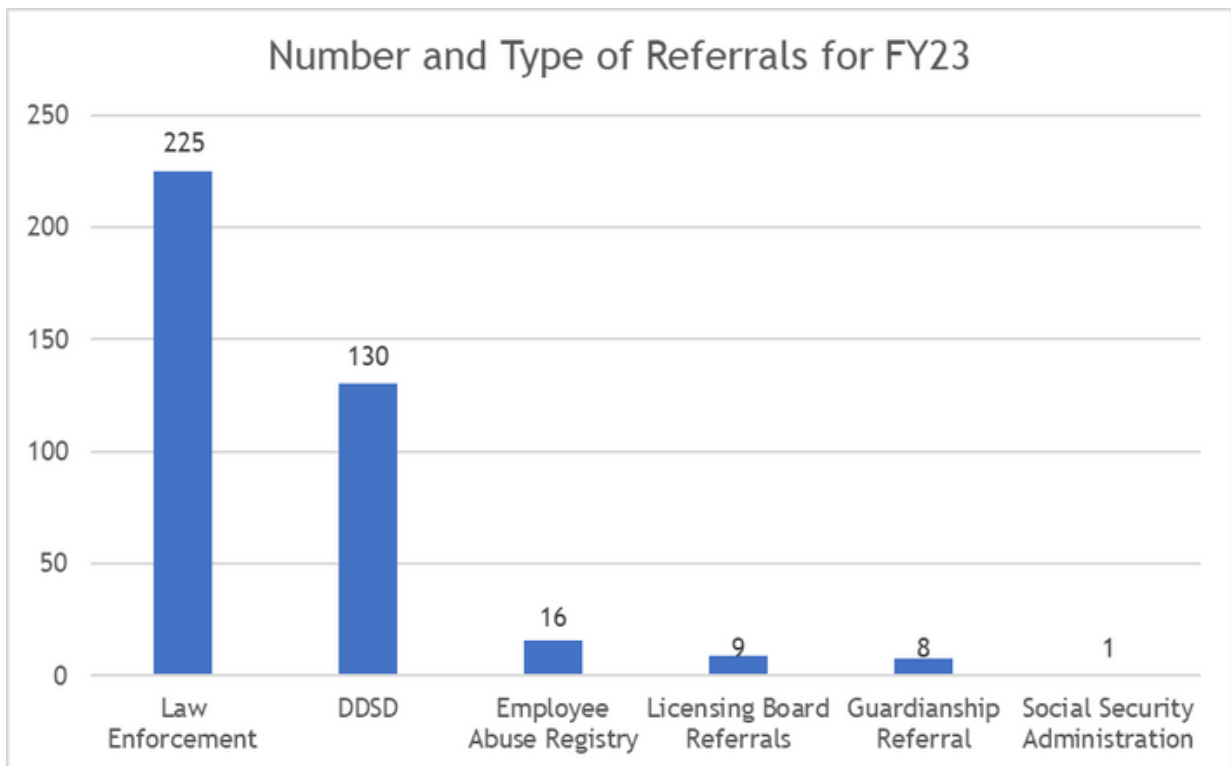


Table 6

NEGLECT INVESTIGATION: CAUSES, PATTERNS, AND SEVERITY LEVELS

IMB has been collecting information on the causes and contributing factors of ANE, more specifically related to neglect. Reports and allegations of neglect accounted for 70% of all IMB investigations in FY22 and 72% of all IMB investigations in FY23.

IMB has identified common causes of neglect, which include: aspiration, constipation, dehydration, delay in medical treatment, domestic violence, falls, human rights abuses, medication errors, pressure ulcers, sepsis, failure to follow healthcare plans, lack of appropriate supervision, the use of restraints, and lack of training.

Out of the 624 substantiated cases involving neglect in FY23, IMB sampled 423 cases and ranked them to highlight the level of severity using the following definitions:

High: Individual suffered harm or was highly likely to suffer significant harm with a high probability of ongoing neglect.

Moderate: Individual experienced low to moderate harm, and the situation was remedied and not likely to reoccur.

Low: No harm to the individual occurred, and the situation was remedied and not likely to reoccur.

The neglect causation sampling highlighted that the majority (65%) of cases met the criteria for high-level harm (see Table 7).

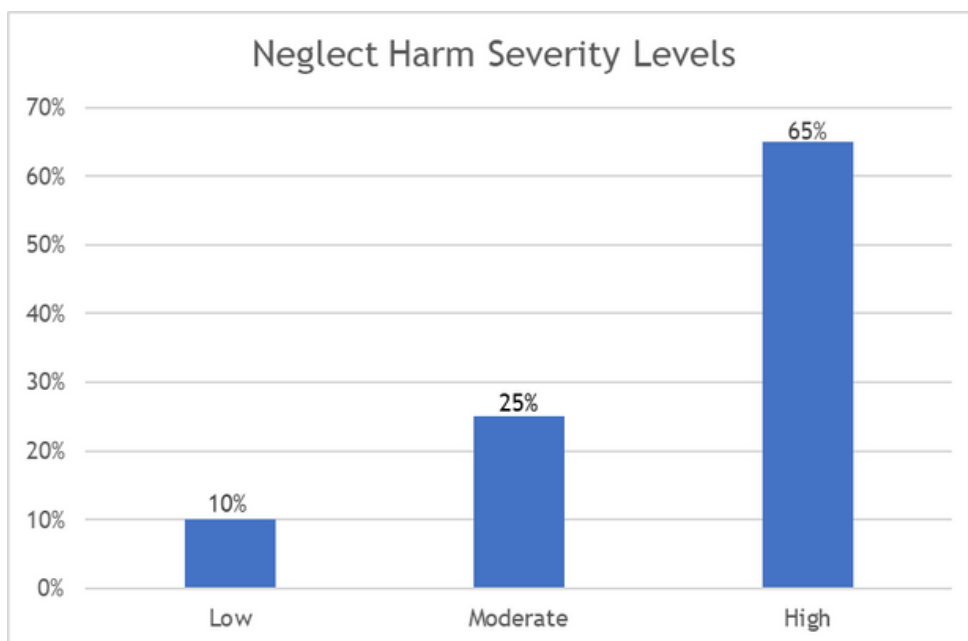


Table 7

REPORTS OF ABUSE AND NEGLECT

Incident reporting and case assignments continue to increase (see Table 8).

IMB receives approximately 60 reports of abuse, neglect, and exploitation every week (see Table 9).

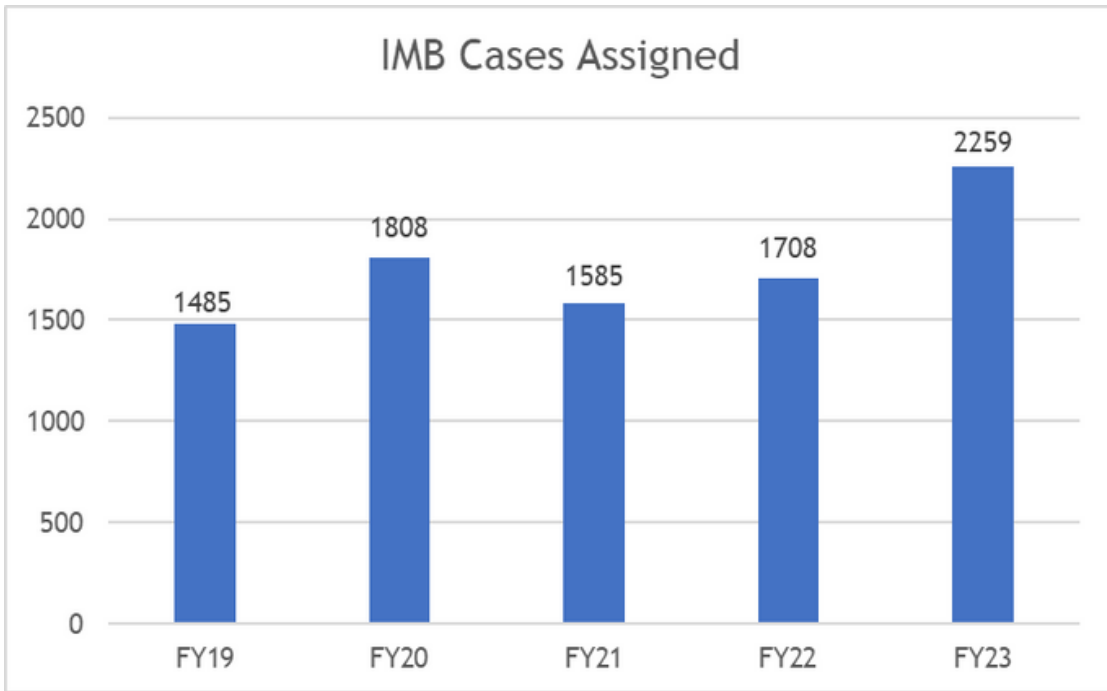


Table 8

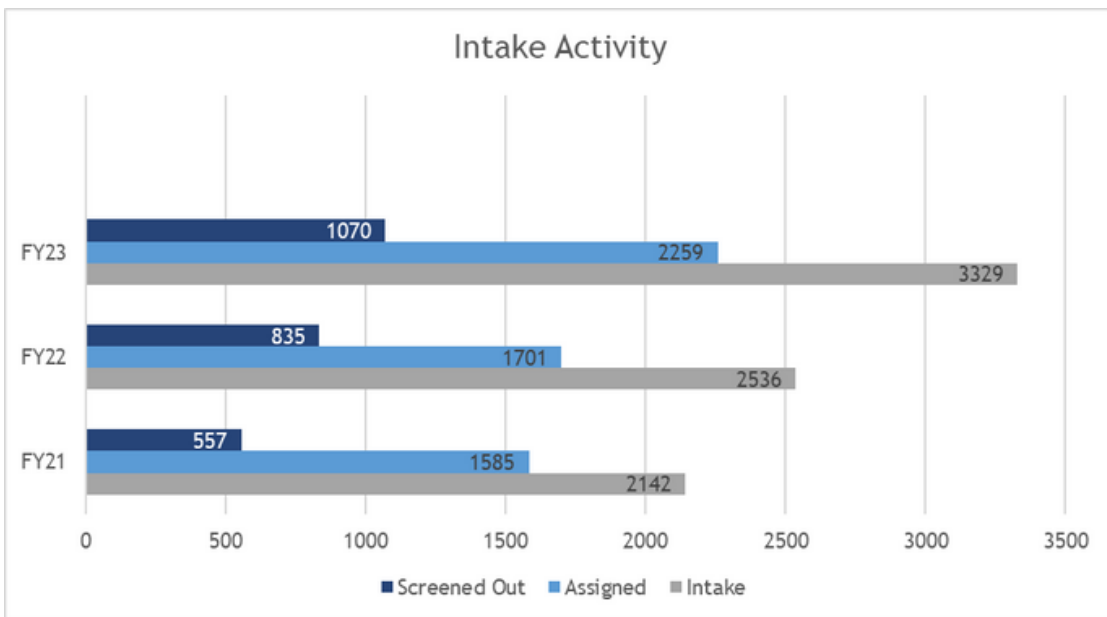


Table 9

PROTECTING INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Table 10 provides a comprehensive overview of investigations and findings related to abuse, neglect, or exploitation for the fiscal years 2022 and 2023. In 2022, a total of 1,701 investigations were conducted, leading to 515 substantiated allegations and 341 individuals identified as victims of abuse or neglect. However, in 2023, the numbers showed a significant increase, with 2,259 investigations conducted, 777 allegations substantiated, and 547 individuals determined to have been victims. This data reveals a substantial shift in the landscape of protection and accountability. It is important to note that overall ANE awareness increased during the last four months of FY23 due to a tragic ANE event. Notably, between FY22 and FY23, there was a 11.1% increase in the number of investigations, a substantial 25.9% rise in allegations substantiated, and an even more striking 33.9% surge in the number of individuals determined to have been victims of abuse, neglect, or exploitation. These statistics emphasize the growing importance of addressing and preventing such issues and demonstrate the increased vigilance in safeguarding vulnerable individuals.

2022*	2023*	Percent Increases
1,701 (28 per 100 individuals in DD program) investigations of abuse, neglect, or exploitation were conducted.	2,259 (31.1 per 100 individuals in DD program) investigations of abuse, neglect, and exploitation were conducted.	Between FY22 and FY23, there is a 11.1% increase in investigations of abuse, neglect, or exploitation.
515 (8.5 per 100 individuals in DD program) allegations of abuse, neglect, or exploitation were substantiated.	777 (10.7 per 100 individuals in DD program) allegations of abuse, neglect, or exploitation were substantiated.	Between FY22 and FY23, there is a 25.9% increase in allegations of abuse, neglect, or exploitation substantiated.
341 (5.6 per 100 individuals in DD program) individuals were determined to have been the victim of abuse, neglect, or exploitation.	547 (7.5 per 100 individuals in DD program) individuals were determined to have been the victim of abuse, neglect, or exploitation.	Between FY22 and FY23, there is a 33.9% increase in individuals determined to have been victims of abuse, neglect, or exploitation.

* Individuals in DD program (Omnicaid) on June 30, 2022 = 6,073 and June 30, 2023 = 7,258. Table 10

PROTECTING INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

PREVENTING ABUSE OF INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

The Division of Health Improvement (DHI) is actively engaged in the prevention of abuse against individuals with intellectual and developmental disabilities (I/DD). To achieve this, the Incident Management Bureau (IMB) plays a crucial role by assessing needs and providing protective services within community-based programs. IMB conducts investigations into allegations of abuse, neglect, and exploitation, often collectively referred to as "abuse" or ANE.

New Mexico state law mandates that all individuals with knowledge of potential ANE incidents must report them. This obligation extends to those who work directly with individuals with I/DD, as well as family members, friends, and support providers. Reports may also originate from law enforcement, medical professionals, and other sources. A 24-hour ANE reporting hotline has been established to enhance reporting accessibility and expedite responses to urgent situations.

INITIAL ASSESSMENT AND REPORTING

An IMB intake specialist plays a critical role by gathering preliminary information to assess the need for protection of vulnerable adults and determine if a situation aligns with the definitions of abuse, neglect, or exploitation. For this context, an "adult" is defined as anyone over 18 years of age. The responsibility for delivering an Immediate Action and Safety Plan (IASP) lies with the community-based provider, who shares this plan with the DHI Hotline and updates it as instructed by the assigned Investigator. Reports concerning individuals under 18 years of age are forwarded to the Children, Youth, and Families Department (CYFD).

INVESTIGATION AND RESPONSE

Once an allegation is deemed to meet the definition of abuse, neglect, or exploitation as outlined in the New Mexico Administrative Code (NMAC), the case is screened, and an investigator is assigned. Cases are categorized based on priority levels, determined by the seriousness of the allegations. An emergency requires a response within three hours, a Priority One necessitates a 24-hour response, and a Priority Two mandates a response within five calendar days.

The investigator initiates an investigation into the nature and cause of the abuse, continuously monitoring the IASP to ensure the health and safety of the alleged victim during the investigative process. Additionally, if the investigator believes a crime has been committed or that the provider agency or others have not already reported it, they make a mandatory report to law enforcement.

PROTECTING INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

RESOLUTION AND PREVENTIVE ACTIONS

Upon completion of the investigation, the investigator reaches a finding, classifying it as either substantiated or unsubstantiated ANE based on a preponderance of the evidence. Subsequently, the investigator requests a corrective/preventive action plan from the provider agency, consultant, or community supports coordinator, and recommends an Interdisciplinary team (IDT) meeting to be convened by the case manager if the investigation finding is substantiated (referred to as the Decision Letter). These meetings and actions are tailored to each situation, with the aim of mitigating risk, enhancing safety, and providing education and training based on identified areas of deficiency.

Corrective/preventive actions may include retraining on healthcare plans, mandatory abuse, neglect, and exploitation reporting training for all program staff, updates to the individual's Service Plan, and reevaluation of the need for increased supervision or disciplinary actions, including termination of employment for agency employees involved in serious violations.

SHARED RESPONSIBILITY AND ONGOING PREVENTION

As the waiver population continues to expand, ensuring safeguards against abuse, neglect, and exploitation remains of paramount importance. This responsibility is shared among providers, the Department of Health, and our community partners. IMB collaborates closely with the DDS to use IMB data in developing a risk model that targets individuals most at risk for ongoing maltreatment and advocates for additional prevention activities.



ACRONYMS

Here is a list of frequently used acronyms and their explanations from the provided report:

- ANE - Abuse, Neglect, and Exploitation
 - Explanation: An abbreviation for abuse, neglect, and exploitation, collectively referring to harmful actions or conditions experienced by vulnerable individuals.
- DHI - Division of Health Improvement
 - Explanation: A division responsible for assessing needs and providing protective services to individuals with I/DD.
- DD - Developmental Disabilities
 - Explanation: A term referring to individuals with developmental disabilities, which includes intellectual disability and other disabilities manifesting before the age of 22.
- DDS - Developmental Disabilities Supports Division
 - Explanation: A division working in partnership with the IMB to support individuals with developmental disabilities.
- FY - Fiscal Year
 - Explanation: A specific period used for financial reporting, planning, and budgeting.
- FY23 - Fiscal Year 2023
 - Explanation: The financial reporting period for the year 2023.
- I/DD - Individuals with Intellectual and Developmental Disabilities
 - Explanation: Referring to individuals who have intellectual and developmental disabilities.
- IASP - Immediate Action and Safety Plan
 - Explanation: A plan used to ensure the safety of individuals involved in abuse, neglect, or exploitation cases.
- IDT - Interdisciplinary Team
 - Explanation: A team involved in developing and implementing individual service plans for individuals with developmental disabilities.
- IMB - Incident Management Bureau
 - Explanation: The bureau responsible for investigating allegations of abuse, neglect, exploitation, suspicious injury, environmental hazard, and death concerning individuals served on various waivers.
- Mi Via - Mi Via Self-Directed Waiver
 - Explanation: A waiver program providing supports and services to adults with developmental disabilities.
- NMAC - New Mexico Administrative Code
 - Explanation: The official administrative code of New Mexico, which includes regulations and rules governing various aspects of state operations.
- Omnicaid - is the name of New Mexico's Medicaid Management Information System (MMIS). Omnicaid maintains provider and client eligibility information; processes and adjudicates claims; and issues explanation of benefits and payments.
- SFY - State Fiscal Year
 - Explanation: The state's financial reporting period for budgeting and financial activities. In the context of New Mexico, the State Fiscal Year runs from July 1 to June 30 in any given year.

These acronyms are used throughout the report to refer to various programs, regulations, and processes related to the Incident Management Bureau and the protection of individuals with developmental disabilities.

ACKNOWLEDGEMENTS

This 2023 IMB Annual Report is made possible by the contributions, wisdom, and talents of our esteemed colleagues: José A. Acosta MD, MBA, MPH, Director, Developmental Disabilities Supports Division; David Barre, Communications Coordinator; Teri Cotter, Bureau Chief, Division of Health Improvement; Shadee Lauer, Deputy Director, Division of Health Improvement; David Morgan, Public Information Officer; Jodi McGinnis Porter, Communications Director; Neve Naktin, Communications Intern; Andre Walker, Art Director; and Joey Long, Public Information Officer, Aging and Long-Term Services Department.

Every effort has been made to make the information in this IMB Annual Report as accurate and up-to-date as possible. We regret any omissions or inaccuracies. Comments, additions or corrections may be sent to: Shadee.Lauer@doh.nm.gov or Teri.Cotter@doh.nm.gov.