




STATE OF NEW MEXICO
Human Services Department
Governor Michelle Lujan Grisham
David R. Scrase, M.D., Cabinet Secretary
Angela Medrano, Deputy Cabinet Secretary
Kari Armijo, Deputy Cabinet Secretary
Karmela Martinez, Director ISD

General Information Memorandum

ISD-GI 21-12

TO: ISD Employees
FROM: Karmela Martinez, Director, Income Support Division 
DATE: April 13, 2021
RE: FFY 2021 SNAP Performance Report-Second

Attached please find the second issue of the Supplemental Nutrition Assistance Program (SNAP) Performance Report for FFY 2021. This report includes all Quality Control (QC) findings received for the review months of October 2020 through November 2020. Additional data included in this report is the recertification timeliness.

The FFY 2021 Performance Goals for the state are:

- Cumulative Payment Error Rate of 6% or better (Payment Accuracy 94%)
- Cumulative Negative Error Rate of 1% (Case and Procedural Error Rate (CAPER) of 99%)
- Expedite and Non-Expedite application processing timeliness of 95%

In lieu of the mandatory reviews, Supervisors are required to complete the reviews returned by the Case Error Demolition Team. These reviews should be reviewed within three business days.

If there are any questions or comments, please contact Carolyn Craven, of the Quality Assessment Bureau, at 827-7224 or e-mail at Carolyn.Craven@state.nm.us.

Attachment: Second SNAP Performance Report for FFY 2021



NOVEMBER 2020 PERFORMANCE REPORT-REVISED

Second Edition

Federal Fiscal Year 2021

Quality Control Review Findings
October 2020 – November 2020

Issued by:
Quality Improvement Section
Quality Assessment Bureau, New Mexico Human Services Department

Table of Contents

SNAP Performance Report	2
SNAP Performance Report – Second Edition	2
State Performance Goals	2
Payment Accuracy	3
State Cumulative Payment Error Rate	3
State Payment Error Rates	4
Are they Agency or Recipient Errors?	4
SNAP Error Trends – Cumulative Totals	5
Payment Error Findings as Reported to Field Offices	6
SNAP Payment Error Rates	10
SNAP Payment Error Rates Mitigation Strategies	11
CAPER	12
State Cumulative Negative Error Rate	12
Top Error Trends in CAPER Reviews	13
CAPER Errors – Cumulative Totals	14
CAPER Error Findings as Reported to Field Offices	15
CAPER Error Rates	16
Regression Rates	17
Payment Error Rate	17
CAPER Error Rate	17
SNAP Timeliness	18
QC Recertification Timeliness	18

SNAP Performance Report

SNAP Performance Report: Second Edition




This Supplemental Nutrition Assistance Program (SNAP) Performance Report for Federal Fiscal Year (FFY) 2021 includes all Quality Control (QC) findings received for the review months of **November 2020 through September 2021**.

State Performance Goals

The State reports on three areas and is evaluated by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) on these areas:

- **Payment Accuracy**
- **Case and Procedural Error Rate (CAPER)**
- **SNAP Timeliness for Expedite and Non-Expedite**

For FFY 2021, the State Performance Goals are as follows:

<p><u>Payment Accuracy</u></p>  <p>A cumulative error rate of 6% or better for a payment accuracy of 94% or better.</p>	<p><u>CAPER</u></p>  <p>A cumulative negative error rate of 1% or better for a CAPER accuracy of 99% or better.</p>	<p><u>SNAP Timeliness</u></p>  <p>A timeliness rate of 95% or better for SNAP Expedite and Non-Expedite.</p>
---	---	--

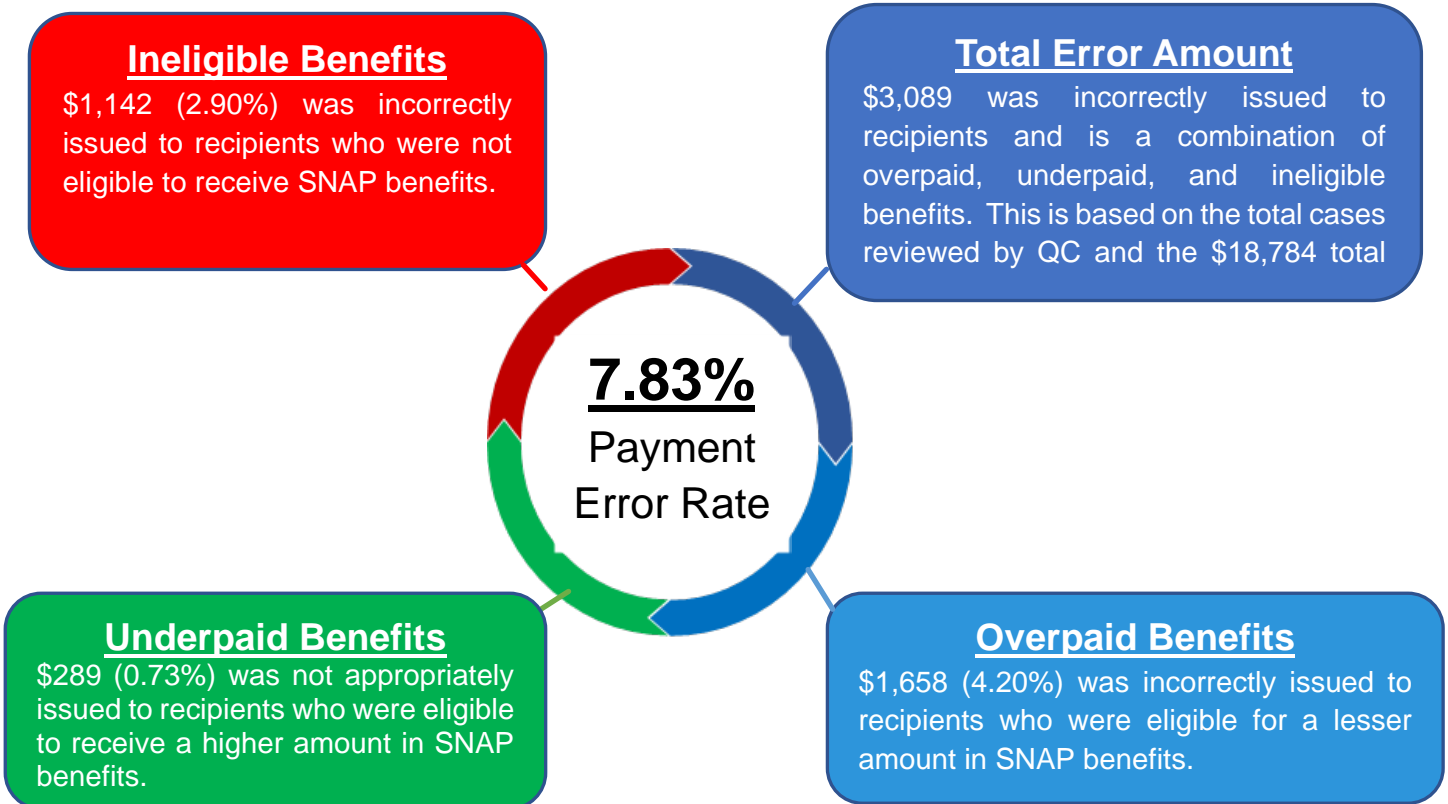
The Payment Error Rate is figured from the QC Positive Sample cases for the review month, which are the cases actively receiving SNAP benefits. QC reviews the last action taken on the case to certify the eligibility, which could be an Application, Interim Report, or Recertification.

The CAPER Error Rate is figured from the QC Negative Sample cases for the review month, which are SNAP cases that were denied or terminated during the review month. QC reviews the last action taken to deny/terminate eligibility. The CAPER rate reviews the caseworker action and notices sent to the household. If a notice is not clear and concise and/or does not match the case record, the case is found in error even if the action to deny the case was correct.

Payment Accuracy

State Cumulative Payment Error Rate

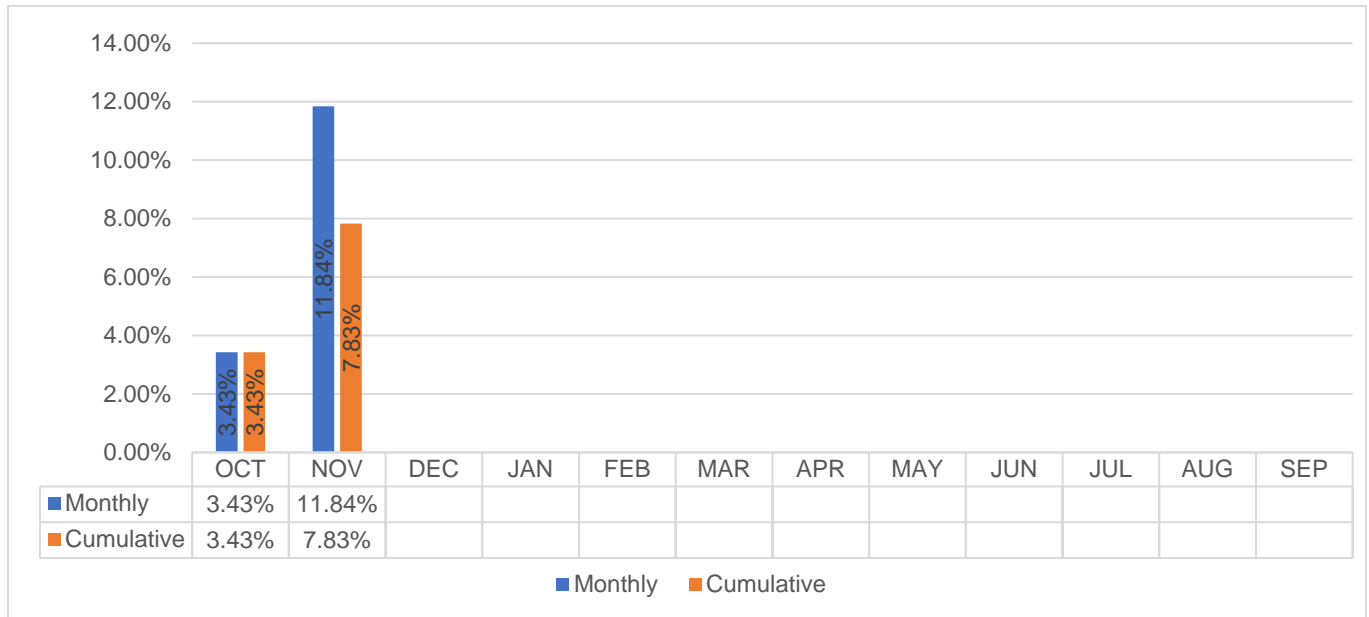
The cumulative rates are the ongoing totals and averages taken from the total QC reviews for the fiscal year. These totals contain reviews from the months of November 2020 through September 2021.



Total Benefits Paid	\$39,443
Total Error Amount	\$3,089
Total Cases Reviewed by QC	166
Total Cases with Errors	20
Total Correct Cases	146
Total Cases with Overpaid Benefits	11
Total Cases with Underpaid Benefits	3
Total Cases with Ineligible Benefits	6
Cases Dropped (Not Reviewed by QC)	36

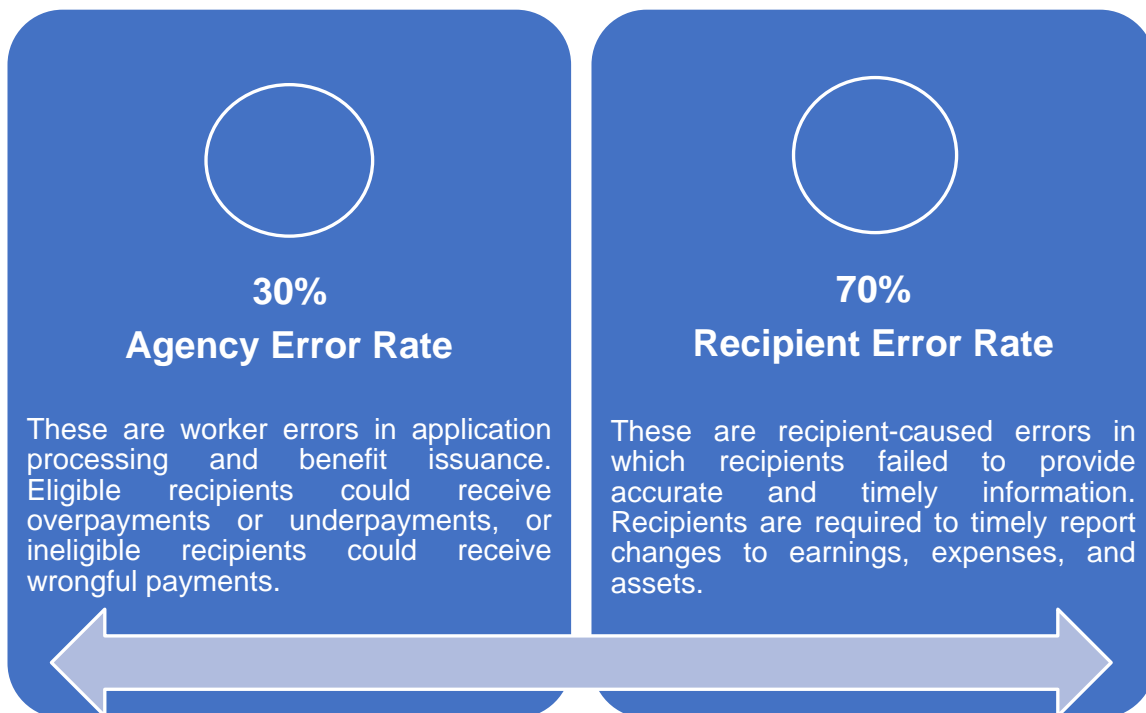
State Payment Error Rates

Monthly vs. Cumulative Error Rates



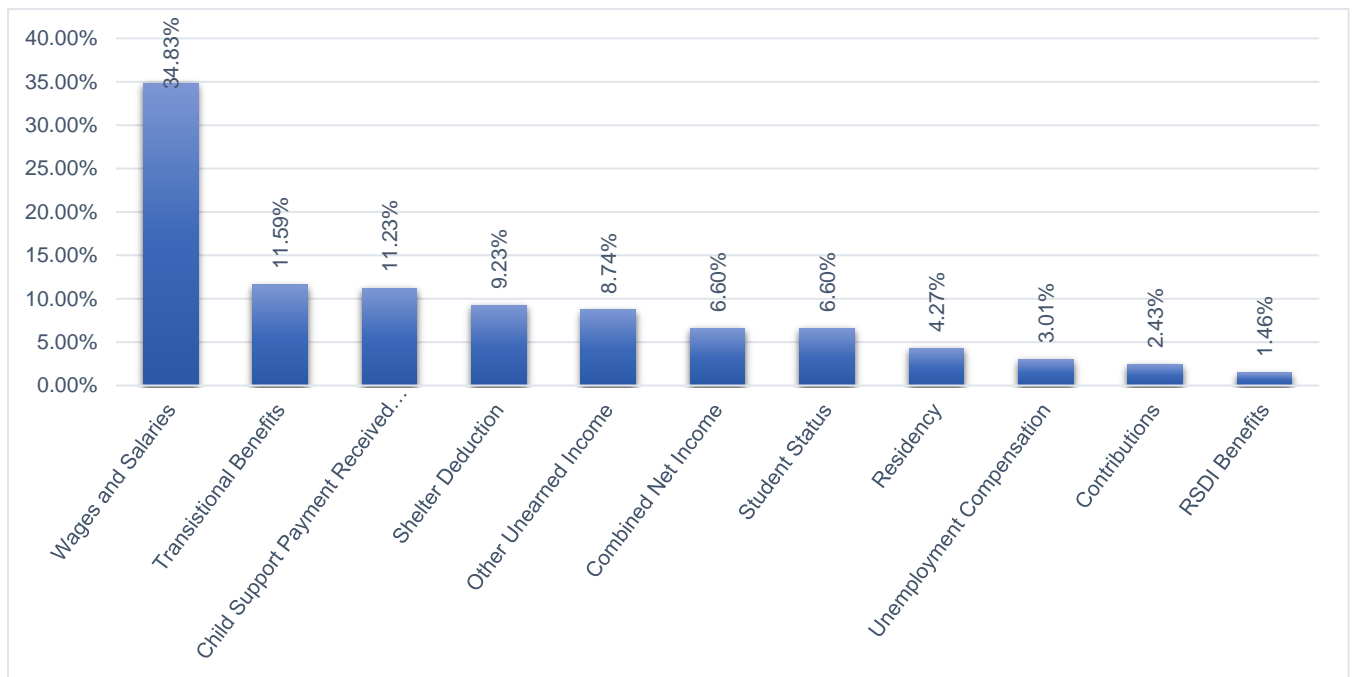
Monthly totals are for the individual review month, cumulative totals are the totals of all months ongoing added together.

Are they Agency or Recipient Errors?



SNAP Error Trends – Cumulative Totals

Error Element	Error Amount	Error Percentage
Wages and Salaries	\$1,076	34.83%
Transitional Benefits	\$358	11.59%
Child Support Payments Received from Absent Parent	\$347	11.23%
Shelter Deduction	\$285	9.23%
Other Unearned Income	\$270	8.74%
Combined Net Income	\$204	6.60%
Student Status	\$204	6.60%
Residency	\$132	4.27%
Unemployment Compensation	\$93	3.01%
Contributions	\$75	2.43%
RSDI Benefits	\$45	1.46%



Payment Error Findings as Reported to Field Offices

November 2020 QC Reviews

Review Number	Error Cause	Nature Code	Error Type	Error Amount	071 Form Description
10131	Other Unearned Income	Unreported source of income	Over	\$270	RM: Client began working. Client is receiving a \$600 mthly annuity. Verified client employed with 6/1/20 - 9/6/20 paid wkly with last pay rec'd 7/2/20. \$600 monthly annuity verified. RM based on \$549 EI for HH member 1, \$440 EI for HH member 2 & \$474.48 EI for HH member 3, \$200 monthly contributions for client & \$600 UEI. Comp II: QC determined last action 10/6/20 to terminate employment correct & \$1023 EI for client with employer correct. QC determined \$0 EI as employment terminated 9/6/20, with last check received 7/2/20 prior to 10/6/20 last action. Based on verification obtained by QC, corrected figures were determined based on \$1023 EI from employer, \$200 contributions & \$600 UEI from annuity. HH failed to report UEI at initial application. RM used as final determination due to lesser error amount between both comparisons.
10144	Wages and Salaries	Other	Over	\$188	QC verified client is with paid bi-weekly for total gross monthly of \$1180 (11/6/20 \$590 & 11/20/20 \$590). QC verified that employer also pays \$25 weekly in cash as a food stipend. QC found total countable income of \$1280 with \$1180 EI plus \$100 UEI. QC verified that client was not on SNAP prior to starting the program funded via Vista federal source; therefore, this income is considered countable against SNAP benefit determination allowed \$1180 EI & \$100 UEI.
10189	Wages and Salaries	Deduction included that should not have been	Over	\$78	QC verified shelter expense of \$425 since he moved into apartment 04/2020. QC allowed \$425 shelter expense in both comparisons. Corrected agency figures used as final determination with \$1327 EI, \$425 shelter expense plus HCSUA.
10159	Contributions	Unreported source of income	Over	\$75	QC determined HH was due for IR 06/20. Due to COVID 19 Pandemic waiver granted by FNS on USDA memo; certification extended for 6 months through 12/31/20 PR. Benefit under review is based on agency's last contact with HH on 01/24/20. HH reported to QC monies received from AP; AP verified \$250 monthly contributions directly to client for help with utilities since 12/2019. Corrected figures based on \$3181 EI, \$250 monthly contribution, \$540 shelter expense plus HCSUA with \$250 dependent care deduction. Corrected figures final determination.
10137	Child Support Payments Received from Absent Parent	More income received from this source than budgeted	Over	4279	QC determined client no longer with employer as of 12/19/19; new employment with hire date 12/30/19. RM based on \$2467 EI, \$170 CS, \$1000 shelter expense plus HCSUA. Comp II: QC determined \$1904 EI last action for employment; ASPEN system failed to round earnings. QC determined HH failed to report CS as she had already received payments at last action. CSED inquiry verified 9/1/19 \$404.10 current & \$566.10 arrears, 10/1/19 \$404.10 current & \$81.00 arrears & 11/1/19 \$404.10 current & \$81.00 arrears. CSED Manager verified payments went out to the client on 11/26/19 \$485.10, 10/15/19 \$485.10 and 9/17/19 \$970.20. QC averaged 2 months of the 3 months taken to reasonably anticipate CS UEI of \$728. QC did not include 11/19 CS due to uncertainty 11/19



					CS would have been visible to the agency at last action. Corrected figures based on \$1904 EI, \$728 CS, \$1000 shelter expense plus HCSUA. RM used as final determination as it is the lesser error between both comparisons.
10140	Shelter Deduction	Other	Over	\$91	HH reported residing at a Motel paying \$500 rent with no separate utilities included since 07/19. QC inquired about the \$580 reported, HH states when he initially reported the \$580 rent, he was not aware that the rent charged was for \$500 plus \$80 for housekeeping. Contact with Motel Manager verified Sean pays \$500 rent from 11/19-11/20, \$580 listed on the lease agreement is from when client moved in, he was paying for housekeeping, then he requested to stop receiving housekeeping; therefore, only pays \$500. Further verified client is not responsible for any utilities as they are all included with the monthly rent of \$500 from 7/19-11/20. HH incorrectly reported shelter expense amount at last action & agency failed to update utility expenses since 2017 as HH reported home rent does include utilities. Agency figures were corrected allowing \$500 shelter expense with no HCSUA/LUA/TS allowed.
10113	Residency	Other	Ineligible	\$132	QC determined client incorrectly reported children being residents of NM, not receiving benefits in another state and paying for heating/cooling expense at last action. Further, agency incorrectly added the children to the SNAP case when client requested health insurance on Medicaid application. Based on verification obtained by QC, agency figures were corrected allowing 1 HH member as both children were determined nonresidents of NM with active benefits with the state of Oregon. Corrected figures based on \$1528 UCB, \$350 shelter expense plus TS for 1 HH member. HH ineligible due to \$1361 net income exceeds net income standard of \$1064.
10125	Shelter Deduction	Deduction included that should not have been	Over	\$116	Contact with clients' parents verified HH is not required to pay anything for rent/utilities since residing with parents and has not made any payments towards any expenses. QC determined HH incorrectly reported shelter and utility expenses on application 8/16/20 and at interview with the agency on 8/21/20. Based on verification obtained by QC, agency figures were corrected allowing \$0 shelter expense and not allowing HCSUA/LUA/TS. Corrected figures final determination based on \$908 UCB with no HCSUA/LUA/TS allowed.
10142	Child Support Payments Received from Absent Parent	Unreported source of income	Over	\$68	QC reviewed agency figures and determined HH failed to report receipt of CS and agency failed to count income listed on CSED inquiries. Based on verification obtained by QC, agency figures were corrected allowing \$149.48 CS per averaging months 6/20-9/20. Corrected figures final determination based on \$1308 UCB, \$149.48 CS, \$805 shelter expense plus HCSUA.
10162	Wages and Salaries	Other	Under	\$92	RM: Continued employment. QC verified \$339 EI from employer based on wages 11/6/20 \$97.75 & 11/20/20 \$241.50 21. \$508 USB determined based on checks 11/8/20 \$145, 11/15/20 \$135, 11/22/20 \$133 & 11/29/20 \$95 authorized amounts. LL verified rental amount changed to \$650 from \$675 as of 08/20 due to COVID-19. RM based on \$339 EI, \$508 UCB, \$650 shelter expense plus HCSUA. Comp II: agency correctly used checks for UCB at last action; however, allowed the weekly benefit amount rather than the authorized amount; QC determined \$385 UCB should have been allowed. Due to SR reporting income & shelter decrease were a non-reportable change. Corrected figures based on \$490 EI, \$385 UCB, \$675



					shelter expense plus HCSUA. RM used as final determination as it is the lesser error amount.
10110	Transitional Benefits	Household not entitled to transitional benefits	Over	\$358	QC determined on 5/12/20 HH was sent notice of TFS expiring 06/20 and the action to extend the TFS certification period on 6/30/20 was incorrect. QC concluded TFS is a separate COE from SNAP. Policy citations listed by agency for SNAP and CASH of 8.139.120.8 and 8.102.120.9B not applicable to TFS under COVID-19 emergency. Due to incorrect extension of TFS, QC corrected figures based on HH circumstances effective 7/2020. QC verified benefit under review should have been based on gross wage of \$1836 from Creative Work Solutions (6/12/20 \$932.80 and 6/26/20 \$903.65); shelter expense of \$235 and HCSUA. Corrected figures are the final determination.
10183	RSDI Benefits	More income received from this source than budgeted	Under	\$45	RSDI of \$898 effective 01/20 based on SOLQ inquiry. RM: QC verified with landlord rental change of \$183 from \$5 as of 4/1/20 with HH responsible for all utilities. RM based on \$898 RSDI, \$183 shelter expenses plus HCSUA. Comp II: QC determined HH withheld reporting employment at last action. QC verified \$976 EI based on wages received for 10/19. QC determined ASPEN system failed to update changes in RSDI amount for annual COLA increase effective 01/20. Corrected figures based on \$976 EI, \$898 RSDI, \$5 shelter expense plus HCSUA. HH over net income limit to determine HH ineligible. RM used as final determination due to lesser error between both comparisons.
10184	Unemployment Compensation	More income received from this source than budgeted	Over	\$93	RM: Employment hire date 11/17/20 1st pay 11/27/20 \$328 (hired paid \$10.50 hourly @40 hrs. weekly).; client no longer on UCB & is employed. Employer verified with a hire date 03/20/20 with hours varying. Employer verified no wages from 04/24/20 - 10/01/20 due to Covid19. Client returned steadily to work receiving first pay 10/09/20; RM EI \$1030 (11/06/20 \$500.98 + 11/20/20 \$529.18). LL provided HUD contract & verified rent decreased \$35 to \$16 effective 8/01/20. RM circumstances based on \$328 EI for client, \$1030 EI for client, TANF \$357, UCB \$0, \$16 shelter deduction plus HCSUA. Comp II: QC determined EI \$0, TANF \$357, UCB \$3176 UCB to total \$3533 combined gross income. HH ineligible as HH exceeded gross income limit of \$2987 for HHBG of 3. Review of UCB payment history shows client eligible for \$194/week & received \$600 FPUC payment to equal \$794 weekly for dates 5/11/20; 5/4/20; 4/28/20 and 4/21/20. Per ISD GI 20-06 dated 04/28/20 states FPUC UCB is countable income. RM final determination as it is the lesser error.
10124	Wages and Salaries	Employment status changed from unemployed to employed	Ineligible	\$204	RM QC verified EI of \$2374.11 verification received from employer - exceeded gross income standard of \$1755 to determine ineligible. Due to RM income exceeding gross income standard, income for the prior 3 months reviewed to determine if a reportable change occurred. QC verified client started working on 7/20 & leaving in 10/20, then starting a new Job on 11/20. Month 10/2020 1 st month \$2578 + \$526.70 (mileage check) to total \$3104.70 EI, month 9/2020 2nd month \$3093.50 EI, month 8/2020 3rd month \$1865.88 + \$112.18 (mileage check) to total \$1978.06. HH exceeded the standard of \$1755 in each of the 3 months; therefore, a reportable change occurred. 3rd month prior to RM (month 8/20) used what should have been reported for simplified reporting to determine \$1978 EI based on wages received 8/7 \$307.63 & 8/21 \$1558.25 plus \$112.18 (mileage check). QC verified with employer hours varied with no set hours. Mileage received on a monthly basis is not a reimbursement but a payout to their employees.



					Total EI of \$1978 exceeds gross income standard of \$1718 for HHBG of one.
10128	Wages and Salaries	Change only in amount of earnings	Under	\$152	RM: Client employed; expenses telephone & CS. QC verified termination with previous employer 6/5/20. Employer verified start date of 3/27/20 with 1st pay rec'd 4/5/20 & termination date of 11/5/20. RM wages 11/5/20 \$65.17. RM based on \$65.17 EI, \$0 shelter expense, TS allowed with \$65 CS deduction allowed. HH verified incurs telephone expense for new address reported at IR. Comp II: QC determined client withheld employment. QC verified start of employment prior to IR with employer verifying 30 wkly hours at \$9.00 hrly at hire date. QC verified \$1080 EI & \$1425 EI to total \$2505 combined EI exceeds \$1718 gross income standard for FY20. Corrected figures determined HH ineligible. RM used as final determination due to least quantitative error between both comparisons.
10160	Student Status	Ineligible person(s) included	Ineligible	\$204	QC contacted college Financial Aid verified client is enrolled FT for Fall 2020 semester 08/31/20-12/13/20 with no work study & not enrolled for Spring 2020 or Summer 2020. QC determined HH's circumstances should have been considered verified upon receipt due to primary source HH member reporting the information. HH met their obligation by submitting IR in timely manner; however, agency did not take action. Although the COVID waiver & extension was applied, the policy outlined to the agency states if IR is received the agency is required to work the IR to see if it can be completed, including if a HUMAD is needed. No evidence found HUMAD regarding reported information nor no evident found agency took any action until 11/20/20 to terminate case. Corrected agency figures to determine HH member ineligible college student.

SNAP Payment Error Rates

Regional and County Breakdowns

		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL AVG.
Region 1 Northwest Region	Cibola	0.00%	0.00%											0.00%
	McKinley	0.00%	0.00%											0.00%
	San Juan	6.96%	19.16%											11.36%
	Sierra	0.00%	0.00%											0.00%
	Socorro	0.00%	0.00%											0.00%
	N. Valencia	0.00%	71.77%											71.77%
	S. Valencia	0.00%	0.00%											0.00%
Region 1 Totals		3.06%	15.82%											8.03%
Region 2 Northeast Region	Colfax	0.00%	0.00%											0.00%
	Guadalupe	0.00%	0.00%											0.00%
	Quay	0.00%	26.22%											26.22%
	Rio Arriba	0.00%	0.00%											0.00%
	San Miguel	0.00%	0.00%											0.00%
	Sandoval	50.0%	0.00%											20.0%
	Santa Fe	0.00%	0.00%											0.00%
	Taos	0.00%	9.60%											5.79%
Region 2 Totals		6.22%	6.03%											6.13%
Region 3 Central Region	NE Bernalillo	16.14%	22.84%											18.68%
	NW Bernalillo	0.00%	0.00%											0.00%
	SE Bernalillo	0.00%	0.00%											0.00%
	SW Bernalillo	0.00%	19.21%											19.21%
	Torrance	0.00%	0.00%											0.00%
Region 3 Totals		6.15%	13.74%											10.21%
Region 4 Southeast Region	Chaves	0.00%	0.00%											0.00%
	Curry	0.00%	42.72%											25.96%
	Artesia	0.00%	0.00%											0.00%
	Carlsbad	0.00%	0.00%											0.00%
	Lea	0.00%	16.33%											14.58%
	Lincoln	0.00%	0.00%											0.00%
	Roosevelt	0.00%	0.00%											0.00%
Region 4 Totals		0.00%	10.54%											6.56%
Region 5 Southwest Region	E. Dona Ana	0.00%	20.71%											20.71%
	Grant	0.00%	20.33%											20.33%
	Luna	0.00%	0.00%											0.00%
	Otero	0.00%	0.00%											0.00%
	S. Dona Ana	0.00%	0.00%											0.00%
	W. Dona Ana	0.00%	18.36%											11.07%
Region 5 Totals		0.00%	11.63%											7.77%
State Totals		3.43%	11.84%											7.83%



SNAP Payment Error Rates Mitigation Strategies

Identified reasons for cases found in error during the month of November:

- Reported Information disregarded or not applied
- Client failed to report required information
- Agency failed to follow up on inconsistent or incomplete information

Description of activity developed to resolve deficiencies:

The High Efficiency and Accuracy Team (HEAT) consists of a County Director and Line Manager from each ISD Region and the Field Support Bureau, representatives from the ASPEN Help Desk, Policy & Program Development Bureau, Quality Assessment Bureau, and the Training Support Bureau. Monthly meetings are held with Regional representatives to evaluate and discuss the monthly Quality Control Payment and CAPER errors. Staff identify the reason for the error and steps to prevent recurring errors and submit inquiries for policy and procedure clarifications.

Presentations are developed targeting areas identified and are discussed at monthly staff meetings at the local field offices.

CAPER

State Cumulative Negative Error Rate

Invalid Closure Breakdown

Out of the 24 invalid denials/closures identified, 7 were identified as incorrect closures, and 17 were identified as incorrect denials.

Negative Error Amount

24 cases out of 138 were found to have been denied or closed incorrectly. These cases were found to have errors with denial/closure reasons, timeliness, and/or notices.

17.39%
CAPER
Error Rate

Incorrect Notices

29.17% of the incorrect negative actions reported were due to unclear or incorrect notices issued.

Incorrect Denials

70.83% of the incorrect negative actions reported were due to incorrect denial/closure reasons and/or untimely denials/closures.

Total Sample Pulled for Review	150
Cases Dropped (Not Reviewed by QC)	12
Total Cases Reviewed	138
Total Valid Cases	114
Total Invalid Cases	24

Top Error Trends in CAPER Reviews

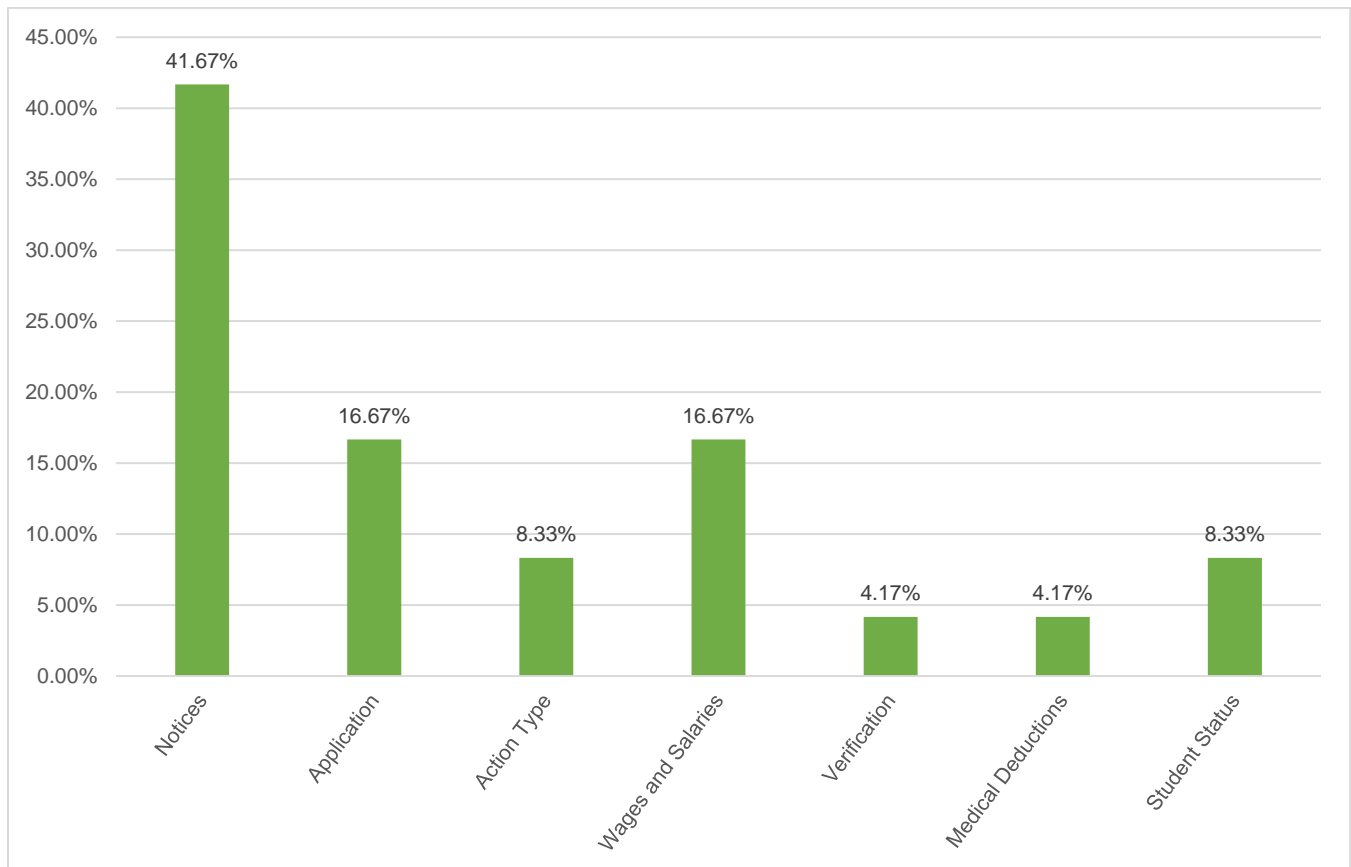
Cumulative Totals from CAPER Reviews: November 2020 - September 2021

Error Element Found	When the Errors Occurred		Total Errors	Percent of Cases with Error
	Denials	Terminations		
Notices				
Notice not complete	5	0	5	20.83%
Notice not clearly understandable	2	1	3	12.50%
Notice reason does not match reason for action	0	2	2	8.33%
Total	7	3	10	41.67%
Wages and Salaries				
Policy incorrectly applied	1	1	2	8.33%
Improper income calculation	0	1	1	4.17%
Failed to consider or incorrectly considered income of an ineligible member	1	0	1	4.17%
Total	2	2	4	16.67%
Verification				
Improper Denial/Termination. Failure to provide verification was received or is in case file	1	0	1	4.17%
Total	1	0	1	4.17%
Medical Deductions				
Failed to consider or incorrectly considered medical deductions	1	0	1	4.17%
Total	1	0	1	4.17%
Application				
Improper denial within 30-day period for missing interview(s)	0	1	1	4.17%
Late Denial agency failed to process the application timely	3	0	3	12.50%
Total	3	1	4	16.67%
Action Type				
Policy incorrectly applied	1	1	2	8.33%
Total	1	1	2	8.33%
Student Status				
Agency failed to follow up on inconsistent or incomplete information	1	0	1	4.17%
Failed to consider or incorrectly considered Eligible Student status	1	0	1	4.17%
Total	2	0	2	8.33%

CAPER Errors – Cumulative Totals

Percentage Rates and Types of Negative Actions

Error	Denials		Closures		Total Invalid	Percentage Total
Notices	7	29.17%	3	12.50%	10	41.67%
Application	3	12.50%	1	4.17%	4	16.67%
Action Type	1	4.17%	1	4.17%	2	8.33%
Wages and Salaries	2	8.33%	2	8.33%	4	16.67%
Verification	1	4.17%	0	0.00%	1	4.17%
Medical Deductions	1	4.17%	0	0.00%	1	4.17%
Student Status	2	8.33%	0	0.00%	2	8.33%



CAPER Error Findings as Reported to the Field Offices

November 2020 QC Reviews

Review Number	Invalid Reason	Detailed Error Description
80	Policy & Notice	Agency did not use income within the past 30 days of 11/16/20 application submission. Pay date of 10/16/20 is outside of the 30-day time frame. Agency had and should have used 11/13/20 check along with 10/30/20 check. Agency documented that they intended on getting additional checks to get a better average but did not use 11/13/20 check that was provided. Because agency included check 10/16/20 which was outside of the 30-day time frame, income calculation was incorrect, thus making the calculation table on the notice is incorrect.
89	Notice	Notice issued was not easily understandable and does not match reasons documented in case record of HH requesting closure due to moving out of state. Notice does not explain why or how the HH is not meeting program requirements for TFS, therefore making this an invalid closure.
103	Notice	QC finds no documentation regarding case denying on gross income but finds check stubs for client received 10/20/20: 9/11/20 \$518, 9/18/20 \$550.62, 9/25/20 \$542.50 and 10/2/20 \$560 to total \$2171. QC finds that documented reason for closure does not match notice reason for denial of gross income. Review of spouse's case finds application submitted 10/13/20 and lists client in HHBG but not evidence found client added to spouses' case until 03/21.
106	Policy & Notice	Review of CR QC determined agency entered UCB under incorrect HH member. No evidence found client in receipt of UCB. UCB listed under HH member counted UEI of \$392. Income was incorrectly determined, therefore making the notice incorrect as well
123	Policy & Notice	QC determined income was entered incorrectly as HH is paid weekly while income was entered as paid monthly. QC also found that agency used check 10/6/20 which was outside of 30 days from the date of application. Work number did not list pay date 10/27/20. Agency should have requested further information from employer as work number does indicate weekly pay. QC determined agency was incorrect to deny HH on ineligible college student as action was taken prior to verifying with employer earnings and hours to determine student eligibility.
125	Notice	QC determined notice did not inform HH of reason for \$0 benefits issuance for application month of 11/2020; therefore, notice is incorrect and incomplete.
128	Notice	QC reviewed of notice issued to HH found no documentation stating the reason for HH receiving \$0 benefits in application month of 11/2020; therefore, notice is incorrect and incomplete. QC finds that HH member was previously in HH but not currently listed on application for SNAP benefits.
135	Notice	QC determined due to incorrect notice case review invalid. QC found notice does not address eligibility or benefit determination and fails to clearly indicate why HH is receiving \$0 benefit amount for month of application November 2020; therefore, notice is incorrect and incomplete.
137	Policy	Review of ECF found no evidence verification requested was provided by HH. QC found HUMADS issued 9/30/20 & 10/14/20 requests HH provided verification of benefits from another state. It appears on 10/28/2020 when the case was reviewed for the outstanding activity report, it was discovered a request for verification of SE was never issued to the HH until 10/21/2020. HUMAD was issued requesting verification of SE & again requesting Out of State Other Cash Assistance with a due date of 11/3/20. After the 10/21/20 action of HUMAD issuance, an auto delay notice was issued on 10/25/20. Review of the delay notice found the notice does not state the application processing was extended, it states we may be able to use your last application to see if you qualify. Your last application is good for 60 days from the date ISD received it. Send the proof we asked for. We will see if you qualify. QC determined agency documented on 9/30/20, SE was required & requested however, review of correspondence showed the required verification of SE was not requested until the 26th day. No evidence found agency extended 30-day processing due to agency caused delay. QC determined verification necessary was not requested timely resulting in untimely processing of the application beyond the 30-day time limit.

CAPER Error Rates

Regional and County Breakdowns

		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL AVG.
Region 1 Northwest Region	Cibola	100.0%	0.00%											50.00%
	McKinley	50.00%	0.00%											33.33%
	San Juan	42.86%	25.0%											33.33%
	Sierra	0.00%	0.00%											0.00%
	Socorro	0.00%	0.00%											0.00%
	N. Valencia	0.00%	0.00%											0.00%
	S. Valencia	0.00%	0.00%											0.00%
Region 1 Totals		42.86%	15.38%											29.63%
Region 2 Northeast Region	Colfax	0.00%	0.00%											0.00%
	Guadalupe	0.00%	0.00%											0.00%
	Quay	0.00%	0.00%											0.00%
	Rio Arriba	0.00%	0.00%											0.00%
	San Miguel	50.00%	0.00%											16.67%
	Sandoval	0.00%	50.0%											50.0%
	Santa Fe	66.67%	0.00%											28.57%
Taos	0.00%	0.00%											0.00%	
Region 2 Totals		37.50%	9.09%											21.05%
Region 3 Central Region	NE Bernalillo	33.33%	0.00%											13.33%
	NW Bernalillo	0.00%	0.00%											0.00%
	SE Bernalillo	100.0%	0.00%											33.33%
	SW Bernalillo	22.22%	33.33%											27.78%
	Torrance	0.00%	0.00%											0.00%
Region 3 Totals		22.73%	12.00%											17.02%
Region 4 Southeast Region	Chaves	0.00%	0.00%											0.00%
	Curry	0.00%	0.00%											0.00%
	Artesia	0.00%	0.00%											0.00%
	Carlsbad	0.00%	0.00%											0.00%
	Lea	0.00%	0.00%											0.00%
	Lincoln	0.00%	0.00%											0.00%
	Roosevelt	0.00%	0.00%											0.00%
Region 4 Totals		0.00%	0.00%											0.00%
Region 5 Southwest Region	E. Dona Ana	0.00%	0.00%											0.00%
	Grant	0.00%	0.00%											0.00%
	Luna	0.00%	0.00%											0.00%
	Otero	0.00%	33.33%											33.33%
	S. Dona Ana	0.00%	0.00%											0.00%
	W. Dona Ana	100.0%	50.0%											60.0%
Region 5 Totals		8.33%	27.27%											17.39%
State Totals		21.43%	13.24%											17.39%

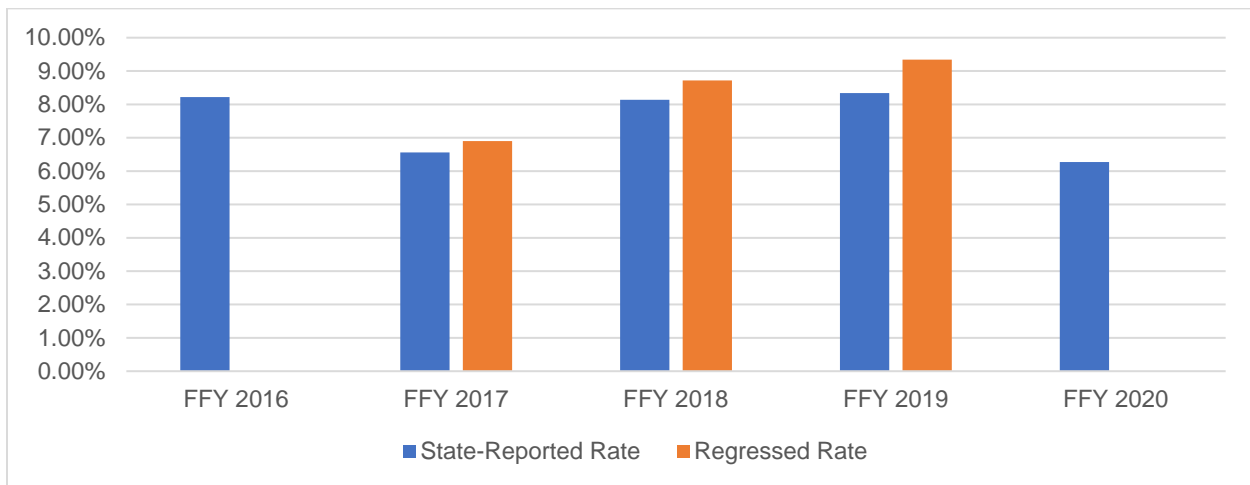


Regression Rates

Regression rates are calculated by FNS and depend on such variables as FNS reviews of QC-reviewed cases and the State's caseload size. The following charts give the State-reported error rates and the regression rates for Payment Accuracy and CAPER. **Please note that regression rates were not issued for FFY 2016 and FFY 2020. A CAPER regression rate for FFY 2019 was not issued and FFY 2020 has not been issued at the time of this report.**

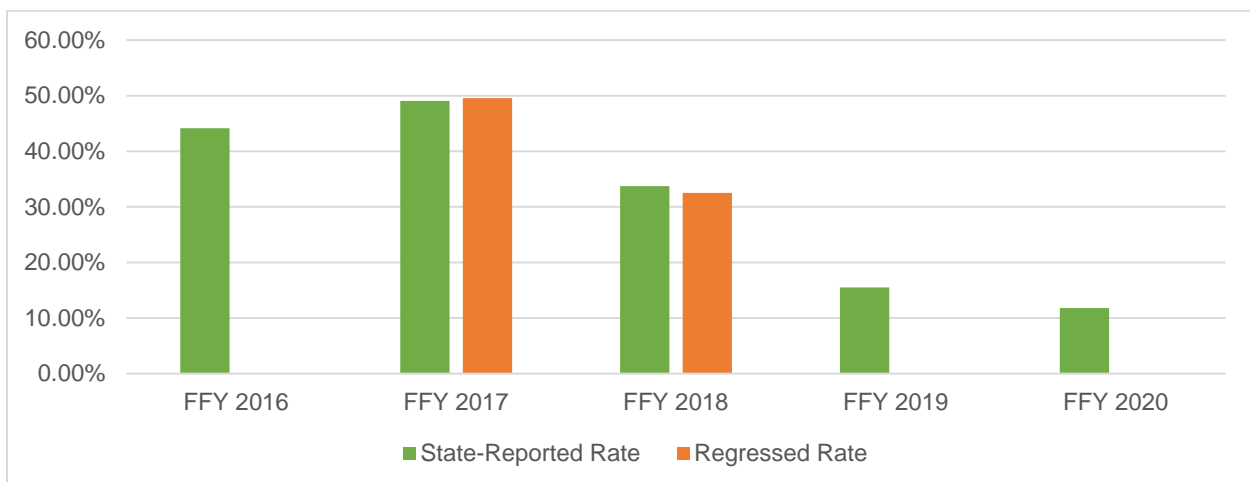
Payment Error Rate

Current Fiscal Year and Previous Fiscal Years



CAPER Error Rate

Current Fiscal Year and Previous Fiscal Years



SNAP Timeliness

Included in the SNAP Performance Report is the following QC Recertification Timeliness. SNAP Application Timeliness for FFY 2021 and previous fiscal years is tracked through the Monthly Statistical Reports (MSRs) found at: <http://www.hsd.state.nm.us/monthly-statistical-reports.aspx>

The MSR lists the following timeliness areas:

- Application Processing Timeliness
- Expedite Application Processing Timeliness
- Non-Expedite Application Processing Timeliness

QC Recertification Timeliness

		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Region 1 Northwest	Cibola												
	McKinley												
	San Juan												
	Sierra												
	Socorro	100%											
	N. Valencia												
	S. Valencia												
Region 1 Totals		100%	N/A										
Region 2 Northeast	Colfax												
	Guadalupe												
	Quay		100%										
	Rio Arriba												
	San Miguel												
	Sandoval												
	Santa Fe												
	Taos												
Region 2 Totals		N/A	100%										
Region 3 Central	NE Bernalillo	100%											
	NW Bernalillo	100%	100%										
	SE Bernalillo												
	SW Bernalillo		100%										
	Torrance												
Region 3 Totals		100%	100%										
Region 4 Southeast	Chaves		100%										
	Curry												
	Artesia												
	Carlsbad	100%											
	Lea												
	Lincoln												
	Roosevelt												
Region 4 Totals		100%	100%										
Region 5 Southwest	E. Dona Ana	100%											
	Grant												
	Luna												
	Otero												
	S. Dona Ana	100%											
	W. Dona Ana	100%	100%										
Region 5 Totals		100%	100%										
Statewide Totals		100%	100%										

