

# CRITICAL INCIDENT REPORTING

Personal Care Services Training  
2021



BlueCross BlueShield  
of New Mexico



**PRESBYTERIAN**

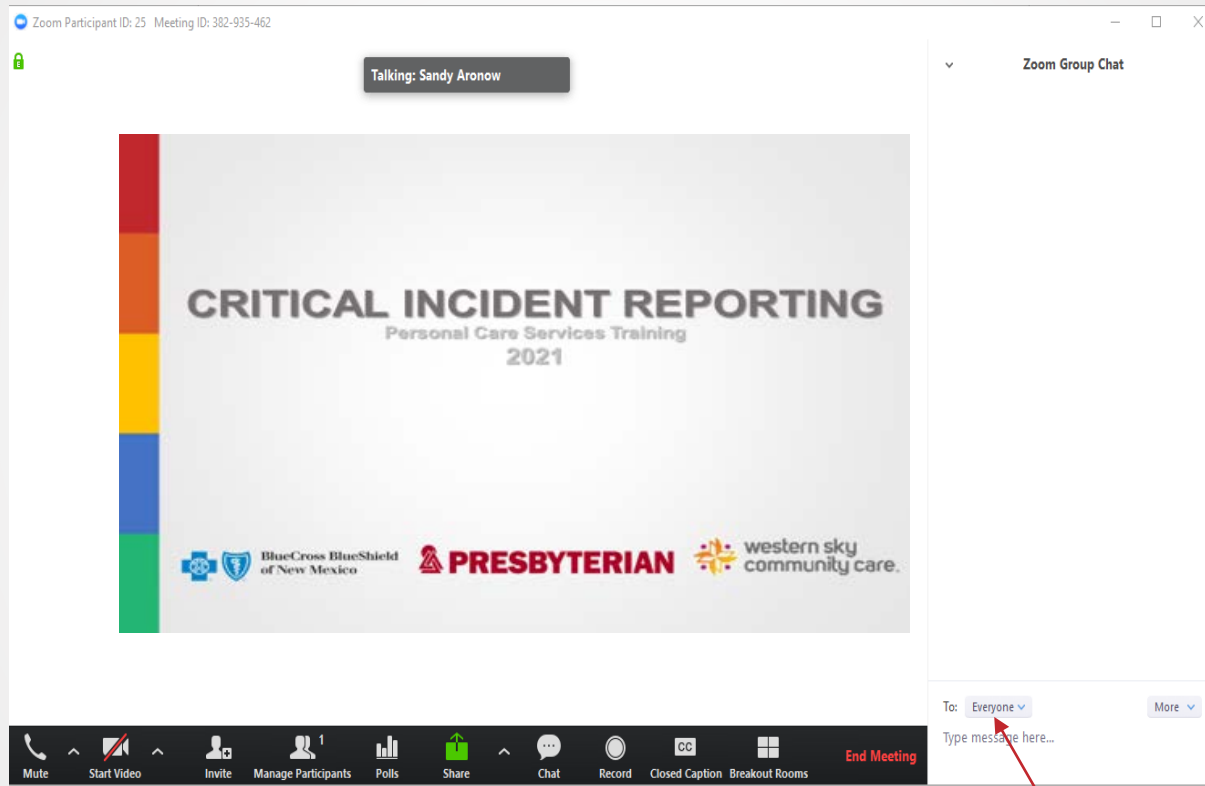


western sky  
community care.

# BEST EXPERIENCE

- Please ensure your phone or computer is muted.
- Please do not have audio connected via both phone and computer in the same room, as there will be an echo that impedes the audio quality for all participants.
- Please wait for set points within the presentation for discussion and use the chat feature to communicate with the presenters.

# ZOOM EXPERIENCE



Screen  
Presentation

Mute

Chat Function

Select presenter name  
from the drop down.  
Type message and  
press "Enter" on  
your keyboard.

# TECHNICAL ISSUES

- In the event of a technical difficulty, look to the chat feature in Zoom for further direction as we troubleshoot the issue. Please ensure your phone or computer audio is muted and await instructions via the chat. Note that this may take a few minutes, and we appreciate your patience!

# WELCOME COMMENTS

- Thank you for taking time out of your busy schedules to attend today's training.
- Pre-training material was made available via a link in your registration confirmation email.
- We are here to provide training and offer our assistance when you have questions about Critical Incident Reporting.
- This training is a collaboration of HSD/MAD Quality Bureau staff and the Centennial Care MCOs.



# BH REPORTING IN THE HSD PORTAL & NON-HSD PORTAL

## HSD Portal COEs and Types

001, 003, 004, 081, 083, 084,  
090, 091, 092, 093, 094,  
100w/NFLOC, 200w/NFLOC

- Abuse
- Neglect
- Exploitation
- Deaths (Expected & Unexpected)
- Emergency Services
- Law Enforcement
- Environmental Hazards
- Elopement/Missing

## Non-HSD Portal Types

- All other COEs
- Abuse
- Neglect
- Exploitation
- Sentinel Events (severe harm)
- Deaths

# BH REPORTING IN THE HSD PORTAL & NON-HSD PORTAL

- For questions regarding the BH Critical Incident Protocol for non-portal incidents filed outside of the portal.



BlueCross BlueShield  
of New Mexico

[Greg\\_Lujan@bcbsnm.com](mailto:Greg_Lujan@bcbsnm.com) or 505-816-4229



[abaldridg@phs.org](mailto:abaldridg@phs.org)



western sky  
community care.

[nmci@westernskycommunitycare.com](mailto:nmci@westernskycommunitycare.com)



# TRAINING RESPONSIBILITIES

- Centennial Care MCOs have the responsibility to train providers of Long-Term Care (LTC) and Home & Community Based Services (HCBS) on the purpose and procedures for reporting Critical Incidents.
- In turn, agencies have the responsibility to train all staff on the purpose and procedures for reporting Critical Incidents.



# BASIC INFORMATION

- Staff must receive initial and ongoing training to be competent to respond to, report and document incidents in a timely and accurate manner.
- Recipients, legal representatives, and guardians must be made aware of and have available incident reporting processes.
- Each agency is responsible to train all staff who work with Centennial Care members on the Critical Incident reporting requirements.
- All adults and children receiving Centennial Care services should be able to enjoy a quality of life that is free of abuse, neglect and exploitation.

# ACRONYMS

ANE:	Abuse, Neglect and Exploitation
APS:	Adult Protective Services
BHSD:	Behavioral Health Services Division
CI:	Critical Incident
CIR:	Critical Incident Report
COE:	Category of Eligibility
CPS:	Child Protective Services
DME:	Durable Medical Equipment
ED/ER:	Emergency Department/Emergency Room
HSD:	Human Services Division
MAD:	Medicaid Assistance Division
MCO:	Managed Care Organization
NFLOC:	Nursing Facility Level of Care
QB:	Quality Bureau at MAD

# HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

- Protecting the privacy of members' personal health information is a core responsibility that NM Human Services Department (HSD) takes very seriously. HSD is committed to complying with all federal and state laws regarding the privacy and security of members' protected health information (PHI) and electronic protected health information (ePHI) as outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rules and Security Rule.
- All end users of the Critical Incident Reporting database are required to comply with the federal and state information security and privacy regulations as directed through the HSD contract with the Managed Care Organizations (MCOs). The MCOs and their subcontractors, consultants, representatives, providers and agents must comply with all applicable statutes, rules and regulations regarding information security. HSD expects that agencies contracted as Centennial Care providers will comply with the federal and state information security regulations as outlined in their contracts with the MCOs. New Mexico State employees accessing the CIR database will comply with federal and state information security regulations in accordance with the New Mexico State employee required HIPAA training.

# STATUTES AND REGULATIONS



- ▶ **Adult Protective Services (APS) - NMSA 1978, Section 27-7-30**  
<http://law.justia.com/codes/new-mexico/2019/chapter-27/article-7/section-27-7-30/>



- ▶ **Children, Youth and Families Department (CYFD) – also known as Children Protective Services (CPS)**  
<https://law.justia.com/codes/new-mexico/2019/chapter-32a/article-4/section-32a-4-3/>



- ▶ **HSD – Critical Incident Reporting**  
<https://www.hsd.state.nm.us/providers/>



- ▶ **Department of Health - NMAC 7.1.13 and 7.1.14**  
<http://164.64.110.134/parts/title07/07.001.0013.html>  
<http://164.64.110.134/parts/title07/07.001.0014.html>

# APS REGULATIONS

## **2019 New Mexico Statutes Chapter 27 - Public Assistance Article 7 - Adult Protective Services Section 27-7-30 - Duty to report; penalty.**

**Universal Citation:** NM Stat § 27-7-30 (2019)

A. Any person, including financial institutions, having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to the department.

B. The report required in Subsection A of this section may be made orally or in writing. The report shall include the name, age and address of the adult, the name and address of any other person responsible for the adult's care, the nature and extent of the adult's condition, the basis of the reporter's knowledge and other relevant information.

C. Any person failing or refusing to report, or obstructing or impeding any investigation, as required by Subsection A of this section is guilty of a misdemeanor.

D. The department may assess a civil penalty not to exceed ten thousand dollars (\$10,000) per violation against a person that violates the provisions of Subsection A of this section or obstructs or impedes any investigation as required pursuant to Subsection A of this section. The department may assess and collect the penalty, after notice and an opportunity for hearing before a hearing officer designated by the department to hear the matter, upon a determination that a person violated the provisions of Subsection A of this section or obstructed or impeded any investigation as required pursuant to this section. The hearing officer has the power to administer oaths on request of any party and issue subpoenas and subpoenas duces tecum. Additionally, if the violation is against a person covered by the Personnel Act [10-9-1 NMSA 1978], the department shall refer the matter to the agency employing the person for disciplinary action. Any party may appeal a final decision by the department to the court pursuant to the provisions of Section 39-3-1.1 NMSA 1978.

A. Any person, including financial institutions, having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to the department.

**Adult Protective Service (APS): Telephone: (866) 654-3219 Fax: (855) 414-4885**



# CYFD/CPS REGULATIONS

**cyfd** New Mexico Children, Youth & Families Department

Home | Site Map | Contact Us

Twitter

About CYFD COVID-19 Updates For Providers

The New Mexico Children, Youth and Families Department provides an array of prevention, intervention, rehabilitative and after-care services to New Mexico children and their families.

**Report Abuse or Neglect: 1-855-333-SAFE**  
Cell phones: #SAFE (#7233)

Let's make New Mexico the best place to be a kid.

**PUERTOGETOGETHER.ORG**

**Quick Links**

- [New Mexico Health Department](#) for the latest news, guidance, and wide range of resources related to COVID-19 in the state.
- [NewMexicoKids.org](#) for the most up-to-date information available regarding childcare availability.
- [NewMexico.gov](#) for food assistance and to view list of meal sites, contact information, and available hours for grab & go meal packs.
- [CDC website](#) for need-to-know information and guidelines to reinforce this message.

**Early Childhood Services**

- Child Development
- Home Visiting
- Child Care Services
- PreK
- Family Nutrition
- Family Services

**Protective Services**

- PS Overview
- Adoptions
- Foster Care
- Child Abuse & Neglect
- Children's Trust Fund

**Juvenile Justice Services**

- Facilities
- Probation & Aftercare
- Reintegration Centers
- Transition Services
- Special Programs

**cyfd** New Mexico Children, Youth & Families Department

Home | Site Map | Contact Us

Twitter

About CYFD News & Events For Providers

**Child Abuse & Neglect**  
Report suspected child abuse or neglect by calling #SAFE (#7233) from a cell phone or 1-855-333-SAFE.

Protective Services strives to enhance the safety, permanency and well-being of children and families in New Mexico. We believe that a concern for children extends to all children in New Mexico, not just our own.

Protective Services receives reports of alleged child maltreatment 24 hours a day, seven days a week, through Statewide Central Intake at 1-855-333-SAFE (7233) or #SAFE from cell phones. We investigate reports of child maltreatment and intervene to keep New Mexico's children safe. We provide foster care to approximately 2,500 children each day and work with families to enable parents to safely and appropriately care for their children. When that cannot be accomplished, Protective Services workers find safe, permanent families for children through adoption or permanent guardianship.

**Child Abuse & Neglect Links**

- Reporting Abuse or Neglect
- Definitions of Abuse & Neglect

**Early Childhood Services**

- Child Development
- Home Visiting
- Child Care Services
- PreK
- Family Nutrition

**Protective Services**

- PS Overview
- Adoptions
- Foster Care

## Reporting Abuse or Neglect

### Mandated Reporting

Every person who knows or has reasonable suspicion that a child is being abused or neglected in New Mexico must report the matter immediately to CYFD's Statewide Central Intake child abuse hotline **(1-855-333-SAFE [7233] or #SAFE from a cell phone)**, or to law enforcement or the appropriate tribal identity. Specific professionals mentioned under the law as mandated reporters are: licensed physicians, residents or interns, law enforcement officers, judges presiding during a proceeding, nurses, schoolteachers, school officials, social workers, and members of the clergy who have information not privileged as a matter of law.

# HSD REQUIREMENTS

## NEW MEXICO DEPARTMENT OF HEALTH CORONAVIRUS UPDATES



Home About Us Centennial Care Overview Communications and Public Information Contact Us COVID-19 Response  
GME Expansion NM Health Coverage Connector Scorecard theWire-Employees Only  
**Data Book Looking for Assistance Looking for Information News Providers**



## PROVIDERS

*The Human Services Department mission is: To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.*



### Providers Overview

Abbreviations / Acronyms /  
Glossary of Terms

### Critical Incident Reporting

Promoting Interoperability  
(formerly Electronic Health  
Records)

Fee for Service

Managed Care

Manuals and Guides

New Mexico Administrative  
Code Program Rules and  
Billing

Native Americans

PE/MOSAA Determiners

### For Brain Injury Program

#### Critical Incident Report for Brain Injury Services Fund Program



### Critical Incident Reporting

You can find the HSD Critical Incident Reporting System [here](#).

The Human Services Dept/Medical Assistance Division/Quality Bureau (HSD/MAD/QB) Incident Management System describes the statewide reporting requirements for all incidents involving recipients served under Centennial Care-funded Home and Community Based Service programs.

Community agencies providing Home and Community Based Services are required to report critical incidents to the State.

Community agencies providing Home and Community Based Services are required to report critical incidents to the State.

# DOH REGULATIONS

<b>TITLE 7</b>	<b>HEALTH</b>
<b>CHAPTER 1</b>	<b>HEALTH GENERAL PROVISIONS</b>
<b>PART 14</b>	<b>ABUSE, NEGLECT, EXPLOITATION, AND DEATH REPORTING, TRAINING AND RELATED REQUIREMENTS FOR COMMUNITY PROVIDERS</b>
<b>7.1.14.1</b>	<b>ISSUING AGENCY:</b> Division of Health Improvement, Department of Health. [7.1.14.1 NMAC - N, 07/01/14]
<b>7.1.14.2</b>	<b>SCOPE:</b> This rule is applicable to persons, organizations or legal entities receiving developmental disability waiver funds and developmental disability medically fragile waiver funds acting as community-based service providers as defined in this rule. [7.1.14.2 NMAC - N, 07/01/14]
<b>7.1.14.3</b>	<b>STATUTORY AUTHORITY:</b> Department of Health Act, Subsection E of Section 9-7-6, Subsection D of Section 24-1-2, Subsections I, L, O, T and U of Sections 24-1-3 and 24-1-5 NMSA 1978 of the Public Health Act as amended. [7.1.14.3 NMAC - N, 07/01/14]
<b>7.1.14.4</b>	<b>DURATION:</b> Permanent. [7.1.14.4 NMAC - N, 07/01/14]
<b>7.1.14.5</b>	<b>EFFECTIVE DATE:</b> July 1, 2014, unless a later date is cited at the end of a section. [7.1.14.5 NMAC - N, 07/01/14]
<b>7.1.14.6</b>	<b>OBJECTIVE:</b> This rule establishes standards for community-based service providers to institute and maintain an incident management system and employee and volunteer training programs for the reporting of abuse, neglect, exploitation, suspicious injuries, environmentally hazardous conditions and death. [7.1.14.6 NMAC - N, 07/01/14]
<b>7.1.14.7</b>	<b>DEFINITIONS:</b>
<b>A.</b>	<b>“Abuse”</b> including verbal abuse, means:
(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.
<b>B.</b>	<b>“Abuse, neglect, exploitation, or report of death form”</b> means the reporting format issued by the division for

**7.1.14.8 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY-BASED SERVICE PROVIDERS:** the community-based service provider shall also report the incident of abuse, neglect, exploitation, suspicious injury, or death utilizing the division’s abuse, neglect, and exploitation or report of death form consistent with the requirements of the division’s abuse, neglect, and exploitation reporting guide. The community-based service provider shall ensure all abuse, neglect, exploitation or death reports describing the alleged incident are completed on the division’s abuse, neglect, and exploitation or report of death form and received by the division within 24 hours of the verbal report.





# CRITICAL INCIDENT

- A Critical Incident is an occurrence that represents actual or potential serious harm to the well-being of a member or others.
- Any individual who, in good faith, reports an incident or makes an allegation of abuse, neglect or exploitation will be free from any form of retaliation.
- Quality starts with those who work most closely with persons receiving services.



# WHY A CRITICAL INCIDENT MATTERS

- It's a communication tool.
- It helps to ensure that everyone assisting the member has the most current information.
- It helps to address potential gaps in the member's care.
- It expedites actions to help meet the member's needs.

# REPORTING REQUIREMENTS

The State of New Mexico Human Services Department (HSD) requires that all Centennial Care contracted Providers, Practitioners, Caregivers and Subcontractors report, respond and cooperate by submitting Critical Incidents for the following populations:

- Centennial Care members receiving **Behavioral Health Services**
- Centennial Care members receiving **Long-Term Care Services**
- Centennial Care members receiving certain **Medicaid-funded Home and Community Based Service programs**



# REPORTABLE INCIDENTS

- Abuse
- Neglect
- Exploitation
- Deaths (Expected and Unexpected)
- Emergency Services
- Law Enforcement
- Environmental Hazards
- Elopement/Missing

# CATEGORIES OF ELIGIBILITY

SSI
001 (SSI Aged)
003 (SSI Blind)
004 (SSI Disabled)
Institutional
081 (Institutional Aged)
083 (Institutional Blind)
084 (Institutional Disabled)
Home and Community-Based Services
090 (HIV/AIDS)
091 (Home and Community Based Waiver-Aged)
092 (HCBS-Brain Injury)
093 (HCBS-Aged and Disabled)
094 (HCBS-Disabled)
100 w/NFLOC
200 w/NFLOC



NFLOC = Nursing  
Facility Level of  
Care

# CATEGORIES OF ELIGIBILITY-HSD CRITICAL INCIDENT PORTAL/NM MEDICAID PORTAL

**SECTION 2 - AGENCY/ELIGIBILITY INFORMATION**

**MCO:**  
Blue Cross/Blue Shield

**Behavioral Health**

**Category of Eligibility:**  
(select) ▼

- (select)
- 001- SSI Aged & Mcaid Ext-Aged
- 003 - SSI Blind & Mcaid Exten - Blind
- 004 - SSI Disbl & Mcaid Exten-Disabl
- 081 - Institutional Care - Aged
- 083 - Institutional Care - Blind
- 084 - Institutional Care - Disabled
- 090 - HIV/AIDS
- 091 - HCBW -Handicapped & Elderly
- 092 - HCBW - Brain Injury
- 093 - HCBW -Hndcapped & Eldy (Blind)
- 094 - HCBW - Med Hndcapped - Disabled
- 100 w/NFLOC
- 200 w/NFLOC

Please select an Incide

## Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
092	Full Medicaid benefits	05/01/2019	12/31/9999	05/16/2019	



# RULE OF TWO

- Do I have a reportable HSD Portal COE?
- Do I have a reportable incident?

## **Reminder:**

Refer to NM Medicaid Portal to validate the member's current COE.





# ABUSE/SELF-ABUSE

- Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.
- Self-Abuse is the abuse of oneself or abilities.

## Advanced Tip:

- For referrals to Adult Protective Services (APS), it is critical to note that APS was notified within the report narrative to reduce duplicative work downstream.



# NEGLECT/SELF-NEGLECT

- Neglect is the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
- Self-Neglect is living in a way that puts the member's health, safety or well-being at risk.



# INCIDENT TYPE/SUBCATEGORY OF NEGLECT

- By Family members Who Have Agreed to Provide Support at Specified Times
- Insufficient Staffing
- Issue with Hiring/Firing of Caregivers
- Self-Neglect (refuses food, poor hygiene, refuses or abuses RXs, substance abuse, dangerous behavior)
- Self Neglect (refusing services)
- Staff Not Performing Assigned Tasks
- Type Not Specified



# NEGLECT/INSUFFICIENT STAFFING AND COVID-19

- Document the Primary Incident Type/Subcategory as: Neglect/Insufficient Staffing.
- Document COVID-19 in the Narrative.
- Document COVID-19 in the Diary Entries to support the Incident Narrative (Before, During, and After).
- Document in detail the MCOs actions related to the absence of caregiver services. For example: member is approved XX hours of PCS per week; member is available to receive in home services. member will not have a caregiver at this time. MCO verifies caregiver will stop working due to being at risk for COVID-19; No staff available due to COVID-19. CIR has been forwarded to Care Coordinator for follow up.
- APS is contacted only when the member does not have natural support.
- APS is not contacted when the member states they have natural support provided for a specific amount of time for a specific reason.
  - Specific reason could be:
    - The MCO will review and update the Emergency Back-up Plan, one (1) CIR can be reported for one (1) week span.
    - The report will remain “open” for that week; the Diary Entries shall be updated and documented during the week the CI was initiated.
    - The CIR should be “closed.” At the end of the week if all entries have been updated.
    - If the Emergency Back-Up Plan is still not updated during the week the CI was initiated. The MCO is required to complete another CI report. If the MCO does not update the Emergency Plan during the week of the CI report, then the MCO will need to complete another CI report.



# NEGLECT/SELF-NEGLECT REFUSING SERVICES AND COVID-19

- Document the Primary Incident Type/Subcategory as: Neglect/Self Neglect (refusing services).
- Document COVID-19 in the Narrative.
- Document COVID-19 in the Diary Entries to support the Incident Narrative (Before, During, and After).
- Document the MCOs actions related to the refusal for in-home caregiver. For example: CIR forwarded to care coordinator for follow up, or the member is temporarily stating they do not need services for (state reasons).
- APS is contacted only when the member does not have natural support.
- APS is not contacted when the member states they have support provided for a specific amount of time for a specific reason.
- The MCO will review and update Emergency Plan, one (1) CIR can be reported for one (1) weeks span.
- The report will remain “open” for that week; the Diary Entries shall be documented during that week.
- At the end of that week, the CIR should be “closed.”
- If the Emergency Plan is still not complete, another CIR must be reported, and the same direction applies until the Emergency Plan is complete.





# EXPLOITATION

- Exploitation is the deliberate misplacement, use or misuse of a member's property or money without the member's consent.
- Reports of alleged fraud may also be considered exploitation.



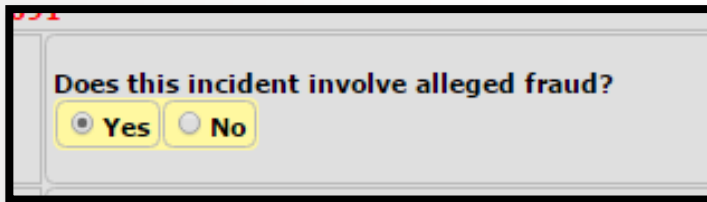
# FRAUD

- Fraud is the misuse of Centennial Care funds.
- All cases of fraud are “alleged” until investigated and proven otherwise.
- Any person who reports alleged fraud in good faith, will be free from any form of retaliation.



# HOW TO REPORT FRAUD

- Follow the Critical Incident reporting process for all cases of Abuse, Neglect and Exploitation.
- When prompted “Does this incident involve alleged fraud?” reply YES.

A screenshot of a digital form with a light gray background and a black border. The text "Does this incident involve alleged fraud?" is displayed in a black font. Below the text are two radio button options: "Yes" and "No". The "Yes" option is selected, indicated by a black dot inside the radio button. The "No" option is unselected, indicated by a white dot inside the radio button. The form is set against a background with vertical orange, yellow, blue, green, and red stripes on the left side.

- Comply with any requests for information from the member’s MCO regarding the alleged fraud.
- The MCO will review, investigate and report the results of investigations to the state.



# REPORTING DEATHS

The HSD Portal website offers the following choices when filing a Critical Incident to report a death:

- Natural or Expected
- Unexpected
- Homicide
- Suicide



# DEATHS REPORTED TO APS OR CPS

- Deaths suspected of being related to Abuse or Neglect must be reported to APS or CPS.
- Deaths that are the result of natural causes and/or are expected do not need to be reported to APS or CPS.



# EMERGENCY SERVICES

- Emergency Services are the provision of medical care to a member that was not planned or anticipated.
- Emergency Services are services that would not routinely be provided by a primary care physician.
- Emergency Services are provided in times of crisis.

## Advanced Tip:

- It is critical to include how the member is transported to the ER in the CIR narrative. Examples include but are not limited to ambulance; family, caregiver, and/or other driving member to ER; private vehicle; and law enforcement. 36



# LAW ENFORCEMENT

- An incident in which Law Enforcement involvement prevents the member from receiving services or directly affects the member's health and safety.

# LAW ENFORCEMENT & CAREGIVERS

Law Enforcement involvement for a caregiver is reportable when:

- The caregiver has harmed or robbed the member.
- The caregiver being detained or incarcerated results in services not being delivered to the member.



# ENVIRONMENTAL HAZARD

- Environmental Hazard is an unsafe condition that creates an immediate threat to the life or health of a member and/or caregiver.



# MISSING

- Elopement is when the member leaves without permission or alerting others or runs away from a facility.
- Wandering is when the member leaves without intent to stay gone or may be lost or unaware of their surroundings.
- Missing is when the member's absence is unaccounted for or cannot be explained for more than 24 hours.





# HIERARCHY OF PRIMARY INCIDENT TYPES

1. Death
2. Abuse
3. Neglect
4. Exploitation
5. Environmental Hazard
6. Missing
7. Emergency Services
8. Law Enforcement



# SECONDARY INCIDENT TYPES

- Transportation to the ER related to:
  - Hospital Admit (primary)
  - Death (primary)
- Environmental Hazard related to:
  - Neglect/Insufficient Staffing (primary)
    - Member has a pest infestation in the home. Agency is unable to staff member due to pest infestation. Primary: Neglect/Insufficient staffing related to Secondary: Environmental Hazard/ Pest infestation. \*Note: Agency is responsible for filing daily CIRs for Insufficient staffing, related to the pest infestation, for as long as they are unable to staff member.
- ER visit related to:
  - Abuse or Neglect (primary)
    - The member has several BH diagnoses. The member has medications to ensure his mental health is stable. The member stopped taking his medications and became dysregulated. The member was transported to the ED via ambulance . The member was evaluated in the ED, and it was deemed necessary to admit the member.
  - Death (primary)



# SECONDARY INCIDENT TYPE EXAMPLE #1

- Individual refusing services due to a pest infestation, he does not want anyone in his house until resolved.
  - Incident types to select:
    - Primary: Neglect/ Refusing Services
    - Secondary: Environmental Hazard Pest Infestation
- What is the frequency in which you are going to file?
  - A CIR is filed each day the member does not receive services.
- The member receives services 4 days a week.
  - How many CIRs do we need?
    - 4 CIRs
- If you cannot contact the member..., what do you do next?
  - Request a Law Enforcement welfare check; file a CIR for that welfare check.



# SECONDARY INCIDENT TYPE

## EXAMPLE #2

- Member has several BH diagnoses.
- Member stopped taking BH Meds.
- Member became highly dysregulated.
- Member was taken to the ED and admitted as an inpatient.
  - Primary IT- Neglect (refuses food, poor hygiene, refuses or abuses RX's, substance abuse, dangerous behavior)
  - Secondary IT- ED/Admit



# MULTIPLE CHOICE AUDIENCE PARTICIPATION POLL

## EXAMPLE #1

- Member was experiencing chest pain.
- Member was taken to the ED via EMS and died in the ED on the same day.
  - How many CIRs are required for this scenario?
    - A) 1 CIR
    - B) 2 CIRs
    - C) Death is reportable?



# MULTIPLE CHOICE AUDIENCE PARTICIPATION POLL

## EXAMPLE #2

- Member is scheduled to receive 30 caregiving hours per week.
- Member is refusing services due to COVID-19, member is afraid of contracting the virus from a caregiver.
- Agency will continue to follow-up with member.
  - How often does the agency need to submit a CIR?
    - A) Daily
    - B) Weekly
    - C) Monthly





# NM MEDICAID PORTAL

## New Mexico Medicaid Portal

Recipient/Recipiente

Providers



### Recipients

**I AM ALREADY ENROLLED IN THE NEW MEXICO MEDICAID PROGRAM**

Log in to:

- Check your eligibility.
- Enroll in or change your managed care plan.
- Request a Replacement Medicaid Identification Card for Fee-for-Service (Not with an MCO).
- Ask a question about your coverage.

**I AM NOT ENROLLED BUT WOULD LIKE MORE INFORMATION ABOUT THE NEW MEXICO MEDICAID PROGRAM**

- [Click here for information about the program](#)
- [Click here to see if you might be eligible](#)

**NO ESTOY REGISTRADO/A, PERO QUISIERA**

### Providers

**SECURE INFORMATION**

Log in to:

- Submit claims online.
- Inquire on recipient eligibility, claims, payments, and prior authorizations.
- View or print remittance advices and other reports.
- MORE



# LOG IN

1. Go to web site:  
**<https://nmmedicaid.portal.conduent.com/static/index.htm>**
2. Under Providers, click on link Log in to:
3. At the User Login section, enter the following:  
User ID: <enter your ID>  
Password: <enter your password>  
Provider Id/NPI: <enter the ID provided by State of NM>
4. Select Log In button.

**Provider Login**

New Mexico Medicaid Communication Update:

September 30, 2015

**Provider ICD-10 Support Contact Information (New):**

Beginning October 1st 2015, Xerox Provider Relations will have a new telephone option to accommodate Provider related ICD-10 inquiries.  
Business hours are 8 a.m. - 5 p.m., Monday - Friday and Thursday 8 a.m. - 4 p.m.

**General ICD-10 Questions and Issues:** Xerox PR Call Center 1-800-299-7304  
Option 7 or Locally at 505-246-0710

**User Login**

\*User ID: leodicaprio1

\*Password: ••••••••

Provider Id/NPI: 11224455 x

**Log In**

[I forgot my password](#)

[I'm a new user \(Web Registration\)](#)

**Providers**

**SECURE INFORMATION**

[Log in to:](#)

- Submit claims online.
- Inquire on recipient eligibility, claims, payments, and prior authorizations.
- View or print remittance advices and other reports.
- MORE

# MEMBER ELIGIBILITY

1. Log in as instructed on previous slide.
2. To start the member search, select the plus icon next to INQUIRIES.
3. Select Eligibility.

The screenshot displays the New Mexico Medicaid Portal interface. The header is dark blue with the text "New Mexico Medicaid Portal" in white. On the right side of the header, it says "Logout", "User logged in as [saronow18]", and "30039720-WESTERN SKY COMMUNITY CARE". Below the header is a navigation bar with "Home" and "Contact Us" links, a search box, and a red "GO" button. The left sidebar contains several menu categories: "INFORMATION" (Provider Information, FAQ), "PROVIDER - Secure Options" (ADMINISTRATION, Home, Change Password), "INQUIRIES" (Eligibility), "WEB REGISTRATION", "ASK SERVICE", and "REPRESENTATIVE". A red arrow points to the plus icon next to the "INQUIRIES" category, and a blue arrow points to the "Eligibility" link. The main content area, titled "User Home", displays a welcome message for "saronow18 (Sandy Aronow)", the current date and time, and a note about session inactivity.

New Mexico Medicaid Portal

Logout  
User logged in as [saronow18]  
30039720-WESTERN SKY COMMUNITY CARE

Home Contact Us Search GO

**INFORMATION**  
Provider Information  
FAQ

**PROVIDER - Secure Options**  
ADMINISTRATION  
Home  
Change Password

**INQUIRIES**  
Eligibility

**WEB REGISTRATION**

**ASK SERVICE**

**REPRESENTATIVE**

**User Home**

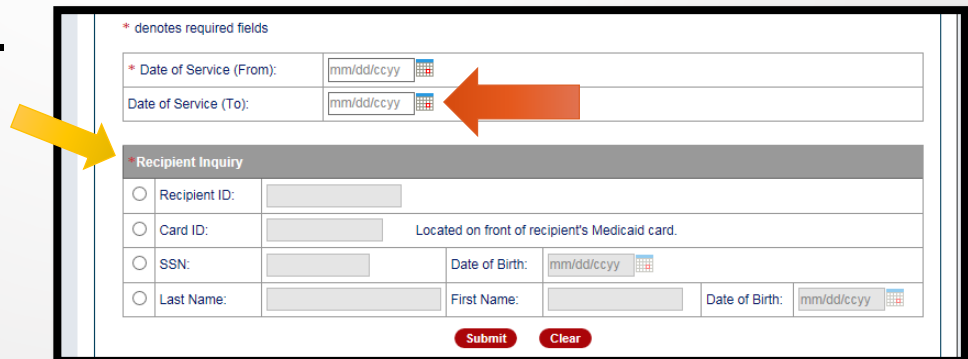
Welcome, saronow18 (Sandy Aronow)!

Today is Monday, June 03, 2019. You last signed in on Monday, June 03, 2019 at 08:49 AM.

Please note that after 15 minutes of inactivity you will be automatically logged out. You will be notified in advance so you can extend the session time.

# MEMBER ELIGIBILITY

1. Enter the Date of Service (use the Date of Incident).
2. There are four options to locate a member under Recipient Inquiry:
  - Recipient ID
  - Card ID
  - SSN & DOB
  - Last Name, First Name & DOB
3. Select a radio button and enter the criteria in the grey box.
4. Select Submit button.



The screenshot shows a web form titled "MEMBER ELIGIBILITY". At the top, it says "\* denotes required fields". Below this, there are two date pickers: "Date of Service (From):" and "Date of Service (To):", both with "mm/dd/ccyy" placeholders. A large orange arrow points to the "Date of Service (To)" field. Below these is a section titled "\* Recipient Inquiry" with a grey background. It contains four radio button options: "Recipient ID:", "Card ID:", "SSN:", and "Last Name:". The "Card ID:" option has a note "Located on front of recipient's Medicaid card." to its right. Below the "SSN:" option, there are two date pickers: "Date of Birth:" and "Date of Birth:". Below the "Last Name:" option, there are two text input fields: "First Name:" and "Date of Birth:". At the bottom of the form, there are two buttons: "Submit" and "Clear". A yellow arrow points to the "Recipient Inquiry" section header.

# VERIFY MEMBER

Provider Information  
FAQ

**PROVIDER - Secure Options**  
ADMINISTRATION  
INQUIRIES  
Eligibility

**WEB REGISTRATION**

**ASK SERVICE REPRESENTATIVE**

**PROVIDER ENROLLMENT**  
Enroll Online  
Check Enrollment Status  
Download Enrollment  
Application  
Upload License Attachment

Eligibility response

04/22/2021 08:45 AM MDT

Inquiry Criteria

Date of Service :03/01/2021 To: 03/24/2021

Provider ID:42101522

SSN:

Date of Birth:

For the requested date(s) of service, your inquiry returned the following eligibility information.  
  
Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility beyond the date and time of this inquiry.

Recipient Information

Recipient ID:

Recipient Name:

Date of Birth:

Sex:Female

Medicaid Card ID:

Recertification Date:07/31/2018

Date of Death:

Race:Caucasian

Residential Address:

E 123 LISA DR  
CHAPARRAL, NM 88081

Mailing Address:

E 123 LISA DR  
CHAPARRAL, NM 88081 -8019

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
004	Full Medicaid benefits	03/01/2021	04/30/2021	04/11/2021	

Lock-In Information

Lock In Type	Provider Name	Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	BLUE CROSS BLUE SHIELD OF NM	01/01/2018	04/30/2021

Health Home Information

Health Home Type	Health Home Provider NPI	Begin Date	End Date
No Health Home information on file for requested date of service			

Medicare Information

Medicare ID: 5XC8RJ9WW37

Type	Begin Date	End Date	Organization	Contract ID	Plan ID
Medicare Part A	12/01/2017	12/31/9999			
Medicare Part B	12/01/2017	12/31/9999			
Medicare Part D	01/01/2018	04/30/2021		S7694	026

Long Term Care Information

What's This?

Level of Care

Begin Date	End Date	LOC	Setting of Care	Add Date
03/03/2021	03/03/2022	NURSING FACILITY LEVEL	AGENCY DIRECTED NO WAIVER	12/14/2020
03/03/2020	03/02/2021	NURSING FACILITY LEVEL	AGENCY DIRECTED NO WAIVER	01/08/2020

Patient Liability

# VERIFY DEMOGRAPHICS

New Mexico Medicaid Portal

Logout  
User logged in as [u357546]  
42101522-BLUE CROSS BLUE SHIELD OF NM

HomeContact UsSearchGO

INFORMATION  
Provider Information  
FAQ

PROVIDER - Secure Options  
ADMINISTRATION  
INQUIRIES  
Eligibility

WEB REGISTRATION

ASK SERVICE  
REPRESENTATIVE

PROVIDER ENROLLMENT  
Enroll Online  
Check Enrollment Status  
Download Enrollment  
Application  
Upload License Attachment

Eligibility Response

04/22/2021 09:39 AM MDT

Inquiry Criteria			
Date of Service :	03/01/2021 To: 03/24/2021	Provider ID:	42101522
SSN:		Date of Birth:	

For the requested date(s) of service, your inquiry returned the following eligibility information.

Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility beyond the date and time of this inquiry.

Recipient Information			
Recipient ID:		Recipient Name:	
Date of Birth:		Sex:	Female
Medicaid Card ID:		Recertification Date:	07/31/2018
Date of Death:		Race:	Caucasian
Residential Address:	E 123 LISA DR CHAPARRAL, NM 88081		
Mailing Address:	E 123 LISA DR CHAPARRAL, NM 88081 -8019		

# VERIFY COE

To verify COE, scroll down the screen to section “Category of Eligibility Information”:

- Refer to the codes listed under COE Code.
- Look at the “Begin Date” and “End Date” to confirm the date of incident falls within that same date period (the COE listed must be current for the date of incident).

Category of Eligibility Information					
COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
004	Full Medicaid benefits	03/01/2019	12/31/9999	04/11/2019	

# VERIFY COE

When two COEs are listed and both COEs are accepted on the HSD CIR Portal – refer to the Date of Incident and use (input) the COE listed with most recent date in the COE Add Date field.

- What if the COE Add Date is the same but the COE is different? Use (input) the Eligibility Code (COE) listed first.
- What if two COEs are listed, and one is accepted on the HSD CIR portal and one is not? Use (input) the COE that is acceptable on the HSD CIR Portal.
- What if the member is eligible for two or more COEs on the Date of Incident and neither COE is accepted on the HSD CIR Portal? Contact the member's MCO.


COE



Eligibility Information					
Eligibility Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
041	Medicaid benefits limited to paying for Medicare coinsurance and deductible only	01/01/2016	12/31/9999	12/14/2015	
091	Full Medicaid benefits. A hospital may assess a copayment for non-emergent use of the ER. Unnecessary use of a brand name drug may be subject to a copayment.	01/01/2016	12/31/9999	12/14/2015	<a href="#">Click here for additional copay info</a>

# VERIFY MCO

1. Once you find the member and enter the service date range, scroll down to section (Lock-In) Information.
2. The MCO is listed under Provider Name (in this example, the MCO is BCBSNM).
3. Look at the “Begin Date” and “End Date” to validate the Date of Incident falls within that same date period.



Lock-In Information			
Lock In Type	Provider Name	Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	BLUE CROSS BLUE SHIELD OF NM	01/01/2014	12/31/9999



# VERIFY NFLOC

1. Once you find the member and enter the service date range, scroll down to section “Long Term Care”.
2. If the member has NFLOC, it will be listed under “LOC” (Level of Care). (In this example, the member does have NFLOC).
3. Look at the “Add Date” to confirm the date of incident occurs on or after the date listed.

Long Term Care Information <span>What's This?</span>				
Level of Care				
Begin Date	End Date	LOC	Setting of Care	Add Date
06/01/2019	01/31/2020	NURSING FACILITY LEVEL	AGENCY DIRECTED NO WAIVER	03/28/2019

NFLOC



# VERIFY SELF-DIRECTED

1. Once you find the member and enter the service date, scroll down to section “Long Term Care Information.”
2. If the member has a Self-Directed waiver, it will be listed under “Setting of Care.” (In this example, the member is Self-Directed).
3. Look at the “Add Date” to confirm the Date of Incident occurs on or after the date listed.

Long Term Care Information		What's This?		
<b>Level of Care</b>				
Begin Date	End Date	LOC	Setting of Care	Add Date
03/12/2019	03/11/2020	NURSING FACILITY LEVEL	SELF DIRECTED NO WAIVER	01/31/2019
<b>Patient Liability</b>				
Begin Date	End Date	Patient Liability		
No Patient Liability Information on file for the requested date of service.				

**Self Directed?**  
☒ Yes ☐ No



# HSD CRITICAL INCIDENT REPORTING PORTAL



# LOG IN



The screenshot shows the login interface for the Critical Incident Reporting System. At the top left is the logo for the Human Services Department, Medical Assistance Division, featuring a stylized human figure with arms raised. To the right of the logo, the text "Critical Incident Reporting System" is displayed in a large, bold, blue font. Below this, the "Log In" section contains two input fields: "Username:" and "Password:". A "Log In" button is positioned below the password field. At the bottom of the form, a note states: "Please contact [HSD-QB-CIR@state.nm.us](mailto:HSD-QB-CIR@state.nm.us) if you have any problems accessing the system."

- To submit a Critical Incident Report using the HSD Critical Incident Reporting portal the person in your office who is designated to submit Critical Incident Reports must have an active username and password to log in.
- Requests for logging into the HSD CI Reporting System must be sent to [HSD-QB-CIR@state.nm.us](mailto:HSD-QB-CIR@state.nm.us)
- If request for log in is not received in a timely manner, check your spam/junk folder prior to resubmitting request.

# MENU BAR

The Menu Bar is used to navigate through the HSD Portal.

The screenshot displays the Critical Incident Reporting System (CIRS) portal. At the top left is the logo for the Human Services Department Medical Assistance Division. The main header is a blue bar with the text "Critical Incident Reporting System". Below this is a navigation bar with the following links: » Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting. To the right of the navigation bar is a dropdown menu labeled "Documentation:" with a downward arrow. Further right, it says "Logged in as: WSCC.SandyA" with links for "Logout", "Change Password", and "Change Password". A large yellow arrow points from the navigation bar to a highlighted version of the same navigation bar below it. Below the highlighted navigation bar is a dropdown menu labeled "Documentation:" with a downward arrow. To the right of the dropdown menu is a box containing the text "Logged in as: WSCC.SandyA" with links for "Logout", "Change Password", and "Change Password".

**HUMAN SERVICES**  
DEPARTMENT  
MEDICAL ASSISTANCE DIVISION

**Critical Incident Reporting System**

» Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting

Documentation: ▼

Logged in as:  
**WSCC.SandyA**  
[Logout](#)  
[Change Password](#)  
[Change Password](#)

» Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting

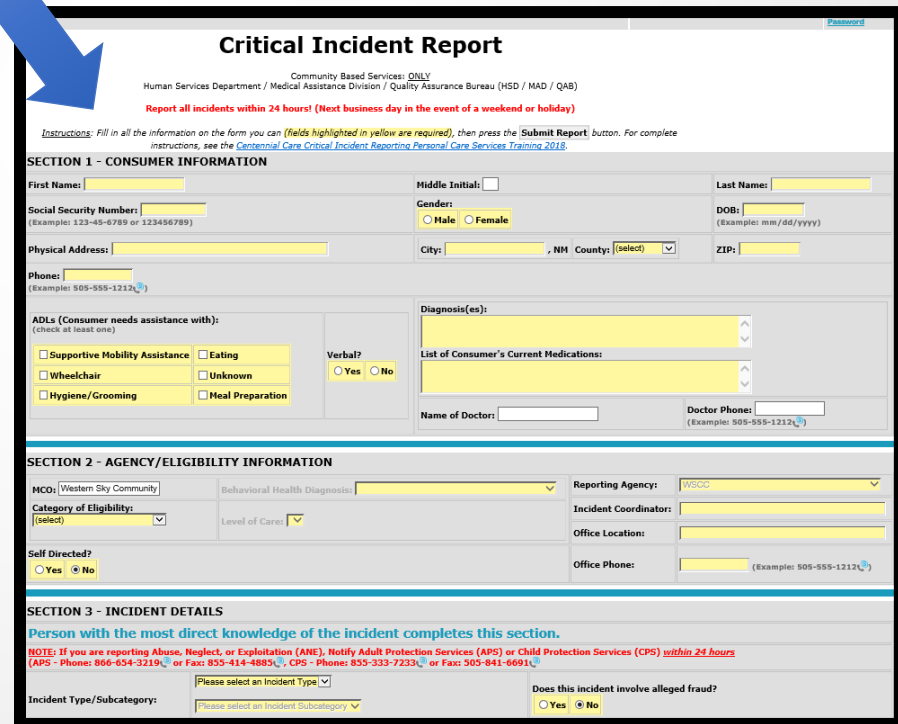
Documentation: ▼

Logged in as:  
**WSCC.SandyA**  
[Logout](#)  
[Change Password](#)  
[Change Password](#)

# CI REPORTING FORM

» Home » **Critical Incident Reporting Form** » List CI Reports » Ad-Hoc Reporting

Click on  
Critical Incident  
Reporting Form on  
the Menu Bar to  
access the online  
form.



**Critical Incident Report**

Community Based Services: ONLY  
Human Services Department / Medical Assistance Division / Quality Assurance Bureau (HSD / MAD / QAB)

**Report all incidents within 24 hours! (Next business day in the event of a weekend or holiday)**

*Instructions: Fill in all the information on the form you can (fields highlighted in yellow are required), then press the Submit Report button. For complete instructions, see the [Centennial Care Critical Incident Reporting Personal Care Services Training 2018](#).*

**SECTION 1 - CONSUMER INFORMATION**

First Name:  Middle Initial:  Last Name:   
Social Security Number:  Gender: ☐ Male ☐ Female DOB:   
(Example: 123-45-6789 or 123456789) (Example: mm/dd/yyyy)  
Physical Address:  City:  , NM County:  ZIP:   
Phone:   
(Example: 505-555-1212)

ADLs (Consumer needs assistance with):  
(check at least one)  
☐ Supportive Mobility Assistance ☐ Eating ☐ Verbal? ☐ Yes ☐ No  
☐ Wheelchair ☐ Unknown  
☐ Hygiene/Grooming ☐ Meal Preparation

Diagnosis(es):   
List of Consumer's Current Medications:   
Name of Doctor:  Doctor Phone:   
(Example: 505-555-1212)

**SECTION 2 - AGENCY/ELIGIBILITY INFORMATION**

MCO:  Behavioral Health Diagnosis:  Reporting Agency:   
Category of Eligibility:  Level of Care:  Incident Coordinator:   
Self Directed? ☐ Yes ☐ No Office Location:   
Office Phone:  (Example: 505-555-1212)

**SECTION 3 - INCIDENT DETAILS**

Person with the most direct knowledge of the incident completes this section.

**NOTE: If you are reporting Abuse, Neglect, or Exploitation (ANE), Notify Adult Protection Services (APS) or Child Protection Services (CPS) within 24 hours**  
(APS - Phone: 866-654-3219 or Fax: 855-414-4885, CPS - Phone: 855-333-7233 or Fax: 505-841-6691)

Incident Type/Subcategory:  Does this incident involve alleged fraud? ☐ Yes ☐ No



# LIST CI REPORTS

» Home » Critical Incident Reporting Form » **List CI Reports** » Ad-Hoc Reporting



## Incident Report Listing

*Click the Incident ID of the report you wish to view. If you wish to change the default sort order, click the header of the column you wish to sort by (click the same header again to reverse the sort order).*

<u>Incident ID</u>	<u>Last Name</u>	<u>First Name, MI</u>	<u>SSN</u>	<u>DOB</u>	<u>Incident Type</u>	<u>Incident Subcategory</u>	<u>Incident Date</u>	<u>Date/Time Filed</u>	<u>Status</u>	<u>Date Closed</u>	<u>Provider</u>	<u>Date of Last Diary Entry</u>
--------------------	------------------	-----------------------	------------	------------	----------------------	-----------------------------	----------------------	------------------------	---------------	--------------------	-----------------	---------------------------------

The result will be a listing of Critical Incidents submitted that can be sorted by various factors including name, incident type, date, and more.



# AD-HOC REPORTING

» Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting

To view an existing Critical Incident, click on Ad-Hoc Reporting on the menu bar. Specifically, this allows the user to:

Search for a specific Incident using Consumer and or Incident Information.

The screenshot shows the 'Ad-Hoc Reporting' page of the Critical Incident Reporting System. The page has a blue header with the navigation path: » Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting. Below the header, there's a section for 'Ad-Hoc Reporting' with instructions: 'Select your search criteria using the form below, then press View Selected Incident Reports to view the filtered results. All criteria that you set are part of the filter, for example if you choose an Age Range and an Incident Type, only incidents of the selected type for consumers between the specified ages will be shown.' The form is divided into several sections: 'View a specific incident ID:' with a text input and a 'View' button; 'SELECTION CRITERIA' which includes 'Consumer Information' (Name, Social Security #, Consumer's Age Range, ZIP Code) and 'Incident Information' (Incident Type / Subcategory, Secondary Incident Type / Subcategory, Incident Date Range, Date Filed Range, Date Closed Range, Incident During Service Hours?, Alleged Fraud?, Diary Entry(ies) Exist?). At the bottom, there's 'Provider Agency/MCO Information' with 'MCO:' and 'Agency of Eligibility:' dropdowns. A 'View Selected Incident Reports' button is at the bottom left. A yellow arrow points from the 'Ad-Hoc Reporting' menu item to the form. Two green arrows point from the 'Consumer Information' and 'Incident Information' sections to the 'View Selected Incident Reports' button. A red arrow points from the 'View Selected Incident Reports' button to the bottom of the page.

Human Services  
DEPARTMENT  
MEDICAL ASSISTANCE DIVISION

Critical Incident Reporting System

Logged in as:  
TestUser  
Logout  
Change  
Password

» Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting » CI Reporting Guide » CI Training Guide

### Ad-Hoc Reporting

Select your search criteria using the form below, then press **View Selected Incident Reports** to view the filtered results. **All** criteria that you set are part of the filter, for example if you choose an Age Range and an Incident Type, **only** incidents of the selected type for consumers between the specified ages will be shown.

**View a specific incident ID:**  **View**

#### SELECTION CRITERIA

##### Consumer Information

Name: (all)

Social Security #: (example: 123-45-6789 or 123456789)

Consumer's Age Range:  
FROM:  TO:   
(years only, min=1, max=130)

ZIP Code:   
(example: 12345 or 12345-6789)

##### Incident Information

Incident Type / Subcategory: (all)

Secondary Incident Type / Subcategory: (all)

Incident Date Range:  
FROM: 11/6/2013 TO: 12/6/2013  
(Example: mm/dd/yyyy)

Date Filed Range:  
FROM:  TO:   
(Example: mm/dd/yyyy)

Date Closed Range:  
FROM:  TO:   
(Example: mm/dd/yyyy)

Incident During Service Hours? ☐ Yes ☐ No

Alleged Fraud? ☐ Yes ☐ No

Diary Entry(ies) Exist? ☐ Yes ☐ No

##### Provider Agency/MCO Information

MCO: (all)

Agency of Eligibility: (all)

**View Selected Incident Reports**

© Copyright 2012-2013 State of New Mexico. Designed and created by the New Mexico Department of Information Technology.

View Selected Incident Reports

# RESOURCES

**HUMAN SERVICES**  
DEPARTMENT  
MEDICAL ASSISTANCE DIVISION

## Critical Incident Reporting System

» Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting

**Critical Incident Reporting System**

Documentation: ▾  
Documentation:  
**Centennial Care CIR Document**  
BH CIR Report Protocol  
BH CIR Report Form

Logged in as:  
**BCBS.KarenL**  
[Logout](#)  
[Change Password](#)

The “Centennial Care CIR Document” is located under Documentation on the dropdown menu above.

# WEBSITES & EMAILS

HSD CI Reporting Portal Web Address:

<https://criticalincident.hsd.state.nm.us>

NM Medicaid Portal Web Address:

<https://nmmedicaid.portal.conduent.com/static/index.htm>

HSD Contact E-Mail Address:

[HSD-QB-CIR@state.nm.us](mailto:HSD-QB-CIR@state.nm.us)

Purpose of HSD E-Mail?

1. Request new user access.
2. Assistance with usernames and passwords.
3. Notify HSD of any employee with portal access who is no longer associated with your organization.
4. Report portal technical issues.
5. Requests for logging into the HSD CI Reporting System must be sent to [HSD-QB-CIR@state.nm.us](mailto:HSD-QB-CIR@state.nm.us)
6. If request for log in is not received in a timely manner, check your spam/junk folder prior to resubmitting request.



# SUBMITTING A CRITICAL INCIDENT REPORT



# REPORTING FORM

Critical Incident Report		
Community Based Services: <u>ONLY</u> Human Services Department / Medical Assistance Division / Quality Assurance Bureau (HSD / MAD / QAB)		
Report all incidents within 24 hours! (Next business day in the event of a weekend or holiday)		
Instructions: Fill in all the information on the form you can (fields highlighted in yellow are required), then press the <b>Submit Report</b> button. For complete instructions, see the <a href="#">Centennial Care Critical Incident Reporting Personal Care Services Training 2018</a> .		
<b>SECTION 1 - CONSUMER INFORMATION</b>		
First Name: <input type="text"/>	Middle Initial: <input type="text"/>	Last Name: <input type="text"/>
Social Security Number: <input type="text"/> (Example: 123-45-6789 or 123456789)	Gender: <input type="radio"/> Male <input type="radio"/> Female	DOB: <input type="text"/> (Example: mm/dd/yyyy)
Physical Address: <input type="text"/>	City: <input type="text"/> , NM County: <input type="text"/>	ZIP: <input type="text"/>
Phone: <input type="text"/> (Example: 505-555-1212)		
ADLs (Consumer needs assistance with): (check at least one)	Verbal? <input type="radio"/> Yes <input type="radio"/> No	Diagnosis(es): <input type="text"/>
<input type="checkbox"/> Supportive Mobility Assistance <input type="checkbox"/> Eating		List of Consumer's Current Medications: <input type="text"/>
<input type="checkbox"/> Wheelchair <input type="checkbox"/> Unknown		
<input type="checkbox"/> Hygiene/Grooming <input type="checkbox"/> Meal Preparation		
Name of Doctor: <input type="text"/>		Doctor Phone: <input type="text"/> (Example: 505-555-1212)
<b>SECTION 2 - AGENCY/ELIGIBILITY INFORMATION</b>		
MCO: <input type="text"/>	Behavioral Health Diagnosis: <input type="text"/>	Reporting Agency: <input type="text"/>
Category of Eligibility: <input type="text"/>	Level of Care: <input type="text"/>	Incident Coordinator: <input type="text"/>
Self Directed? <input type="radio"/> Yes <input checked="" type="radio"/> No		Office Location: <input type="text"/>
		Office Phone: <input type="text"/> (Example: 505-555-1212)
<b>SECTION 3 - INCIDENT DETAILS</b>		
Person with the most direct knowledge of the incident completes this section.		
NOTE: If you are reporting Abuse, Neglect, or Exploitation (ANE), Notify Adult Protection Services (APS) or Child Protection Services (CPS) within 24 hours (APS - Phone: 866-654-3219 or Fax: 855-414-4885, CPS - Phone: 855-333-7233 or Fax: 505-841-6691)		
Incident Type/Subcategory: <input type="text"/>	Does this incident involve alleged fraud? <input type="radio"/> Yes <input checked="" type="radio"/> No	

# SECTION 1 – MEMBER INFORMATION



## Critical Incident Reporting System

» [Home](#) » [Critical Incident Reporting Form](#) » [List CI Reports](#) » [Ad-Hoc Reporting](#)

Documentation:

Logged in as:  
**BCBS.KarenL** [Logout](#)

[Change Password](#)

### Critical Incident Report

Community Based Services: ONLY  
Human Services Department / Medical Assistance Division / Quality Assurance Bureau (HSD / MAD / QAB)

**Report all incidents within 24 hours! (Next business day in the event of a weekend or holiday)**

Instructions: Fill in all the information on the form you can (fields highlighted in yellow are required), then press the **Submit Report** button. For complete instructions, see the [Centennial Care Critical Incident Reporting document](#).

#### SECTION 1 - CONSUMER INFORMATION

First Name: <input type="text"/>		Middle Initial: <input type="text"/>	Last Name: <input type="text"/>	
Social Security Number: <input type="text"/> (Example: 123-45-6789 or 123456789)		Gender: <input type="radio"/> Male <input type="radio"/> Female		DOB: <input type="text"/> (Example: mm/dd/yyyy)
Physical Address: <input type="text"/>		City: <input type="text"/> , NM	County: <input type="text"/> (select)	ZIP: <input type="text"/>
Phone: <input type="text"/> (Example: 505-555-1212)				
ADLs (Consumer needs assistance with): (check at least one)		Diagnosis(es): <input type="text"/>		
<input type="checkbox"/> Supportive Mobility Assistance	<input type="checkbox"/> Eating	Verbal? <input type="radio"/> Yes <input type="radio"/> No		
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Unknown			
<input type="checkbox"/> Hygiene/Grooming	<input type="checkbox"/> Meal Preparation			
		List of Consumer's Current Medications: <input type="text"/>		
		Name of Doctor: <input type="text"/>		
		Doctor Phone: <input type="text"/> (Example: 505-555-1212)		





# SECTION 2—AGENCY/ELIGIBILITY INFORMATION

## SECTION 2 - AGENCY/ELIGIBILITY INFORMATION

MCO: Blue Cross/Blue Shield	Behavioral Health Diagnosis: <input type="text"/>	Reporting Agency: BCBS
Category of Eligibility: (select)	Level of Care: <input type="text"/>	Incident Coordinator: <input type="text"/>
Office Location: <input type="text"/>		
Self Directed? <input type="radio"/> Yes <input checked="" type="radio"/> No	Office Phone: <input type="text"/> (Example: 505-555-1212)	



# SECTION 3- INCIDENT

## SECTION 3 - INCIDENT DETAILS

Person with the most direct knowledge of the incident completes this section.

**NOTE:** If you are reporting Abuse, Neglect, or Exploitation (ANE), Notify Adult Protection Services (APS) or Child Protection Services (CPS) within 24 hours (APS - Phone: 866-654-3219<sup>(S)</sup> or Fax: 855-414-4885<sup>(S)</sup>, CPS - Phone: 855-333-7233<sup>(S)</sup> or Fax: 505-841-6691<sup>(S)</sup>)

Incident Type/Subcategory:	<div>Please select an Incident Type ▾</div> <div>Please select an Incident Subcategory ▾</div>	Does this incident involve alleged fraud? <input type="radio"/> Yes <input checked="" type="radio"/> No
Secondary Incident Type/Subcategory: (optional)	<div>Please select a secondary Incident Type ▾</div> <div>Please select a secondary Incident Subcategory ▾</div>	Did this incident occur during authorized service hours? <input type="radio"/> Yes <input type="radio"/> No
Sent to APS/CPS?:	(select) ▾	APS/CPS Case #: <input type="text"/>
Person responsible for individual's care at time of incident:		
Name: <input type="text"/>	Title: <input type="text"/>	Phone: <input type="text"/> (Example: 505-555-1212 <sup>(S)</sup> )
Was anyone else present at the time of the incident? (If yes, identify below) <input type="radio"/> Yes <input type="radio"/> No		
Name: <input type="text"/>	Title or Relationship: <input type="text"/>	Phone: <input type="text"/> (Example: 505-555-1212 <sup>(S)</sup> )
Name: <input type="text"/>	Title or Relationship: <input type="text"/>	Phone: <input type="text"/> (Example: 505-555-1212 <sup>(S)</sup> )
Incident Date: <input type="text"/> (Example: mm/dd/yyyy)	Incident Time: <input type="text"/> (Example: hh:mm am/pm - enter 'Unknown' if time is unknown)	Date Reporting Agency first had knowledge of the incident: <input type="text"/> (Example: mm/dd/yyyy)
Incident Location: <input type="text"/>		
Describe what you saw and/or heard in order of occurrence:		
Before the incident:	<input type="text"/>	
During the incident:	<input type="text"/>	
After the incident:	<input type="text"/> (Must include actions taken by the Reporting Agency to ensure health and safety, and plans for follow-up.)	
<div>Submit Report Cancel</div>		

# SUBMISSION

When the data entry is complete select the button “Submit Report”  
one time only and wait ... (please do not select this button more than once). Once you select the button there is no going back.

The screenshot displays the 'Critical Incident Reporting System' interface. At the top left is the logo for the 'HUMAN SERVICES DEPARTMENT MEDICAL ASSISTANCE DIVISION'. The main header is a blue bar with the text 'Critical Incident Reporting System'. Below the header, there is a navigation bar with links: '» Home', '» Critical Incident Reporting Form', '» List CI Reports', and '» Ad-Hoc Reporting'. To the right of the navigation bar, there is a 'Documentation:' dropdown menu and a 'Logged in as: WSCC.SandyA' status bar with links for 'Logout', 'Change Password', and 'Print this incident report'. The main content area features a large blue bar with the text 'Critical Incident Report'. Below this, a grey bar contains the message 'Incident Report #103085 successfully submitted on 6/3/2019 at 3:25 PM.' in blue text. At the bottom, a footer bar contains the copyright notice: '© Copyright 2012-2014 State of New Mexico. Designed and created by the New Mexico Department of Information Technology.'



# DIARY ENTRIES

The “Diary Entry” is a text field that is used to enter more information, to indicate a correction to the data entry or for MCOs to enter updates on the incident reported.

**New Diary Entry:**

Test diary entry for provider training.

Submit Diary Entry





# ONLINE DEMONSTRATION





# TIPS TO A SUCCESSFUL CRITICAL INCIDENT REPORT

- Be Accurate
- Be Comprehensive
- Just the Facts
- Must be filed within 24 hours of knowledge
- Submit the Report



# AFTER THE REPORT HAS BEEN SUBMITTED SUCCESSFULLY

- The critical incident report is reviewed by the MCO and HSD.
- The MCO may contact the submitter to clarify information provided on the report.



# ADDITIONAL INFORMATION REQUIRED BY THE MCO

- Some CIRs will need more specific information with regard to the member's safety.
- For example: CIRs involving abuse, neglect, exploitation and any incident in which the member's safety is a concern.
- The MCO will need information regarding actions taken by the agency and the result of those actions.
- A statement will be required on how the member's health and safety has been addressed and is no longer a concern.
- A diary entry should include who is aware of the incident and who is following up on the incident.



# MCO INFORMATION



BlueCross BlueShield  
of New Mexico

**E-mail:** [karen\\_p\\_lubertazzo@bcbsnm.com](mailto:karen_p_lubertazzo@bcbsnm.com)

**Phone:** 505-816-3192



**E-Mail:** [criticalincident@phs.org](mailto:criticalincident@phs.org)

**Fax:** 505-843-3011



**E-mail:** [NMCI@westernskycommunitycare.com](mailto:NMCI@westernskycommunitycare.com)

**Fax:** 833-225-1168

**Phone:** 505-886-6369 or 505-886-6403



# SURVEY

- The invitation to register for the Annual Critical Incident Report Training for PCS Providers 2021 was sent to each agency from the contracted Managed Care Organizations in August 2021.
  - Registration for the training activated a prompt that, in turn, distributed an email confirmation.
  - The confirmation contained a link to access the pre-training material previously mentioned in this presentation.
  - The confirmation also contained a link to access the training on the date for which you registered.

# SURVEY

- Upon accessing the link for the presentation on the date of the scheduled training:
  - ‘Registration’ or ‘log in’ information was required in order to access the live presentation.
  - When completed, the active presentation opened.
- A link to the survey will be distributed via email to all persons who complete the ‘log in’ to participate in the training.
- The link to the survey is in the body of the 2021 Annual Critical Incident Post-Training Survey email.
- Click the link; Or copy the link and paste it into the address bar of your browser and click ‘enter’.

# SURVEY

- The link will directly open the active 2021 post-training survey.
- Please be aware that there are system limitations to verifying attendance. Those who attend the Annual Critical Incident Training in groups and did not ‘log in’ to the presentation individually on the date of participation:
  - May not be recognized as having attended the annual training.
  - May not receive a link to provide feedback through the post training survey.
  - The survey link will close on 10/08/2021.



# Thank You



BlueCross BlueShield  
of New Mexico



**PRESBYTERIAN**



western sky  
community care.