CRITICAL INCIDENT REPORTING

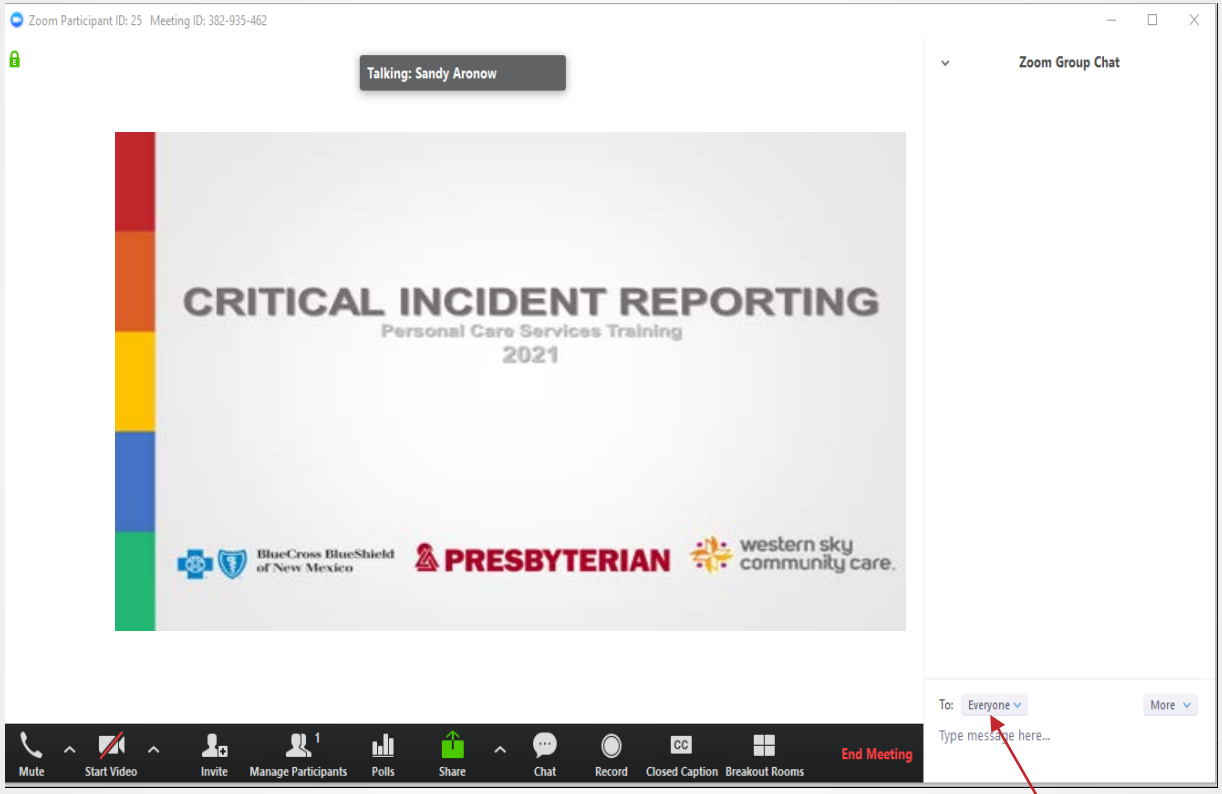
Personal Care Services Training

2021

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 or 505-816-4229

PRESBYTERIAN

abaldridg@phs.org

western sky community care.

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

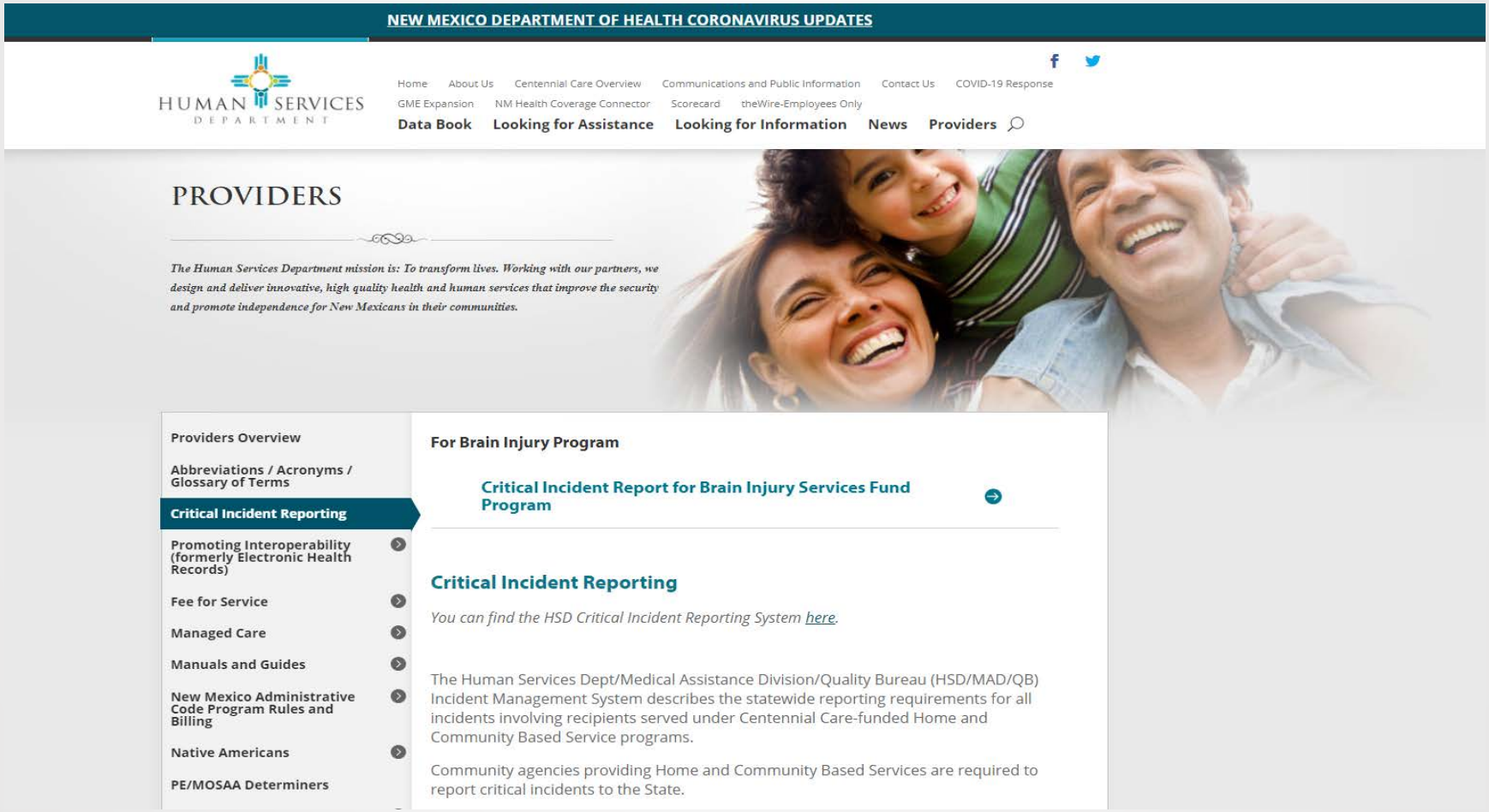
Reporting Abuse or Neglect

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.

Child Protective Service (CPS): Telephone: (855) 333-7233 or Fax: (505) 841-6691

HSD REQUIREMENTS



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

DOH REGULATIONS

TITLE 7 HEALTH
CHAPTER 1 HEALTH GENERAL PROVISIONS
PART 14 ABUSE, NEGLECT, EXPLOITATION, AND DEATH REPORTING, TRAINING AND RELATED REQUIREMENTS FOR COMMUNITY PROVIDERS

7.1.14.1 ISSUING AGENCY: Division of Health Improvement, Department of Health.
[7.1.14.1 NMAC - N, 07/01/14]

7.1.14.2 SCOPE: 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]

7.1.14.3 STATUTORY AUTHORITY: 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]

7.1.14.4 DURATION: Permanent.
[7.1.14.4 NMAC - N, 07/01/14]

7.1.14.5 EFFECTIVE DATE: July 1, 2014, unless a later date is cited at the end of a section.
[7.1.14.5 NMAC - N, 07/01/14]

7.1.14.6 OBJECTIVE: 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]

7.1.14.7 DEFINITIONS:

A. "Abuse" 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. "Abuse, neglect, exploitation, or report of death form" 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.

Your
QUESTIONS
answered here!

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

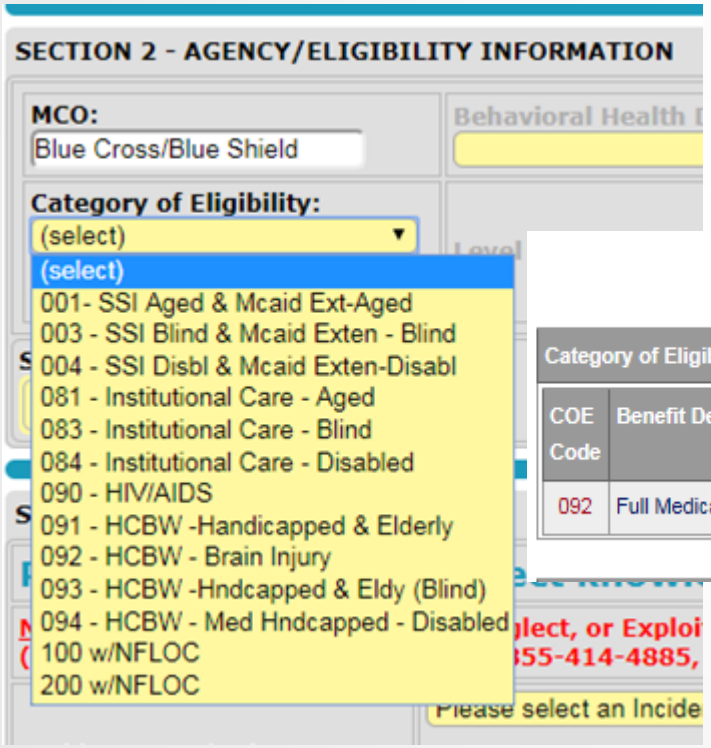
- Abuse
- Neglect
- Exploitation
- Deaths (Expected and Unexpected)
- Emergency Services
- Law Enforcement
- Environmental Hazards
- Elopement/Missing

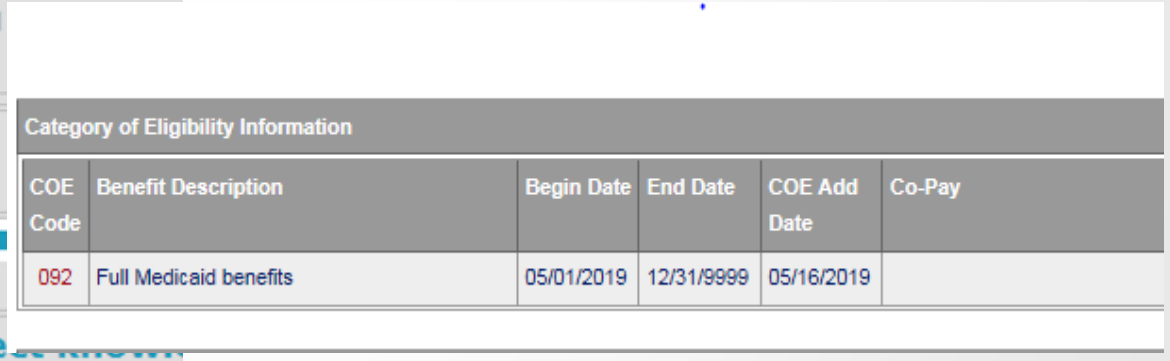
CATEGORIES OF ELIGIBILITY

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





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.

Your
QUESTIONS
answered here!

EXPLOITATION

- Exploitation is the deliberate misplacement, use or misuse of a member’s property or money without the member’s consent.

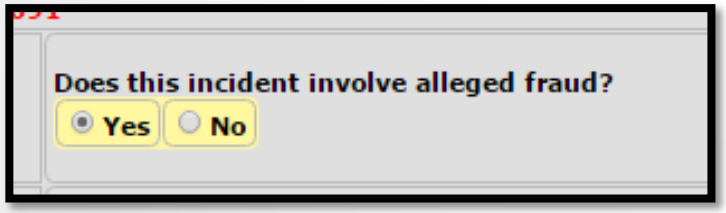
- Reports of alleged fraud may also be considered exploitation.

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.



- 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.

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

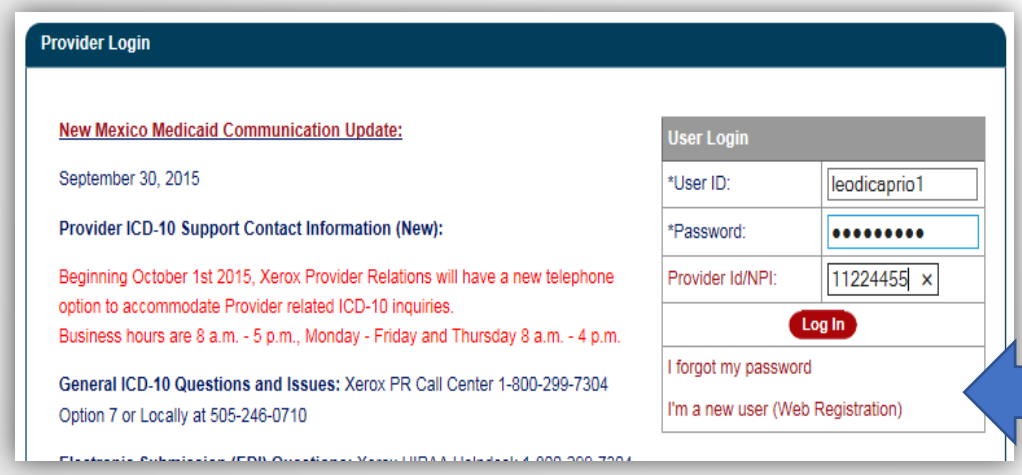
- Member is scheduled to receive 30 caregiving hours per week.
- Member is refusing services due to COVID-19, member is afraid of contracting the virus from a caregiver.
- Agency will continue to follow-up with member.
  - How often does the agency need to submit a CIR?
    A) Daily
    B) Weekly
  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

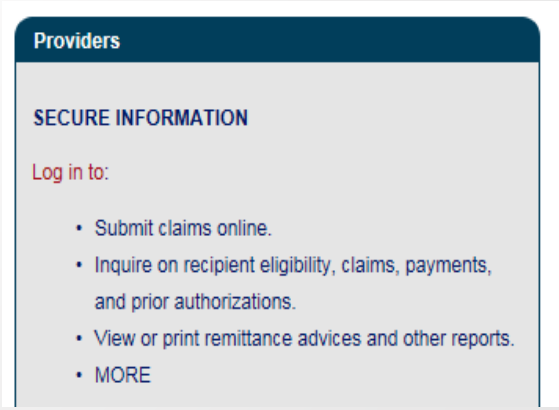
Your
QUESTIONS
answered here!

NM MEDICAID PORTAL

LOG IN

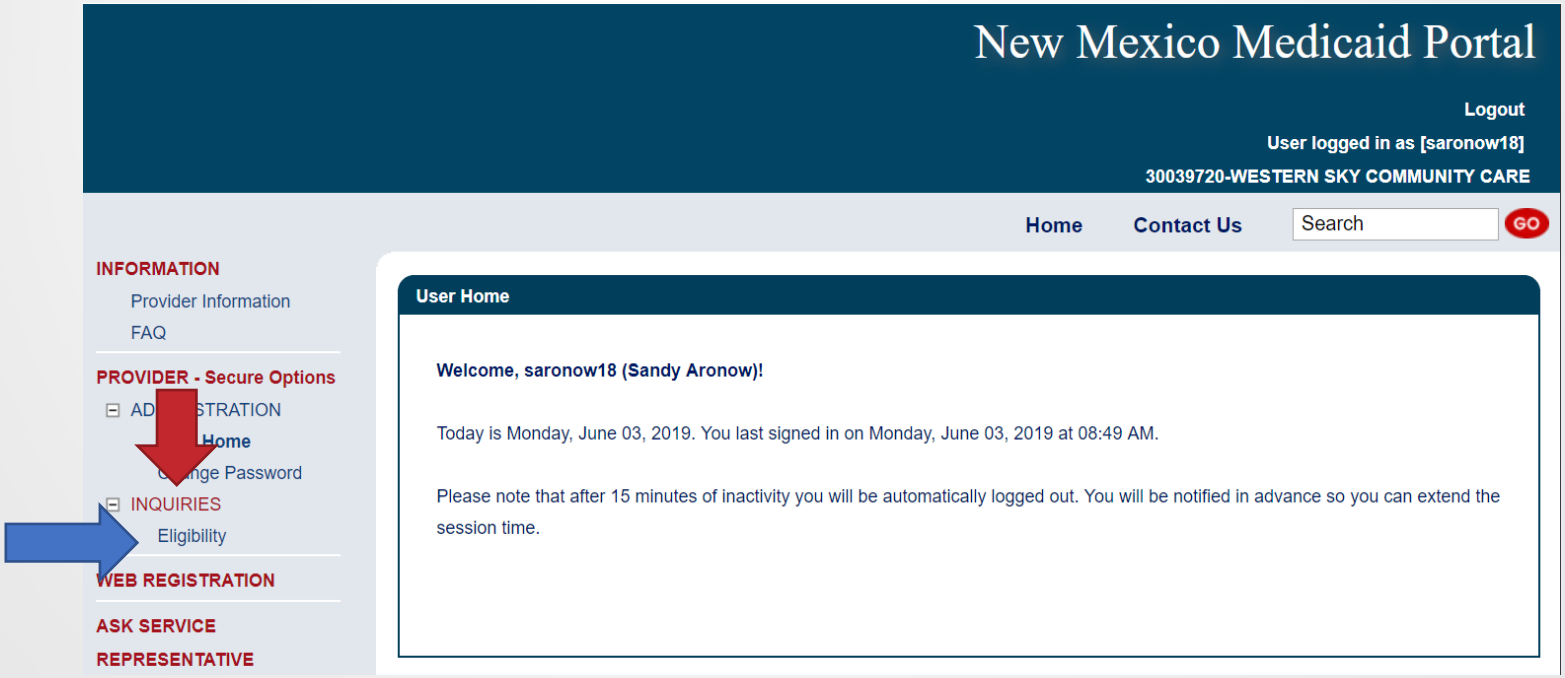
1. Go to web site:
   https://nmmedicaid.portal.conduent.com/static/index.htm
2. Under Providers, click on link Log in to:
3. At the User Login section, enter the following:
   User ID: <enter your ID>
   Password: <enter your password>
   Provider Id/NPI: <enter the ID provided by State of NM>
4. Select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





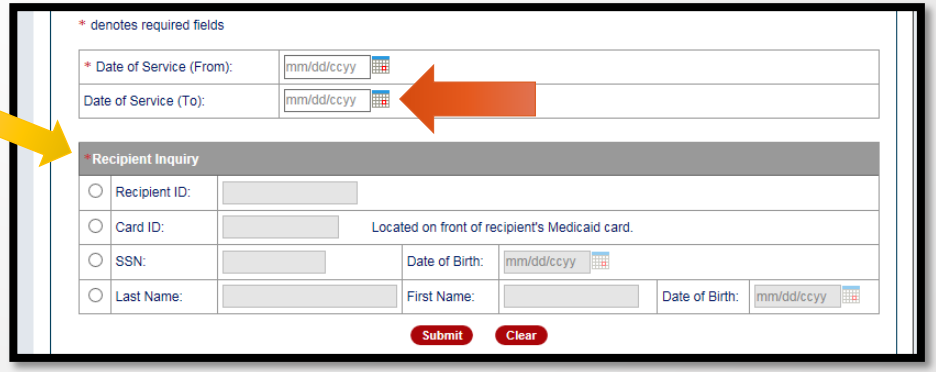
MEMBER ELIGIBILITY

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

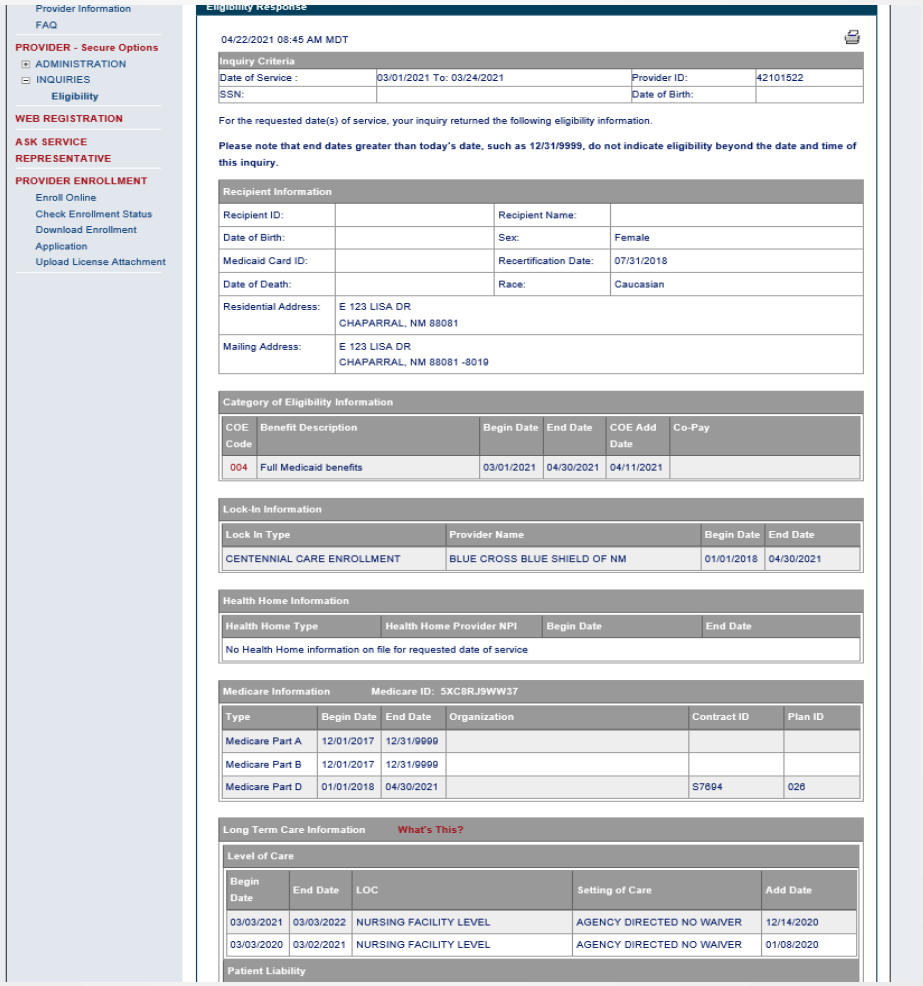


MEMBER ELIGIBILITY

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.



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

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.

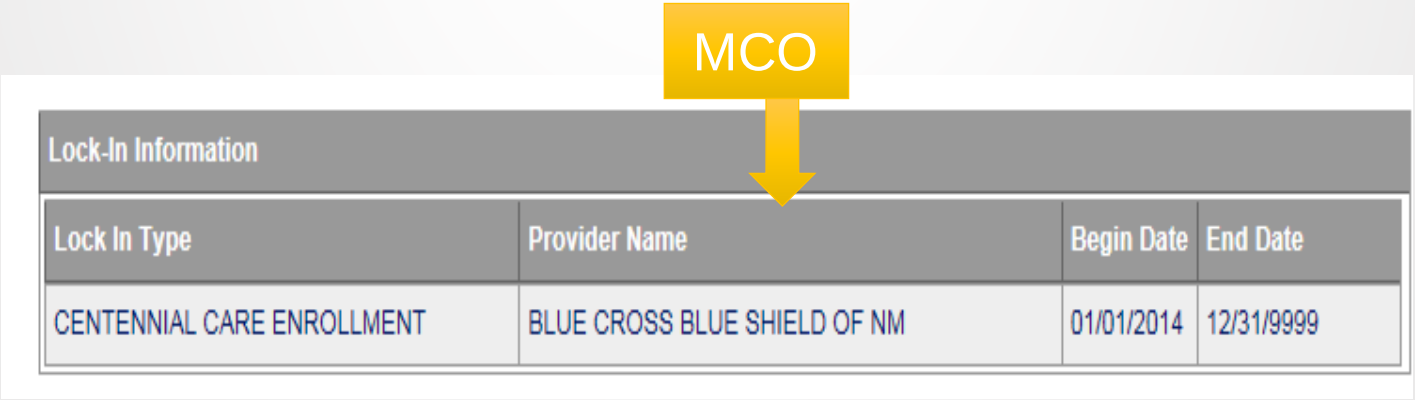
COE

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	Click here for additional copay info

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.

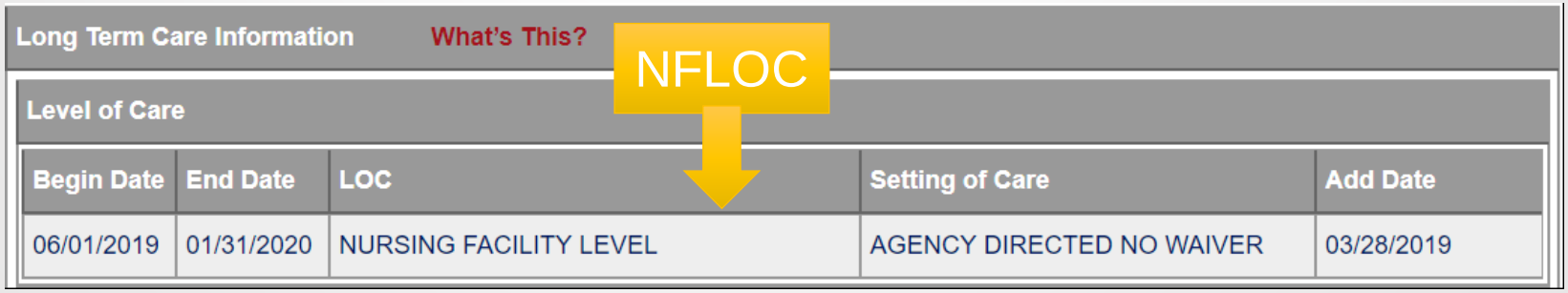


VERIFY NFLOC

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.



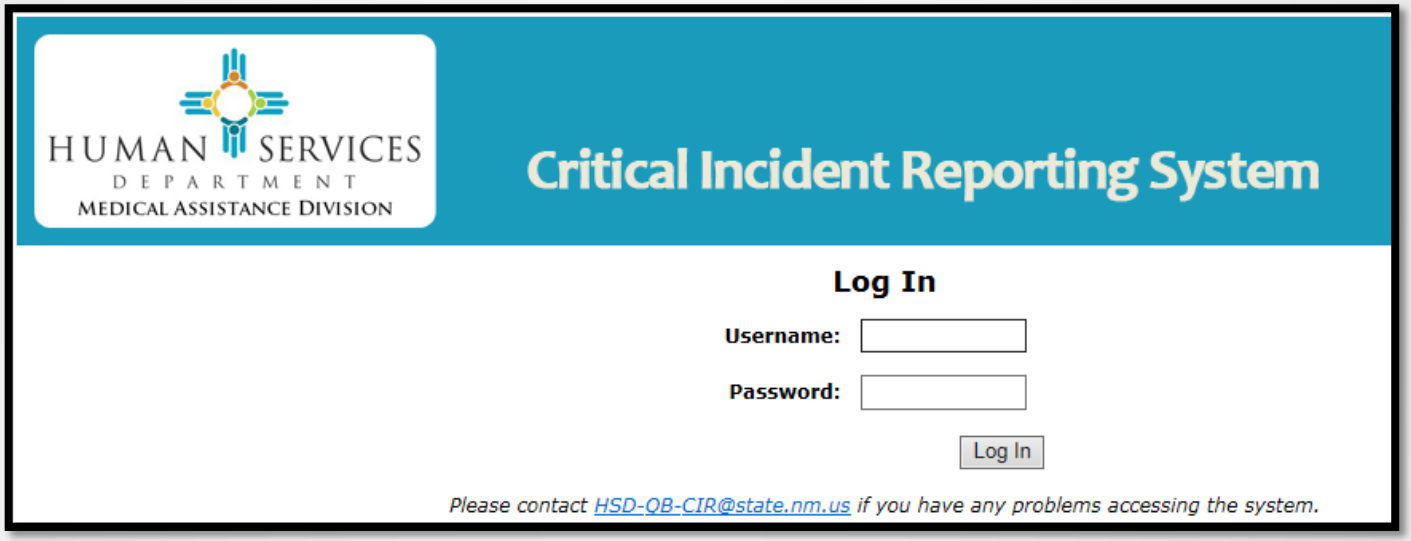
VERIFY SELF-DIRECTED

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.

Your
QUESTIONS
answered here!

HSD CRITICAL INCIDENT REPORTING PORTAL

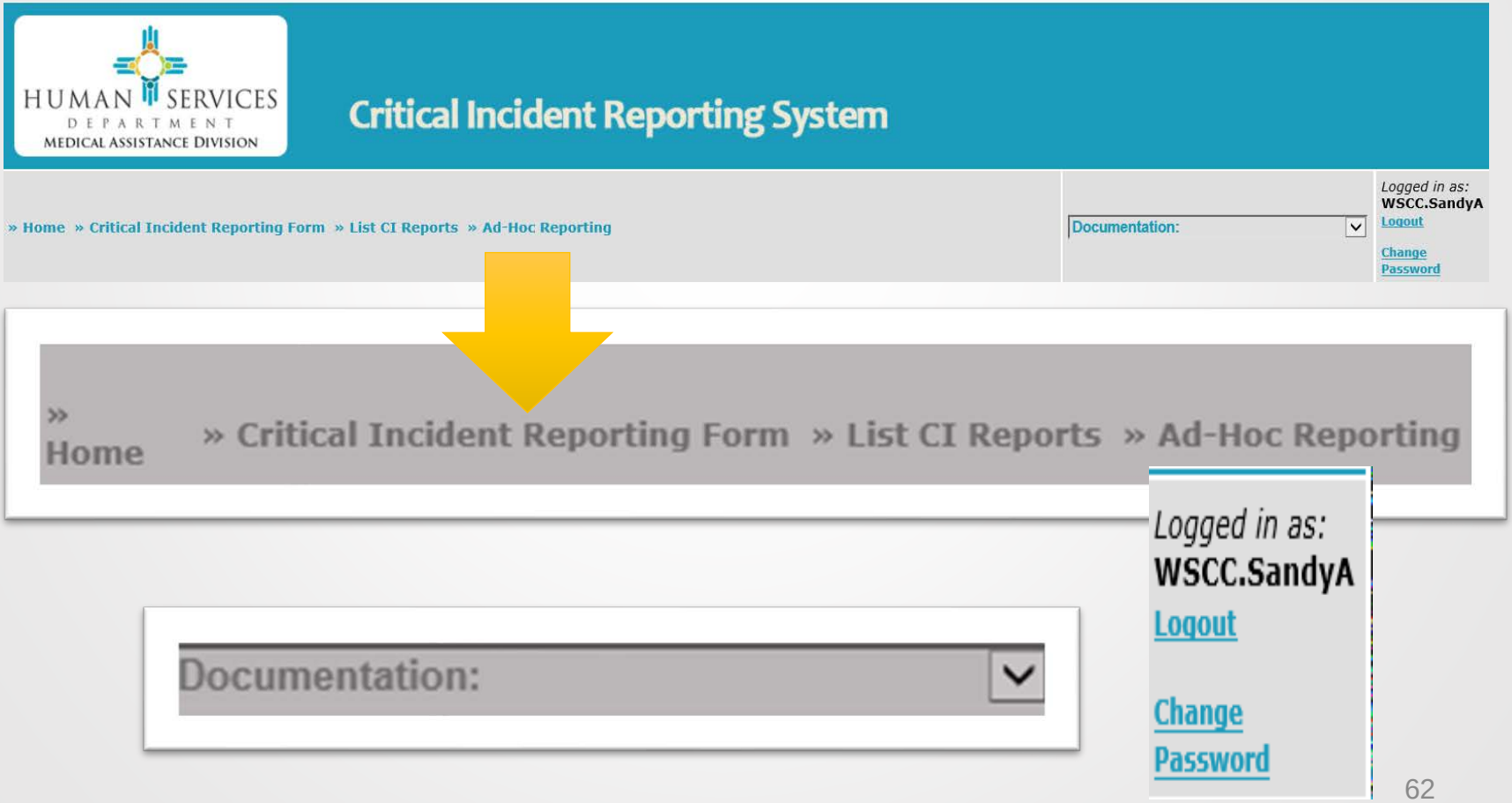
LOG IN



- 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
- If request for log in is not received in a timely manner, check your spam/junk folder prior to resubmitting request.

MENU BAR

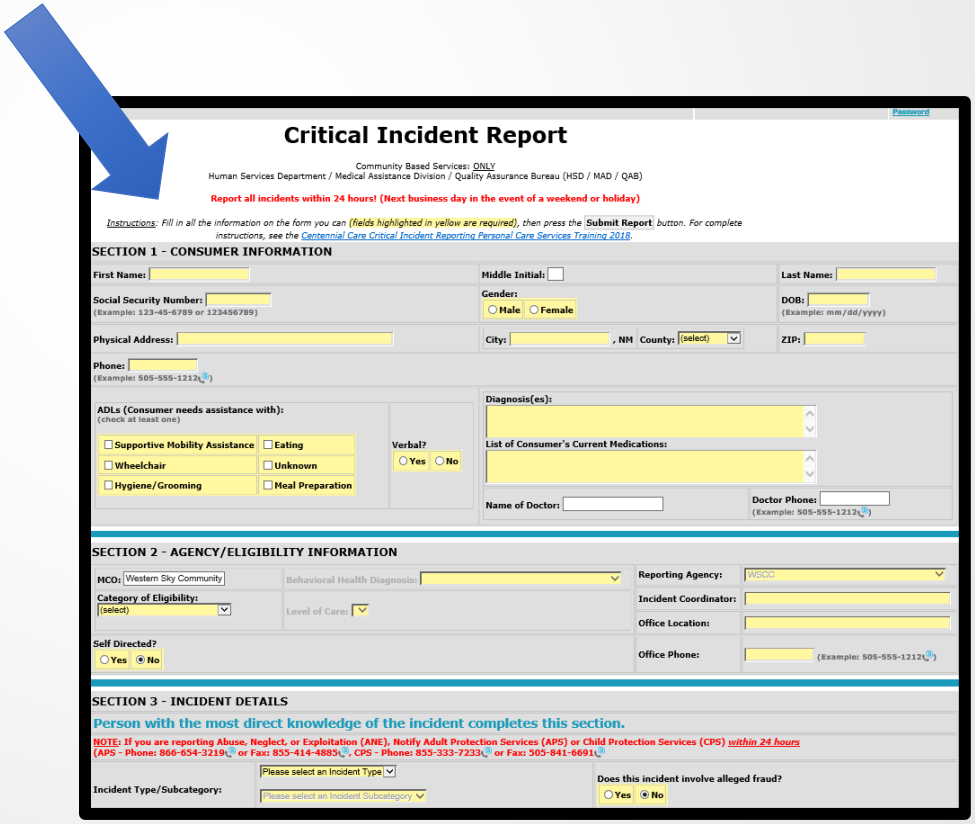
The Menu Bar is used to navigate through the HSD Portal.



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.



LIST CI REPORTS

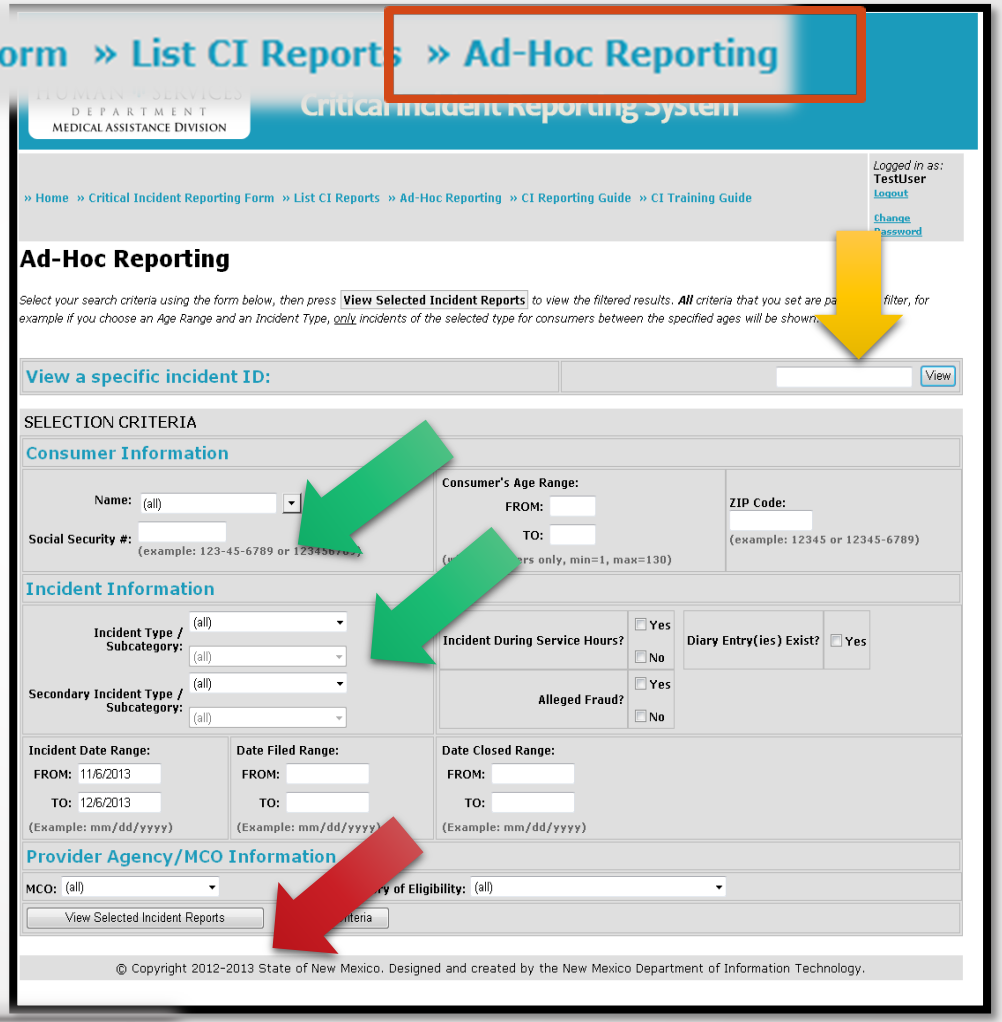
The result will be a listing of Critical Incidents submitted that can be sorted by various factors including name, incident type, date, and more.

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.



View Selected Incident Reports

RESOURCES

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

WEBSITES & EMAILS

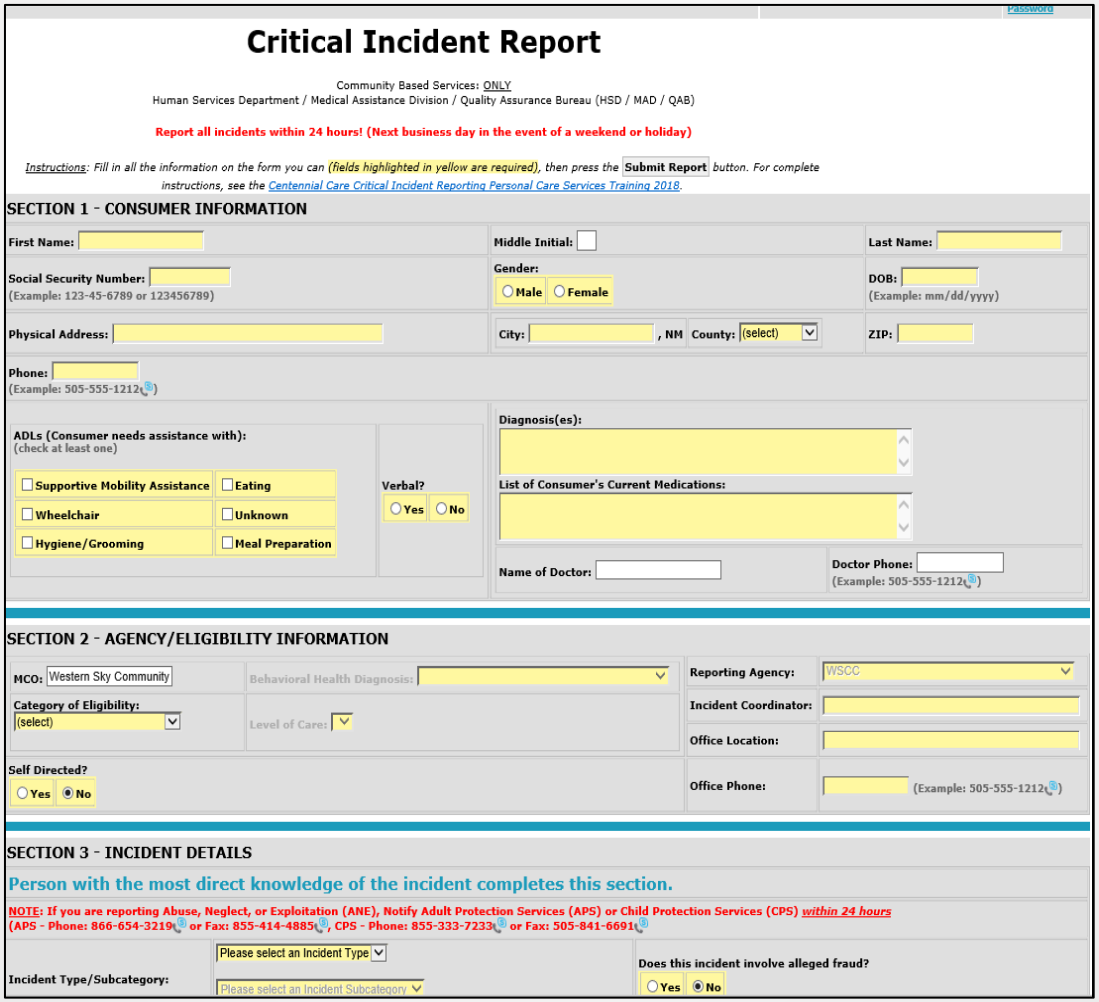
HSD CI Reporting Portal Web Address:
https://criticalincident.hsd.state.nm.us
NM Medicaid Portal Web Address:
https://nmmedicaid.portal.conduent.com/static/index.htm
HSD Contact E-Mail Address:
HSD-QB-CIR@state.nm.us
Purpose of HSD E-Mail?

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**
6. If request for log in is not received in a timely manner, check your spam/junk folder prior to resubmitting request.

Your
QUESTIONS
answered here!

SUBMITTING A CRITICAL INCIDENT REPORT

REPORTING 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: (Example: 123-45-6789 or 123456789) | Gender: Male Female | DOB: (Example: mm/dd/yyyy)

Physical Address: | City: , NM | County: (select) | ZIP:

Phone: (Example: 505-555-1212)

ADLs (Consumer needs assistance with): (check at least one)

- Supportive Mobility Assistance
- Eating
- Wheelchair
- Unknown
- Hygiene/Grooming
- Meal Preparation

Verbal? Yes No

Diagnosis(es):

List of Consumer's Current Medications:

Name of Doctor: | Doctor Phone: (Example: 505-555-1212)

SECTION 2 - AGENCY/ELIGIBILITY INFORMATION

MCO: Western Sky Community | Behavioral Health Diagnosis: | Reporting Agency: WSCC

Category of Eligibility: (select) | Level of Care: | Incident Coordinator:

Office Location:

Self Directed? Yes No | 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: Please select an Incident Type | Please select an Incident Subcategory

Does this incident involve alleged fraud? Yes No

SECTION 1– MEMBER INFORMATION

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: 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: | Middle Initial: | Last Name:

Social Security Number: (Example: 123-45-6789 or 123456789) | Gender: Male Female | DOB: (Example: mm/dd/yyyy)

Physical Address: | City: , NM | County: (select) | ZIP:

Phone: (Example: 505-555-1212)

ADLs (Consumer needs assistance with): (check at least one)

- Supportive Mobility Assistance
- Eating
- Wheelchair
- Unknown
- Hygiene/Grooming
- Meal Preparation

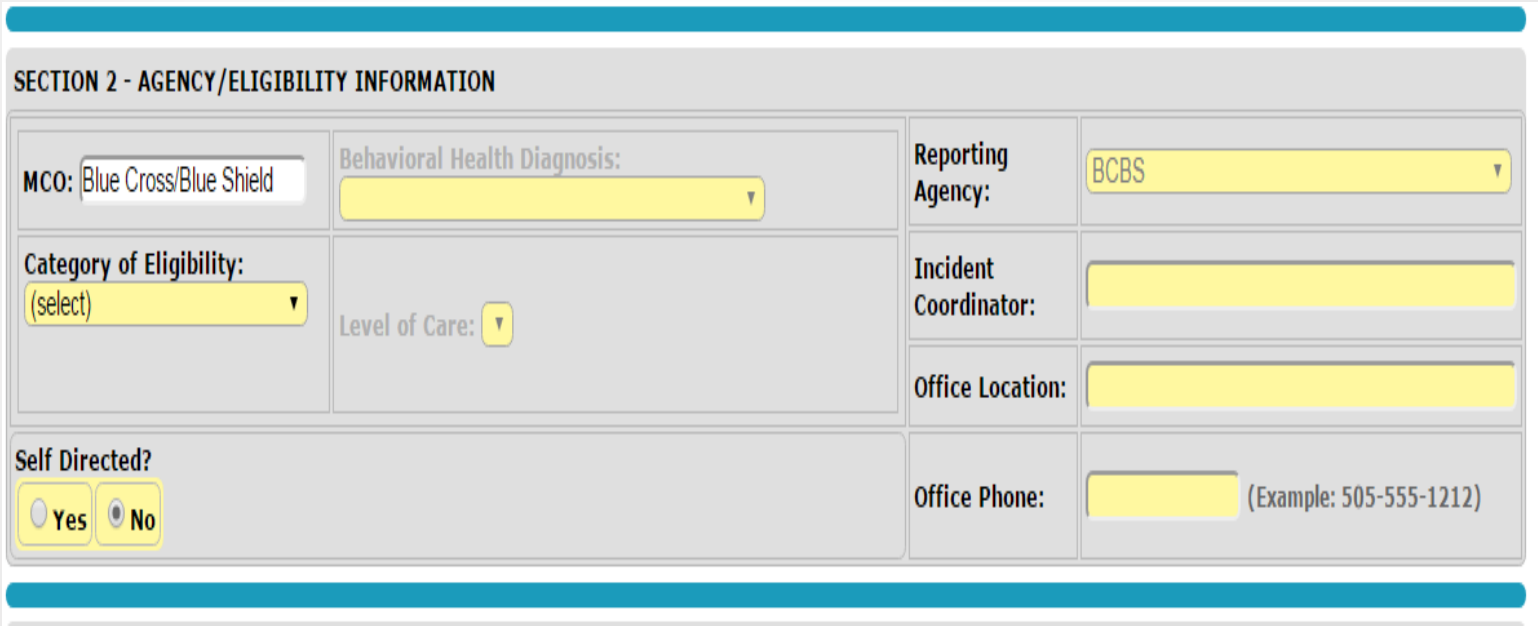
Verbal? Yes No

Diagnosis(es):

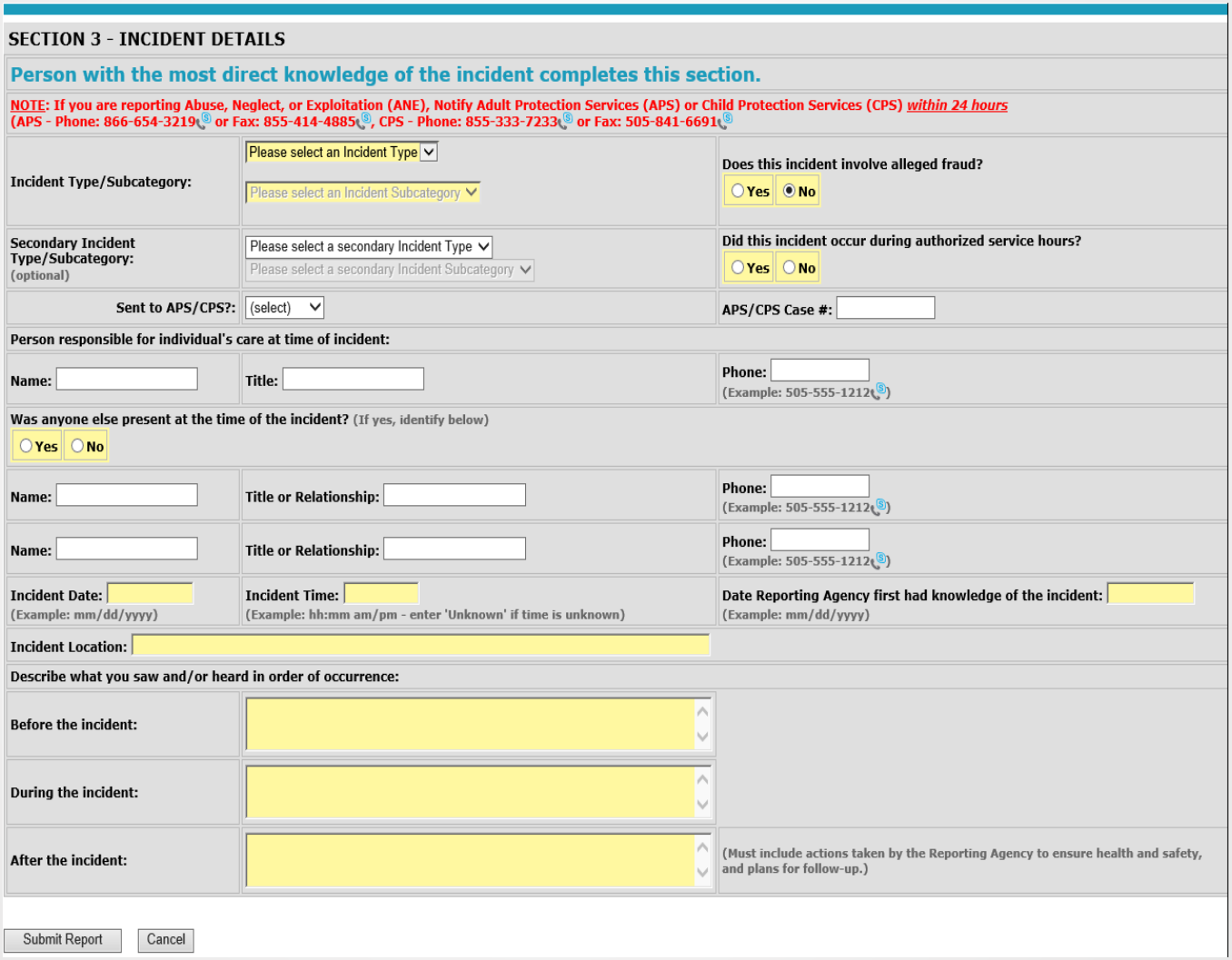
List of Consumer's Current Medications:

Name of Doctor: | Doctor Phone: (Example: 505-555-1212)

SECTION 2–AGENCY/ELIGIBILITY INFORMATION



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 or Fax: 855-414-4885, CPS - Phone: 855-333-7233 or Fax: 505-841-6691)

Incident Type/Subcategory: Please select an Incident Type / Please select an Incident Subcategory

Does this incident involve alleged fraud? Yes / No

Secondary Incident Type/Subcategory: (optional) Please select a secondary Incident Type / Please select a secondary Incident Subcategory

Did this incident occur during authorized service hours? Yes / No

Sent to APS/CPS?: (select)

APS/CPS Case #:

Person responsible for individual's care at time of incident:

Name: Title: Phone: (Example: 505-555-1212)

Was anyone else present at the time of the incident? (If yes, identify below) Yes / No

Name: Title or Relationship: Phone: (Example: 505-555-1212)

Name: Title or Relationship: Phone: (Example: 505-555-1212)

Incident Date: (Example: mm/dd/yyyy) Incident Time: (Example: hh:mm am/pm - enter 'Unknown' if time is unknown) Date Reporting Agency first had knowledge of the incident: (Example: mm/dd/yyyy)

Incident Location:

Describe what you saw and/or heard in order of occurrence:

Before the incident:

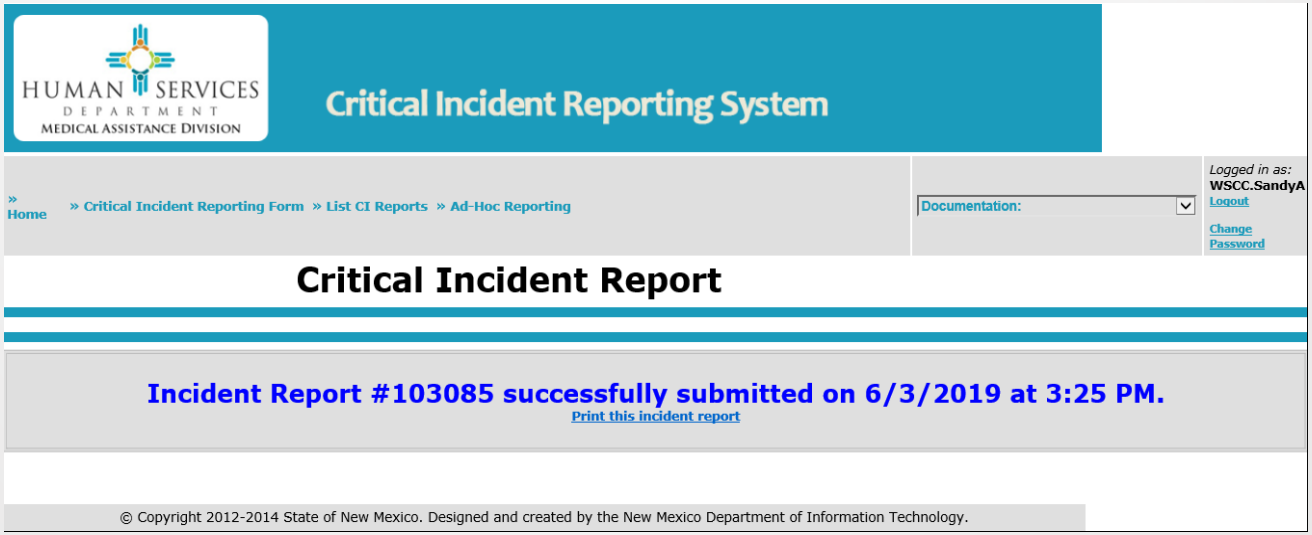
During the incident:

After the incident: (Must include actions taken by the Reporting Agency to ensure health and safety, and plans for follow-up.)

Submit Report Cancel

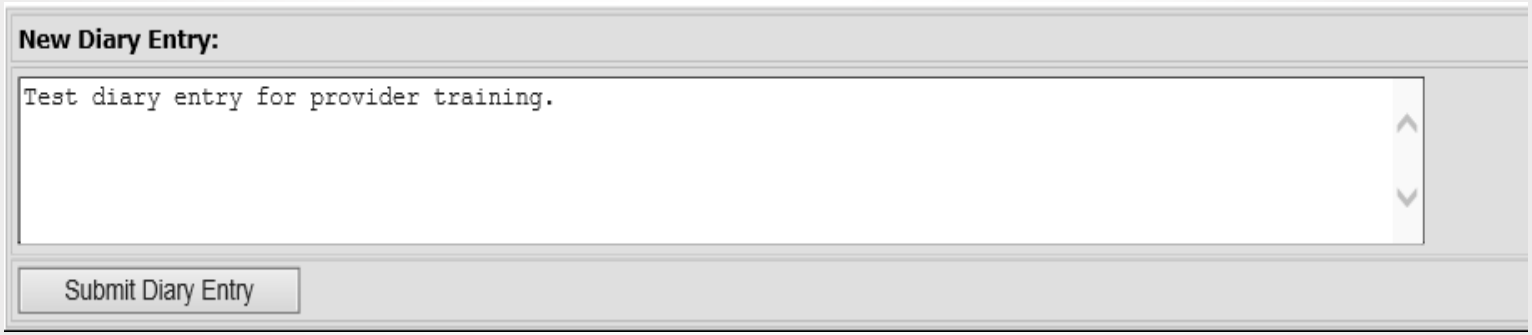
SUBMISSION

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.



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.



Your
QUESTIONS
answered here!

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
Phone: 505-816-3192

PRESBYTERIAN

E-Mail: criticalincident@phs.org
Fax: 505-843-3011

western sky community care

E-mail: 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.

Your
QUESTIONS
answered here!

Thank You

BlueCross BlueShield of New Mexico

PRESBYTERIAN

western sky community care.