

Personal Care and Self-
Directed Broker Services

2023 ANNUAL TRAINING FOR CRITICAL INCIDENT REPORTING

FOR THE BEST TRAINING 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.



PRESENTERS



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Kim Dixon



Viridiana Monarez
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REGISTRATION MATERIALS

Some training materials were sent with your registration.

Those materials contain basic information about critical incident reporting.

That basic information will not be covered today.

Are there any questions about the registration materials?

TRAINING OBJECTIVES

6

What is a critical incident?

Why do we file a critical incident?

When do you need to report a critical incident?

Understand how to report a critical incident.

Reporting in the HSD portal for PCS, Self-Directed, and BH providers.

Provide resources for non-portal Critical Incident Reports for BH providers.

Understand the new process of assessing Risk Level as it pertains to Critical Incidents.

Understand the changes to frequency of reporting certain Critical Incidents.

Understand the changes to the frequency of documenting follow-up and where to document.

WHAT IS A CRITICAL INCIDENT



- A critical incident is any occurrence that represents actual or potential serious harm to the well-being of a member or others.
- A critical incident helps:
 - ensure that everyone assisting the member has the most current information;
 - address potential gaps in the member's care;
 - expedite actions to help meet the member's needs.

WHY FILE A CRITICAL INCIDENT

- NMAC 8.308.21.13
 - Critical incident reporting helps identify causes of adverse events and areas of focus for implementation of preventive strategies
 - B. (4) A community agency providing home and community-based services is required to report critical incidents
- <https://www.srca.nm.gov/parts/title08/08.308.0021.html>

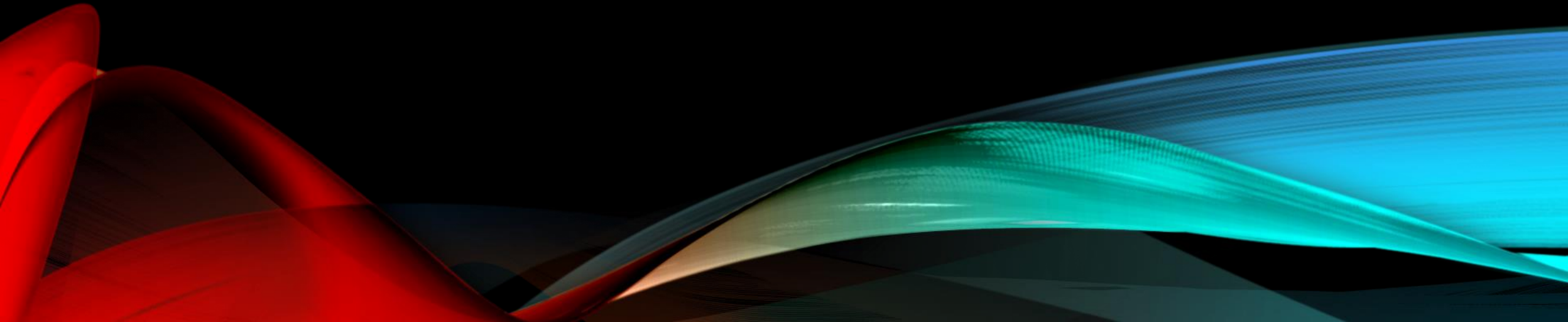
WHEN TO FILE A CRITICAL INCIDENT

- Critical Incident reports must be filed within 24 hours of becoming aware that an incident has occurred.
- If the incident occurs on a weekend or a holiday, the Critical Incident Report must be filed the next business day.

HOW TO FILE A CRITICAL INCIDENT

- HSD CI Reporting System:
 - Web address: <https://criticalincident.hsd.state.nm.us>
- Use the New Mexico Medicaid Portal to verify a member's name, date of birth, SSN, and category of eligibility:
 - Web address: <https://nmmedicaid.portal.Conduent.com/static/index.htm>
- Document in the narrative the total authorized PCS hours. Include:
 - Risk Level
 - Whether the member is delegated or directed
 - Number of hours authorized per week
 - Days per week the services are provided
 - Hours for each day services are scheduled
 - Last date services were provided
 - Number of missed visits
- Be accurate, comprehensive and factual with the narrative.
- Document that the member's health and safety have been addressed.

HSD PORTAL REPORTING



HSD PORTAL INCIDENT TYPES AND CATEGORIES OF ELIGIBILITY

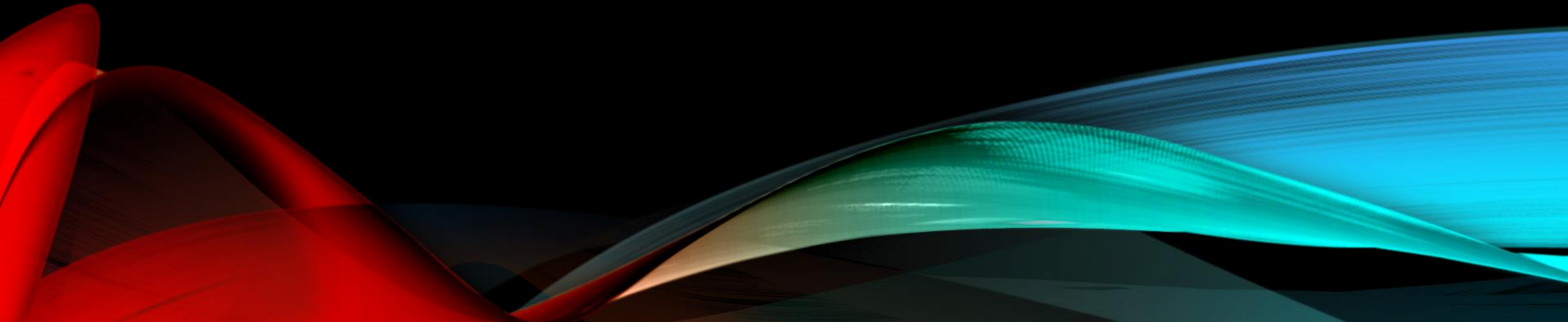
HSD Portal Incident Types:

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

HSD Portal Categories of Eligibility:

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

NON-PORTAL CRITICAL INCIDENTS



BEHAVIORAL HEALTH REPORTING IN THE HSD PORTAL & NON-HSD PORTAL

HSD Portal Incident Types:

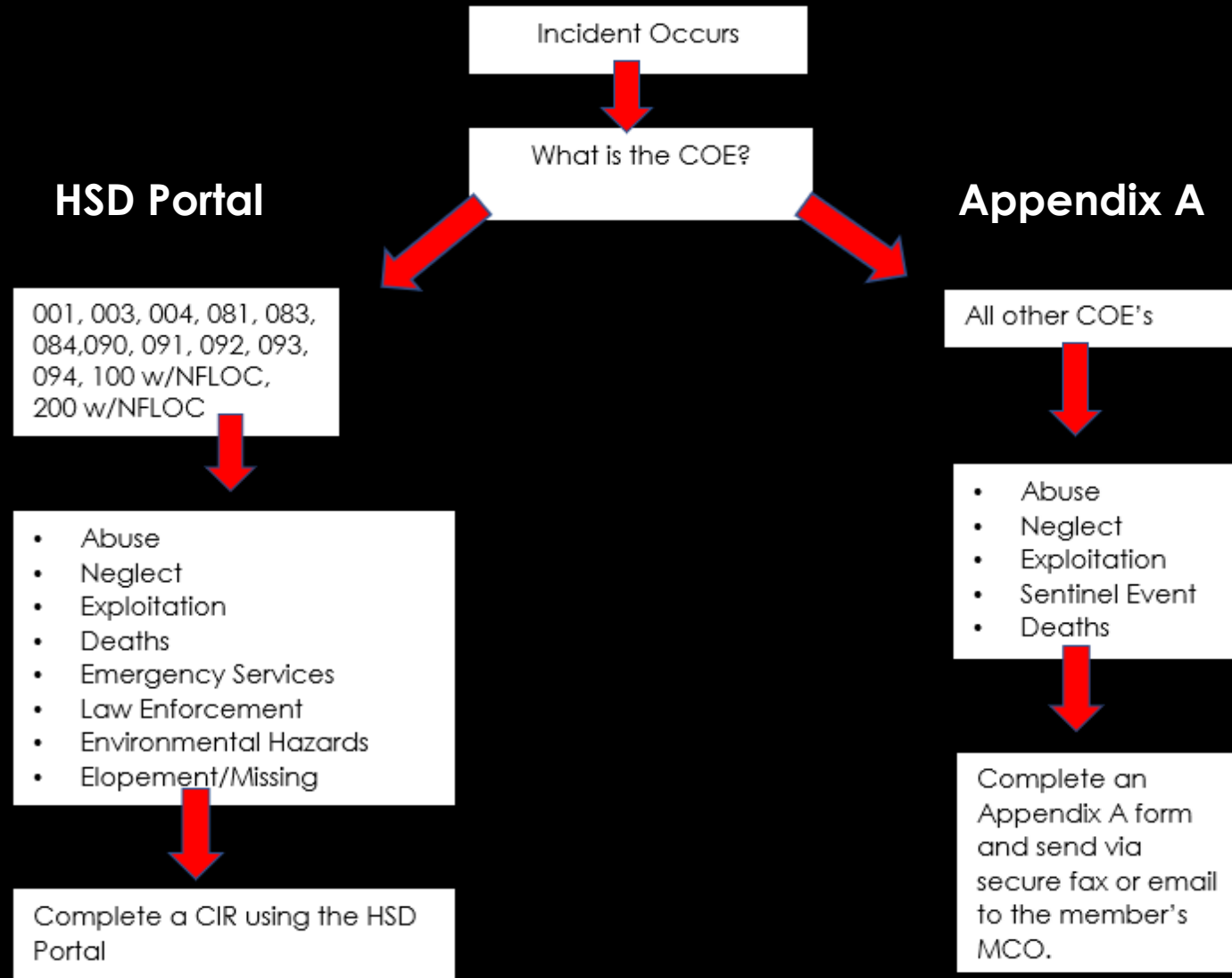
- Abuse
- Neglect
- Exploitation
- Deaths (Expected & Unexpected)
- Emergency Services
- Law Enforcement
- Environmental Hazards
- Elopement/Missing

All Other COEs

- Abuse
- Neglect
- Exploitation
- Sentinel Events (severe harm)
- Deaths

Reach out to the proper MCO to obtain Appendix A form to be completed and faxed/emailed rather than using the HSD portal.

Process Flow Map



SUBMIT BEHAVIORAL HEALTH CRITICAL INCIDENTS FILED OUTSIDE OF THE HSD PORTAL



HCSC_BHQI_SPHI@bcbsnm.com

Fax: 505-816-5831



criticalincident@phs.org

Fax: 505-843-3011



NMCI@westernskycommunitycare.com

Fax: 833-225-1168

REPORTING TO APS/CPS

- APS – By Phone
- APS – By Fax
- APS – By Agency/Provider
- APS – By MCO
- CPS – By Phone
- CPS – By Fax
- CPS – By Agency/Provider
- CPS – By MCO

APS/CPS REPORTING INDICATORS

- Abuse
- Neglect-emergent risk
- Exploitation

Use R.E.A.R. to determine risk level.

Note: It is important to identify situations that can be handled at the MCO level.

APS/CPS RISK LEVEL ASSESSMENT TOOL

R.E.A.R.

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R=Recognize

Recognize possible signs of abuse, neglect, or exploitation.

E=Evaluate

Evaluate the member's risk; is there emergent risk?

A=Act

Take Action-Is the member safe?

- Welfare check, call law enforcement, do a home visit; File CIR within 24 hours.

R=Report

Report to APS/CPS:

- Call immediately to report urgent cases and/or an emergency, choose the drop-down by phone option.
- For non-urgent cases, choose the drop-down by agency/provider option to report to APS through the CIR itself.

CIR FORM DOCUMENTATION

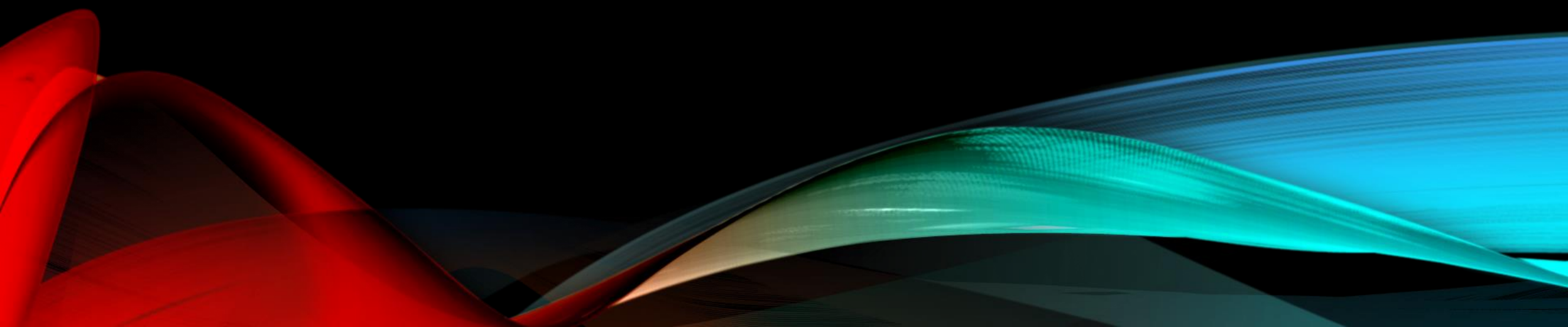
- APS- By Phone
 - Urgent reporting only.
 - CIR must be submitted prior to calling APS.
 - CIR # will be given to the APS operator so that APS can view the report for emergent risk.
 - APS intake # and operator ID# must be documented in diary entry of the CIR.
- APS- By Agency/Provider
 - Non-emergent
 - Agency must be comfortable with the member's health and safety
 - CIR will be "reported" to APS by APS finding the marked CIR in the HSD portal up to one week following CIR submission.
- APS- By Fax
 - Urgent reporting only when APS operator states during an attempted call to APS that their system is down.
 - "CIR sent to APS by fax due to system being down" must be documented in a diary entry.
- APS- By MCO
 - MCO use only for non-emergent **NOT** to be used by an agency.
 - CIR will be "reported" to APS by APS finding the marked CIR in the HSD portal up to one week following CIR submission.

IMPORTANT REMINDERS WHEN REPORTING TO APS

Do Not Report by
Email

Only Report by Fax
when requested by
the APS operator
during a phone
attempt to refer

NEW GUIDELINES FOR REPORTING CRITICAL INCIDENTS



INSUFFICIENT STAFFING EXAMPLE

Incident Narrative

Before:	Member is a Risk level III and does not have natural support to assist with ADL's. Member Delegated and is authorized for 34 hours per week. 7-day schedule; Monday through Friday 4.5 hours per day; Saturday 6.5 hours per day; and Sunday 5 hours per day. 3 missed visits since last date of service 10/9/23.
During:	Agency had no staff available to work with member on 10/13/23. Agency discussed safety and member communicated concerns with performing ADL's. Member's basic needs will not be met today. Agency had reminded the member to take medications.
After:	Agency will remain in contact with the member and continue to search for a caregiver.

CIR Documentation of
Staffing Concerns

CURRENT DIRECTION

The bottom half of the slide features an abstract graphic consisting of several overlapping, flowing ribbons. On the left, a vibrant red ribbon curves upwards and then downwards. On the right, a bright cyan/blue ribbon flows from the top right towards the bottom right. The ribbons have a slight transparency and a soft glow, creating a sense of movement and depth against the dark background.

CIR HISTORY FOR DAILY STAFFING CONCERNS

<u>Incident ID</u>	<u>Zip</u>	<u>Incident Type</u>	<u>Incident Subcategory</u>	<u>Incident Date</u>	<u>Date/Time Filed</u>	<u>Incident Status</u>	<u>Date Closed</u>	<u>Reporting Agency</u>	<u>Last Diary Entry</u>
536383	87571	Neglect	Insufficient Staffing	10/19/2023	10/20/2023 11:49:13 AM	Under Review	12/31/9999	Ambercare Home Health	11/1/2023
537411	87571	Neglect	Insufficient Staffing	10/20/2023	10/23/2023 12:33:48 PM	Under Review	12/31/9999	Ambercare Home Health	11/1/2023
538597	87571	Neglect	Insufficient Staffing	10/23/2023	10/24/2023 11:49:01 AM	Under Review	12/31/9999	Ambercare Home Health	11/1/2023
539535	87571	Neglect	Insufficient Staffing	10/24/2023	10/25/2023 3:33:27 PM	Under Review	12/31/9999	Ambercare Home Health	11/1/2023
540047	87571	Neglect	Insufficient Staffing	10/25/2023	10/26/2023 1:16:27 PM	Under Review	12/31/9999	Ambercare Home Health	11/1/2023
540610	87571	Neglect	Insufficient Staffing	10/26/2023	10/27/2023 1:06:51 PM	Under Review	12/31/9999	Ambercare Home Health	11/1/2023
541795	87571	Neglect	Insufficient Staffing	10/27/2023	10/30/2023 2:29:34 PM	Under Review	12/31/9999	Ambercare Home Health	11/1/2023
542080	87571	Neglect	Insufficient Staffing	10/28/2023	10/30/2023 4:05:51 PM	Under Review	12/31/9999	Ambercare Home Health	11/1/2023
542457	87571	Neglect	Insufficient Staffing	10/29/2023	10/31/2023 9:50:55 AM	Under Review	12/31/9999	Ambercare Home Health	11/1/2023
543323	87571	Neglect	Insufficient Staffing	10/30/2023	11/1/2023 1:37:01 PM	Under Review	12/31/9999	Ambercare Home Health	11/2/2023

Focus on Follow-up and
Documentation

NEW DIRECTION

DIARY ENTRIES

Diary Entries

Click the header of the entry you wish to view or [Collapse All](#) | [Expand All](#)

Entered 11/7/2023 14:14:21 by php.KimD

Entered 11/7/2023 14:13:36 by php.KimD

Entered 11/7/2023 07:50:59 by php.KimD

CC spoke with agency via phone. Agency reports ongoing recruitment efforts to provide staff for the member have been unsuccessful. CC follow-up up with member in-person this morning: Member reports attempt to shower himself alone was unsuccessful. Member observed to have some bruises and scratches over arms and legs. Skin tear noted to left forearm is clean and intact with transparent dressing. No durable medical equipment observed in the home. CC to make arrangements for shower chair. CC discussed options to make a change to an agency that may be better staffed. Member declined at this time. CC to follow-up with member next week.

Entered 11/6/2023 16:25:37 by GSS.UnaG

Entered 10/31/2023 10:34:03 by php.KimD

Entered 10/30/2023 14:32:43 by GSS.UnaG

Entered 10/23/2023 15:34:09 by GSS.UnaG

Entered 10/20/2023 09:58:02 by php.KimD

Entered 10/16/2023 16:53:49 by php.KimD

Entered 10/16/2023 16:47:01 by php.KimD

GUIDELINES

- One Critical Incident report will be filed:
 - Daily critical incident reports for insufficient staffing and refusing services are no longer required.
 - Follow-up with the member will be conducted by agency and MCO care coordination according to a new “Risk Level”.
 - Documentation of follow-up conducted will be entered into the CIR diary entry according to “Risk Level”.

MEMBER'S HEALTH, SAFETY, AND WELFARE

- Agency caregivers will conduct an evaluation to assure the member's health, safety, and welfare.
- How?
 - Caregivers assess:
 - Natural support in the home
 - The natural support shall be responsible and of legal age
 - The episodes shall be for brief periods
 - Ex: Caregiver is out for a day; doctor appointments; holidays, family vacations
 - Durable Medical Equipment (DME)
 - Risk level – The number of PCS hours allocated per week
 - When an APS referral should be submitted

RISK LEVEL

Factors that determine a member's risk level:

- The number of PCS hours allocated per week
 - Risk Level I – Low
 - 10 hours or less per week with natural support
 - Risk Level II – Medium
 - 11 – 25 hours per week
 - Risk Level III – High
 - 26 or more hours of PCS services allocated

RISK LEVEL

Other factors to consider:

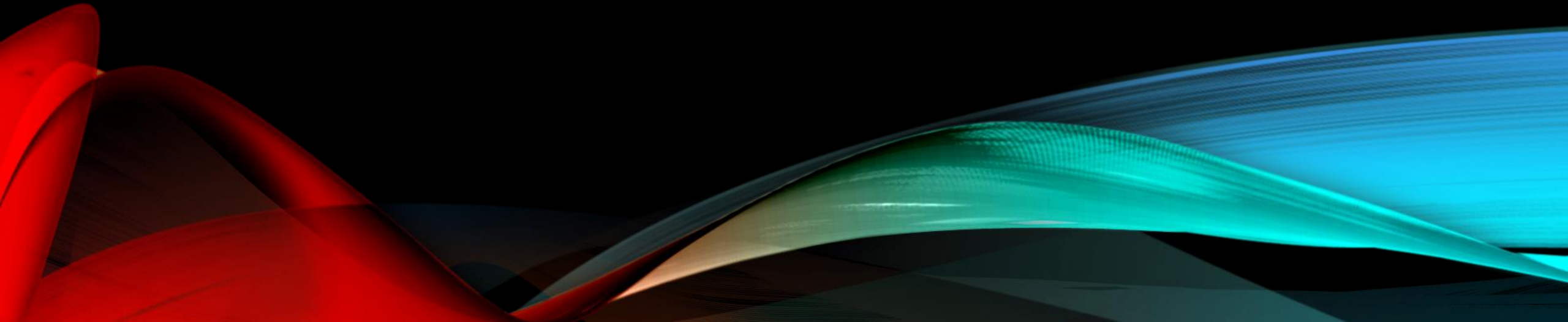
- Member's hospitalization and/or ER visit
- Member's change in condition
- Member's chronic conditions
- Member's imminent risk or threat to self and others due to lack of caregiver supervision

FOLLOW-UP

Documentation in the diary entry of the CIR filed must include:

- Method of contact with the member:
 - How was your contact with the member made:
 - Ex: Telephonic, in-person, letter, email, text
 - With whom was contact made when you conducted your follow-up:
 - Ex: Member, POA, guardian, son, daughter, spouse

QUESTIONS



ABUSE/SELF-ABUSE

ABUSE/SELF-ABUSE

ABUSE is defined by the DOH as:

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

ABUSE/SELF-ABUSE

SEXUAL ABUSE is defined by the DOH as:

- the inappropriate touching of a recipient of care/services for sexual purpose or in a sexual manner, and includes kissing, touching the genitals, buttocks, or breasts; or
- causing the recipient of care/services to touch another for sexual purpose; or
- promoting or observing for sexual purpose any activity or performance involving play, photography, filming, or depiction of acts considered pornographic.
- Sexual conduct engaged in by an employee with a person for whom they are providing care or services is sexual abuse per se.

ABUSE/SELF-ABUSE

VERBAL ABUSE is defined by the DOH as:

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

MENTAL ANGUISH is defined by the DOH as:

- a relatively high degree of mental pain and distress that is more than mere disappointment, anger, resentment, or embarrassment, although it may include all these, and is objectively manifested by the recipient of care or services by significant behavioral or emotional changes or physical symptoms.

REPORTING ABUSE

- File a CIR when incidents of abuse occur.
- Communicate with the member and the care coordinator.
- Documentation of follow-up activity is required in the CIR Diary.
 - Frequency of documentation is in accordance with member's Risk Level.
- Documentation and follow-up is ongoing until the initial reason for incident report has been resolved and the health, safety, and welfare of the member has been established.

FOLLOW-UP AND DOCUMENTATION

- Risk Level Assessment
 - Risk Level I – Low – 10 hours or less per week with natural support
 - Risk Level II – Medium – 11- 25 hours per week
 - Risk Level III – High – 26 or more hours of PCS services allocated
- Follow-up Documentation
 - Risk Level I – monthly Diary entries
 - Risk Level II – every other week Diary entries
 - Risk Level III – weekly Diary entries

NEGLECT/SELF-NEGLECT

NEGLECT/SELF-NEGLECT

NEGLECT is defined by DOH as:

- the failure of the caretaker to provide basic needs of a person, such as clothing, food, shelter, supervision, and care for the physical and mental health of that person.
- Neglect causes or is likely to cause harm to a person.

NEGLECT/INSUFFICIENT STAFFING

INSUFFICIENT STAFFING PROCESS

- Identify the reason/cause for the staffing concerns.
- File one CIR the first date services are missed.
- Communicate with the member and MCO care coordinator.
- Document the concerns in the CIR.
 - Is there abuse, exploitation, or environmental hazards impacting the caregiver services that can be delivered?

INSUFFICIENT STAFFING PROCESS

- Documentation of follow-up activity is required in the CIR Diary.
 - Frequency of documentation is in accordance with member's Risk Level.
- Documentation and follow-up is ongoing until the initial reason for incident report has been resolved and the health, safety, and welfare of the member has been established.

SERVICES HAVE BEGUN – AGENCY UNABLE TO STAFF FOLLOW-UP AND DOCUMENTATION

- Risk Level Assessment
 - Risk Level I – Low – 10 hours or less per week with natural support
 - Risk Level II – Medium – 11- 25 hours per week
 - Risk Level III – High – 26 or more hours of PCS services allocated
- Follow-up Documentation
 - Risk Level I – monthly Diary entries
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INSUFFICIENT STAFFING AND REFUSING SERVICES – REQUIRED NARRATIVE ELEMENTS

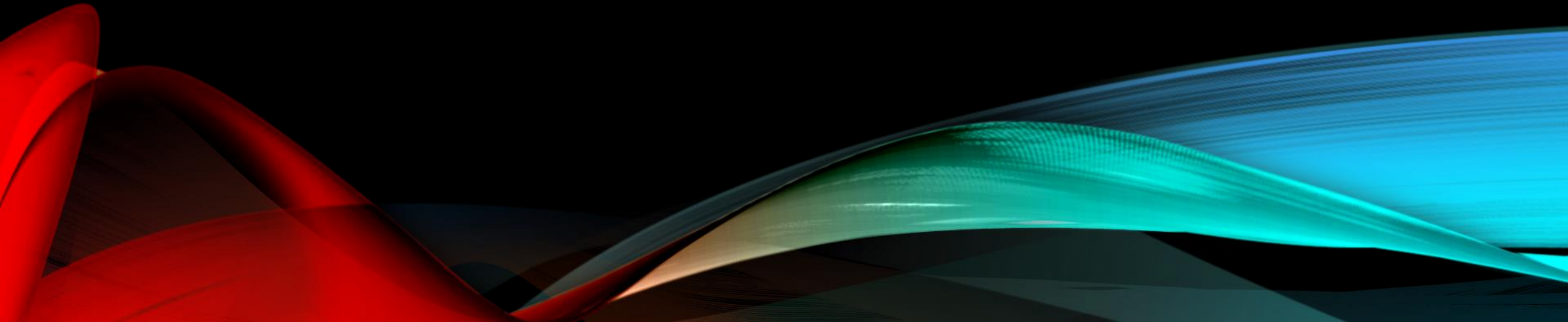
A standard response in the narrative shall be noted as follows:

- Before
 - Risk Level of the member
 - Whether the member is Delegated or Directed.
 - Number of approved hours for PCS services – total for the week
 - Days of the week services are scheduled to be rendered
 - Hours of service authorized for each day
 - Last date services were provided
 - Number of missed visits
 - Document if the member has natural support

INSUFFICIENT STAFFING AND REFUSING SERVICES – REQUIRED NARRATIVE ELEMENTS

- During
 - Document a detailed explanation of the circumstances surrounding the situation.
 - Be aware of the 1,000 character limitation within each of the narrative text fields.
- After
 - Document actions taken to remedy the situation on behalf of the member.

NEW GUIDELINE EXAMPLES AND QUESTIONS



NEGLECT - ISSUES WITH HIRING/FIRING OF CAREGIVERS

DELAY IN START OF SERVICES PROCESS

- The member has free choice to select an agency to provide care to them.
- Adequate staffing is important to identify prior to accepting new members.
- Communicate with the member's MCO care coordinator if staffing is identified as a potential concern.
- Follow-up with the person requesting services to advise them that staffing shortages may cause a delay in care.
- Document your actions and follow-up in a diary entry.

WHEN SERVICES HAVE NOT BEGUN

- The agency will file the CIR as Neglect - Issue with hiring/firing of caregivers.
- Document in Section 3 – Incident Details – ‘Before’ narrative:
 - Date that services were authorized to start.
 - Number of PCS hours authorized.
- For both Delegated and Directed models of care:
 - Follow-up must be documented weekly as a Diary Entry
 - This documentation/follow-up is weekly regardless of risk level.

DELEGATED MEMBERS SERVICES HAVE BEGUN

Delegated Model of Care

- Primary incident type most likely insufficient staffing or refusal of services.
- Secondary incident type of Issue with hiring and firing of caregivers is used to support the primary incident type if applicable.
- One CIR filed due to interruption of services related to insufficient staffing or refusal of services.
- Follow-up is documented in accordance to Risk level:
 - Include follow-up activity and the agency's status at finding a caregiver.

DIRECTED MEMBERS SERVICES HAVE BEGUN

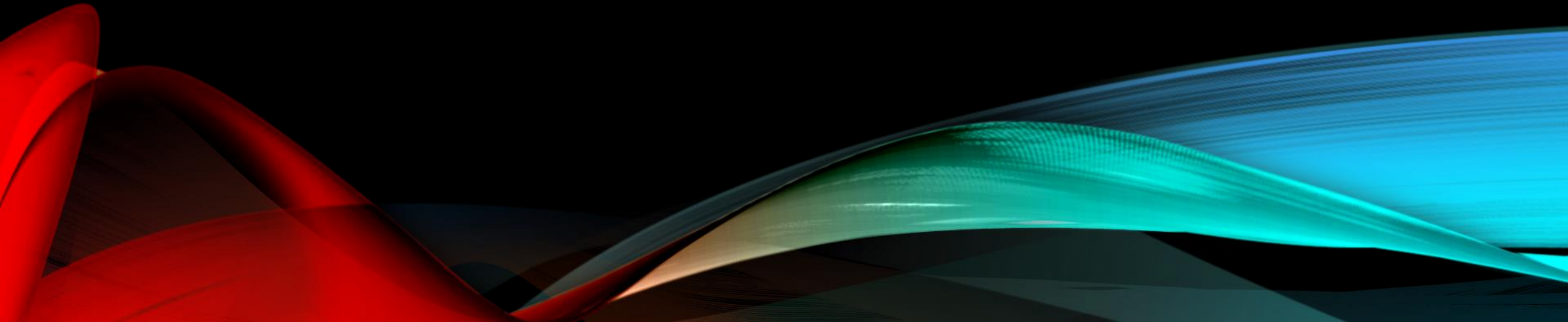
Directed Model of Care

- Primary incident type is Neglect - Issue with hiring/firing of caregivers.
- One CIR filed due to interruption of services related to hiring/firing of caregivers for members under the directed model of care.
- Follow-up is documented in accordance to risk level:
 - Include follow-up activity and the member's status at finding a caregiver.

MEMBER HAS LOST CAREGIVER FOLLOW-UP AND DOCUMENTATION

- Risk Level Assessment
 - Risk Level I – Low – 10 hours or less per week with natural support
 - Risk Level II – Medium – 11- 25 hours per week
 - Risk Level III – High – 26 or more hours of PCS services allocated
- Follow-up Documentation
 - Risk Level I – monthly Diary entries
 - Risk Level II – every other week Diary entries
 - Risk Level III – weekly Diary entries

NEW GUIDLINE EXAMPLES AND QUESTIONS



NEGLECT/REFUSING SERVICES

NEGLECT/REFUSING SERVICES

NEGLECT/Refusing Services is when:

- The member refuses to allow services to be rendered.
- The member declines a back-up caregiver in the absence of the regularly assigned caregiver.

REFUSING SERVICES PROCESS

- Identify the reason/cause for the member's refusal of services.
- File a CIR when the member refuses services.
 - Is there abuse, exploitation, or environmental hazards causing the member to refuse care?
- Communicate with the member and the MCO care coordinator.
- Documentation of follow-up activity is required in the CIR Diary.
 - Frequency of documentation is in accordance with member's Risk Level.
- Documentation of follow-up is ongoing based on the member's risk level until the initial reason for incident report has been resolved and the health, safety, and welfare of the member has been established.

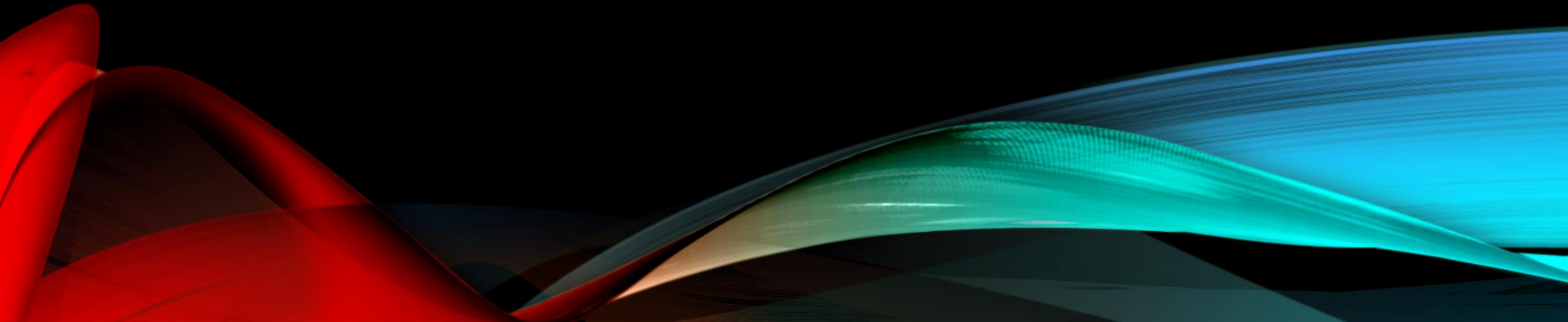
MEMBER REFUSES SERVICES OFFERED

- If the agency offers a replacement for the familiar caregiver and the member refuses
 - Follow-up Reporting
 - Risk Level I – monthly Diary entries
 - Risk Level II – every other week Diary entries
 - Risk Level III – weekly Diary entries
- Implement MAD 062 form
 - Non-utilization of services by member
 - Submit to MCO for authorization

UPDATES FOCUSED ON INSUFFICIENT STAFFING, REFUSING SERVICES, AND HIRING/FIRING

- Insufficient Staffing
- Refusing Services
- Issues with Hiring/Firing of Caregivers
 - Delay in the start of caregiver services – both Directed and Delegated
 - Directed members – services have begun
 - Delegated members – services have begun, as secondary incident type
- Changes:
 - Reporting frequency
 - Criteria for determining member's level of risk
 - Follow-up and documentation frequency
 - Risk Levels:
 - Level I= Low
 - Level II= Medium
 - Level III= High

NEW GUIDELINE EXAMPLES AND QUESTIONS



REDUCTION IN PCS HOURS

- Members who wish to receive fewer PCS hours than initially authorized would discuss changes with their PCS provider and MCO Care Coordinator.
- The MCO is notified of the member's request by the PCS provider, the member and/or an external Care Coordinator, if applicable.
 - The member and the MCO Care Coordinator will work together to determine if reducing hours is reasonable.
- The MCO approval of the request for a reduction in hours may occur:
 - after at least 60 calendar days into the approved schedule,
 - after a reassessment of approved hours, and
 - after a discussion with the member or their representative has occurred.

REDUCTION IN PCS HOURS

- The member will sign a new Community Benefit Member Agreement (CBMA).
- In this agreement, the specified number of reduced hours would be documented with any additional comments about the reduction.
- Both the agency and the member can collaboratively revise the member's Individual Plan of Care (IPoC) to reflect reduction in PCS hours.
- A member must understand the request for reduced hours will be for the remainder of their budget/care plan year.
- It is essential that members willingly agree to and sign the CBMA for the reduced PCS hours.

REDUCTION IN PCS HOURS

- MCOs can proceed to update the authorization in Authenticare to reflect the agreed-upon hours stated in the CBMA and IPoC.
- It is important for the member to have the autonomy to choose fewer hours if they deem it suitable for their situation without a corresponding change in their medical condition, as long as it does not put their well-being at risk.
- If the member has a change in condition, change to natural supports, or otherwise needs to increase their hours back to the original assessed number, they may work with their Care Coordinator to do so.

EXPLOITATION

EXPLOITATION

EXPLOITATION is defined by DOH as:

- an unjust or improper use of a person's money or property for another person's profit or advantage, financial or otherwise.

Fraud is a type of exploitation that involves the misuse of Centennial Care funds.

REPORTING EXPLOITATION

- File a CIR when incidents of exploitation occur.
- Communicate with the member and the care coordinator.
- Documentation of follow-up activity is required in the CIR Diary.
 - Frequency of documentation is in accordance with member's Risk Level.
- Documentation and follow-up is ongoing until the initial reason for incident report has been resolved and the health, safety, and welfare of the member has been established.

FOLLOW-UP AND DOCUMENTATION

- Risk Level Assessment
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ENVIRONMENTAL HAZARD

ENVIRONMENTAL HAZARD

ENVIRONMENTAL HAZARD is defined by DOH as:

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

REPORTING ENVIRONMENTAL HAZARD

- File a CIR when incidents of environmental hazard occur.
- Communicate with the member and the care coordinator.
- Documentation of follow-up activity is required in the CIR Diary.
 - Frequency of documentation is in accordance with member's Risk Level.
- Documentation and follow-up is ongoing until the initial reason for incident report has been resolved and the health, safety, and welfare of the member has been established.

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DEATH

File a CIR when an incident of death occurs. Death can be:

- Natural or Expected
- Unexpected
- Homicide
- Suicide

EMERGENCY SERVICES

- ES is the provision of medical care to a member that was not planned or anticipated.
- ES is care that would not routinely be provided by a primary care physician.
- ES is provided in times of crisis.
- Include in the CIR narrative:
 - Member's Risk Level
 - Mode of transport to the ER

REPORTING EMERGENCY SERVICES

- File a CIR when member utilizes emergency services.
- Communicate with the member and the care coordinator.
- Documentation of follow-up activity is required in the CIR Diary.
 - Frequency of documentation is in accordance with member's Risk Level
- Documentation and follow-up is ongoing until the initial reason for incident report has been resolved and the health, safety, and welfare of the member has been established.

FOLLOW-UP AND DOCUMENTATION

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LAW ENFORCEMENT

- An incident in which Law Enforcement involvement prevents the member from receiving services or directly affects the member's health and safety.
- Include in the CIR narrative:
 - Member's Risk Level
 - Law Enforcement Case number, if one exists

REPORTING LAW ENFORCEMENT

- File a CIR when law enforcement becomes involved with a member.
- Communicate with the member and the care coordinator.
- Documentation of follow-up activity is required in the CIR Diary.
 - Frequency of documentation is in accordance with member's Risk Level
- Documentation and follow-up is ongoing until the initial reason for incident report has been resolved and the health, safety, and welfare of the member has been established.

FOLLOW-UP AND DOCUMENTATION

- Risk Level Assessment
 - Risk Level I – Low – 10 hours or less per week with natural support
 - Risk Level II – Medium – 11- 25 hours per week
 - Risk Level III – High – 26 or more hours of PCS services allocated
- Follow-up Documentation
 - Risk Level I – monthly Diary entries
 - Risk Level II – every other week Diary entries
 - Risk Level III – weekly Diary entries

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.
 - Include in the CIR narrative:
 - Member's Risk Level
 - Actions taken to find the member

REPORTING MISSING

- File a CIR when member's are missing.
- Communicate with the member's care coordinator.
- Documentation of follow-up activity is required in the CIR Diary.
 - Frequency of documentation is in accordance with member's Risk Level.
- Documentation and follow-up is ongoing until the initial reason for incident report has been resolved and the health, safety, and welfare of the member has been established.

FOLLOW-UP AND DOCUMENTATION

- Risk Level Assessment
 - Risk Level I – Low – 10 hours or less per week with natural support
 - Risk Level II – Medium – 11- 25 hours per week
 - Risk Level III – High – 26 or more hours of PCS services allocated
- Follow-up Documentation
 - Risk Level I – monthly Diary entries
 - Risk Level II – every other week Diary entries
 - Risk Level III – weekly Diary entries

HIERARCHY OF PRIMARY INCIDENT TYPES

- Death
- Abuse
- Neglect
- Exploitation
- Environmental Hazard
- Missing
- Emergency Services
- Law Enforcement

MCO CONTACT INFORMATION



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SURVEY

- When you registered for today's training, you received the training link in a confirmation e-mail.
- That link required you to log into today's training with your information.
- Those of you who logged into today's training will receive a link to a post-training survey.
- The link to the survey is in the body of the 2023 Annual Critical Incident Post-Training Survey email.
- Click the link or copy and paste the link into the address bar of your browser and click 'enter'.

FINAL QUESTIONS

The background features a dark, almost black, gradient. In the lower portion, there are dynamic, flowing shapes. On the left, a vibrant red wave-like form curves upwards. On the right, a bright cyan wave-like form curves downwards, meeting the red form in the center. The overall effect is one of motion and energy.

THANK YOU FOR ATTENDING!

REFERENCES TO FOLLOW

NM MEDICAID PORTAL



The screenshot shows the New Mexico Medicaid Portal interface. At the top, there is a blue header with the text "New Mexico Medicaid Portal". Below the header, there are two main navigation tabs: "Recipient/Recipiente" and "Providers". Under the "Recipient/Recipiente" tab, there are four small images: a family of three, a young child, a woman, and a man. Under the "Providers" tab, there are four images of healthcare professionals: a male doctor, a female doctor, a female nurse, and a male nurse. Below the navigation tabs, there are two main content areas. The left area is titled "Recipients" and contains two columns of text. The first column is for users already enrolled in the program, and the second column is for users who are not enrolled but want more information. The right area is titled "Providers" and contains a section for "SECURE INFORMATION" with a "Log in to:" link and a list of services.

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

NM MEDICAID PORTAL LOG IN

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:

*Password:

Provider Id/NPI:

[I forgot my password](#)

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

- Go to web site:
<https://nmmedicaid.portal.conduent.com/static/index.htm>
- Under Providers, click on link Log in to:
- 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>
- Select Log In button.

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

The screenshot shows the New Mexico Medicaid Portal interface. At the top right, it says "New Mexico Medicaid Portal" and "Logout". Below that, it indicates "User logged in as [saronow18]" and "30039720-WESTERN SKY COMMUNITY CARE". There are navigation links for "Home" and "Contact Us", and a search bar with a "GO" button. On the left side, there is a menu with sections: "INFORMATION" (Provider Information, FAQ), "PROVIDER - Secure Options" (ADMINISTRATION: User Home, Change Password; INQUIRIES: Eligibility), "WEB REGISTRATION", "ASK SERVICE", and "REPRESENTATIVE". The main content area, titled "User Home", displays a welcome message for "saronow18 (Sandy Aronow)", the current date and time, and a notice about automatic logout after 15 minutes of inactivity.

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

MEMBER ELIGIBILITY

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

* denotes required fields

* Date of Service (From):	<input type="text" value="mm/dd/ccyy"/>
Date of Service (To):	<input type="text" value="mm/dd/ccyy"/>

* Recipient Inquiry			
<input type="radio"/>	Recipient ID:	<input type="text"/>	
<input type="radio"/>	Card ID:	<input type="text"/>	Located on front of recipient's Medicaid card.
<input type="radio"/>	SSN:	<input type="text"/>	Date of Birth: <input type="text" value="mm/dd/ccyy"/>
<input type="radio"/>	Last Name:	<input type="text"/>	First Name: <input type="text"/> Date of Birth: <input type="text" value="mm/dd/ccyy"/>

VERIFY MEMBER DEMOGRAPHICS

New Mexico Medicaid Portal

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

Home Contact Us GO

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 CATEGORY OF ELIGIBILITY (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).
- 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.

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	

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

- Once you find the member and enter the service date range, scroll down to section (Lock-In) Information.
- The MCO is listed under Provider Name (in this example, the MCO is BCBSNM).
- 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

Long Term Care Information		What's This?		
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

VERIFY NFLOC & SELF-DIRECTED

Long Term Care Information		What's This?		
Level of Care				
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
Patient Liability				
Begin Date	End Date	Patient Liability		
No Patient Liability Information on file for the requested date of service.				

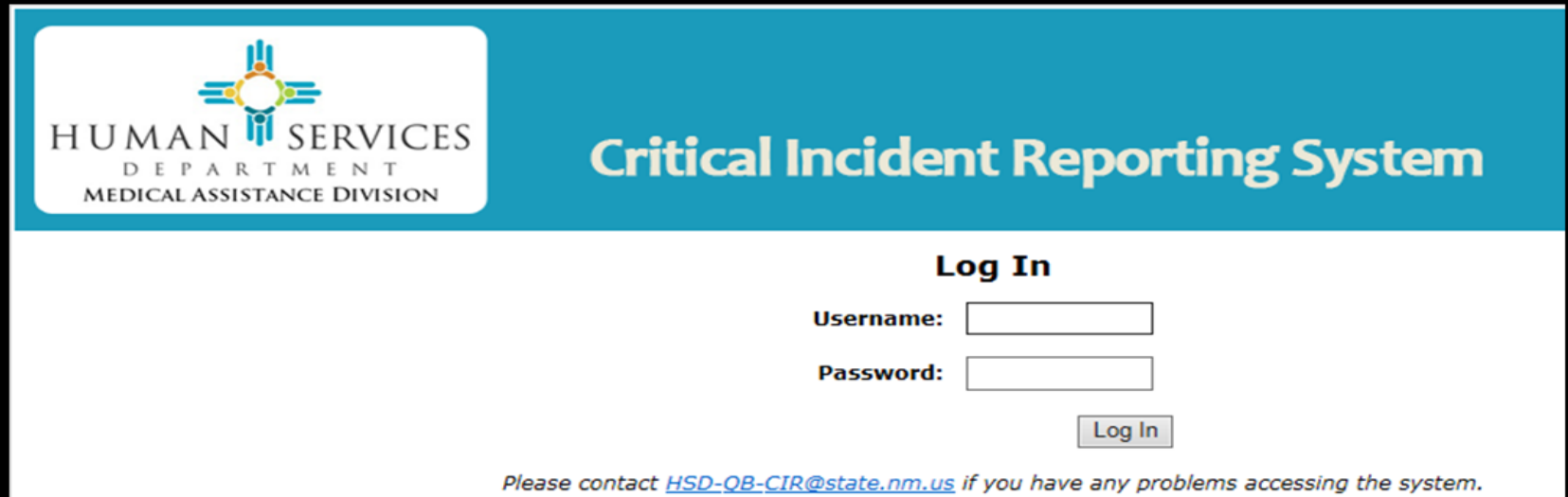
NFLOC:

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.

Agency Directed vs. Self-Directed Level of Care:

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

HSD CRITICAL INCIDENT REPORTING PORTAL



The screenshot shows the login interface for the HSD 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 reads "HUMAN SERVICES DEPARTMENT MEDICAL ASSISTANCE DIVISION". The main title "Critical Incident Reporting System" is displayed in a large, bold, white font on a blue background. Below the title, 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 if you have any problems accessing the system."

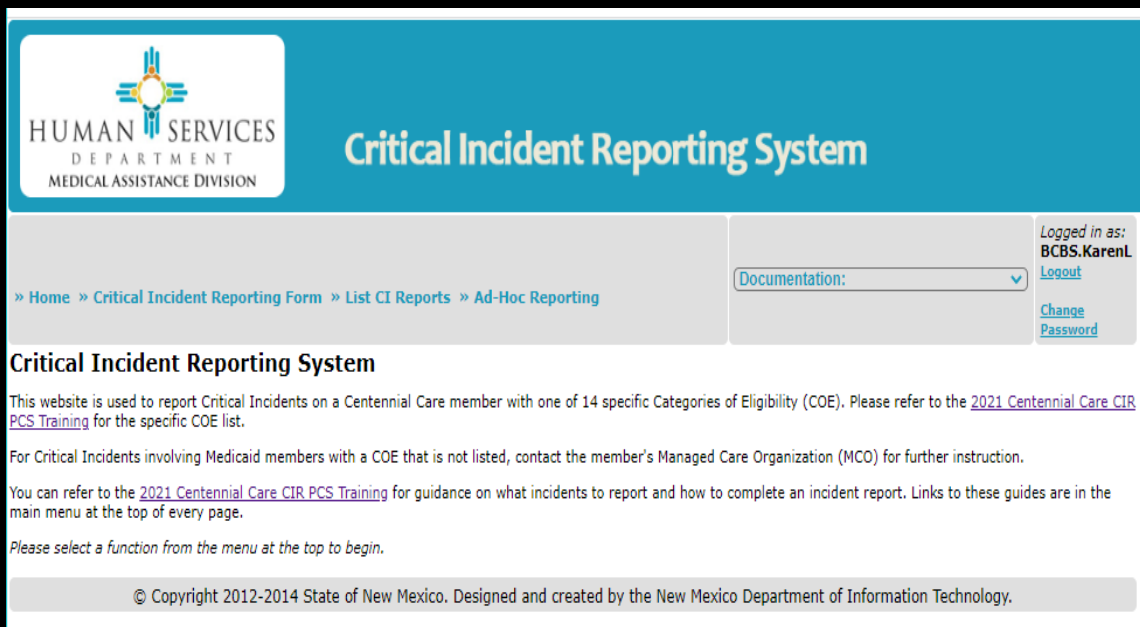
Log In

- The person 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@hsd.nm.gov
- If request for log in is not received in a timely manner, check your spam/junk folder prior to resubmitting request.

HSD CRITICAL INCIDENT REPORTING PORTAL

Menu Bar: used to navigate through the HSD Portal

Documentation Dropdown: used to access a resource when you have questions about filing a CIR.



The screenshot shows the top navigation bar of the HSD Critical Incident Reporting System. On the left is the logo for the Human Services Department, Medical Assistance Division. The title "Critical Incident Reporting System" is centered in the blue header. Below the header, a breadcrumb trail reads: » Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting. To the right of the breadcrumb is a "Documentation:" dropdown menu. Further right, the user is logged in as "BCBS.KarenL." with links for "Logout", "Change Password", and "Password".

Critical Incident Reporting System

This website is used to report Critical Incidents on a Centennial Care member with one of 14 specific Categories of Eligibility (COE). Please refer to the [2021 Centennial Care CIR PCS Training](#) for the specific COE list.

For Critical Incidents involving Medicaid members with a COE that is not listed, contact the member's Managed Care Organization (MCO) for further instruction.

You can refer to the [2021 Centennial Care CIR PCS Training](#) for guidance on what incidents to report and how to complete an incident report. Links to these guides are in the main menu at the top of every page.

Please select a function from the menu at the top to begin.


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This screenshot is similar to the previous one, but the "Documentation:" dropdown menu is open, showing a list of resources: "Centennial Care CIR Document", "BH CIRReport Protocol", and "BH CIRReport Form". The "Centennial Care CIR Document" option is highlighted in blue. The rest of the page layout, including the logo, header, breadcrumb trail, and user information, remains the same.

Critical Incident Reporting System

CRITICAL INCIDENT REPORT: SECTION 1 MEMBER INFORMATION



Critical Incident Reporting System

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

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 style="background-color: yellow;" type="text"/>	Middle Initial: <input type="text"/>	Last Name: <input style="background-color: yellow;" type="text"/>
Social Security Number: <input style="background-color: yellow;" type="text"/> <small>(Example: 123-45-6789 or 123456789)</small>	Gender: <input type="radio"/> Male <input type="radio"/> Female	DOB: <input style="background-color: yellow;" type="text"/> <small>(Example: mm/dd/yyyy)</small>
Physical Address: <input style="background-color: yellow;" type="text"/>	City: <input style="background-color: yellow;" type="text"/> , NM	County: <input style="background-color: yellow;" type="text"/> (select) <input type="text"/>
Phone: <input style="background-color: yellow;" type="text"/> <small>(Example: 505-555-1212)</small>		ZIP: <input style="background-color: yellow;" type="text"/>

<p>ADLs (Consumer needs assistance with): (check at least one)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Supportive Mobility Assistance</td> <td><input type="checkbox"/> Eating</td> </tr> <tr> <td><input type="checkbox"/> Wheelchair</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Hygiene/Grooming</td> <td><input type="checkbox"/> Meal Preparation</td> </tr> </table>	<input type="checkbox"/> Supportive Mobility Assistance	<input type="checkbox"/> Eating	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Unknown	<input type="checkbox"/> Hygiene/Grooming	<input type="checkbox"/> Meal Preparation	<p>Verbal?</p> <input type="radio"/> Yes <input type="radio"/> No	<p>Diagnosis(es):</p> <input style="background-color: yellow;" type="text"/>
<input type="checkbox"/> Supportive Mobility Assistance	<input type="checkbox"/> Eating							
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Unknown							
<input type="checkbox"/> Hygiene/Grooming	<input type="checkbox"/> Meal Preparation							
<p>List of Consumer's Current Medications:</p> <input style="background-color: yellow;" type="text"/>								
<p>Name of Doctor: <input style="background-color: yellow;" type="text"/></p>		<p>Doctor Phone: <input style="background-color: yellow;" type="text"/> <small>(Example: 505-555-1212)</small></p>						

CRITICAL INCIDENT REPORT: SECTION 2

AGENCY/MCO/ELIGIBILITY INFORMATION

SECTION 2 - AGENCY/ELIGIBILITY INFORMATION			
MCO: <input type="text" value="Blue Cross/Blue Shield"/>	Behavioral Health Diagnosis: <input type="text"/>	Reporting Agency: <input type="text" value="BCBS"/>	
Category of Eligibility: <input type="text" value="(select)"/>	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)	

SECTION 3 - INCIDENT DETAILS

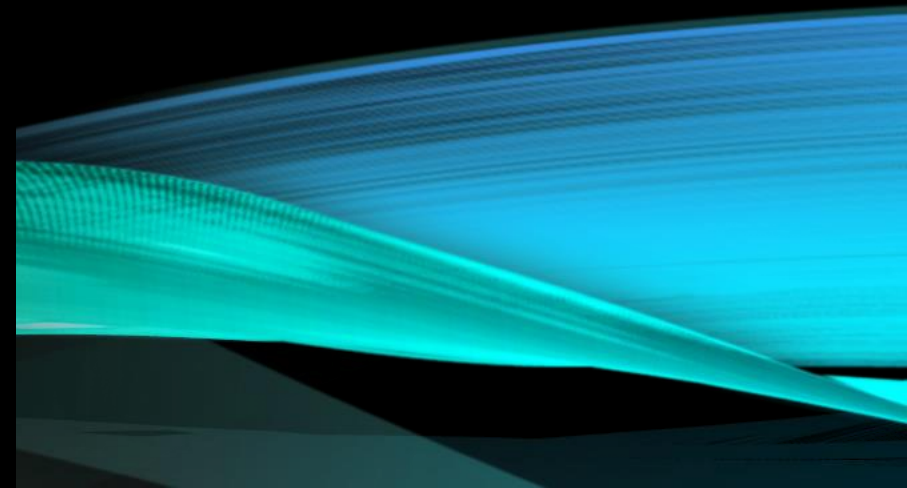
Person with the most direct knowledge of the incident completes this section.

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? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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)		
<input type="radio"/> Yes <input type="radio"/> 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

CRITICAL INCIDENT REPORT: SECTION 3 INCIDENT DETAILS



CIR SUBMISSION

- When the data entry is complete on the blank CIR, select the button “Submit Report” at the bottom left, 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 user interface of the Critical Incident Reporting System. At the top left, the logo for the Human Services Department, Medical Assistance Division, is shown. The main header area is blue and contains the text "Critical Incident Reporting System". Below the header, a navigation breadcrumb trail reads: "» Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting". On the right side, the user is logged in as "WSCC.SandyA", with links for "Logout", "Change Password", and "Documentation:" (with a dropdown arrow). The central message area features the heading "Critical Incident Report" followed by a confirmation message: "Incident Report #103085 successfully submitted on 6/3/2019 at 3:25 PM." with a link to "Print this incident report". The footer 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