State of New Mexico
Human Services Department

Adult Behavioral Health Provider
Critical Incident Reporting Protocol

In collaboration between the Medical Assistance Division (MAD) and Behavioral Health Services Division (BHSD), June 2015.
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INTRODUCTION

This document is a product of a collaborative effort between the Behavioral Health Services Division (BHSD) of the Human Services Department (HSD) and the Medical Assistance Division (MAD). The goal in developing this document is to develop a one-stop reference guide for behavioral health providers who are required to report incidents to the Centennial Care managed care organizations. This document should be considered a summary and supplement to already existing legal contracts and regulations to more clearly delineate the foundation of principles that have, and continue to inform critical incident reporting for recipients of behavioral health services. This document replaces previously distributed and existent training and instructional materials for Behavioral Health Critical Incident Reporting. The development of this document included a review of already existing literature including but not limited to:

- New Mexico Administrative Code Title 7, Chapter 1, Part 13 Health General Provisions, Incident Reporting, Intake, Processing, and Training Requirements.
- HSD, Optum Health, and other training material previously developed and utilized.

Behavioral Health Critical Incident reporting is part of ensuring that all New Mexico adults and children are receiving quality healthcare services through Centennial Care and that they are free from abuse, neglect, and exploitation. It is expected that providers of services have a robust quality assurance program that includes management of critical incidents. Ensuring quality of service is a means for continued evaluation and risk management.

A reportable Behavioral Health Critical Incident is defined as: Any known, alleged or suspected event of abuse, neglect, exploitation, injuries of unknown origin, death, environmental hazard, which involve some level of reporting or intervention with other state or service entities including law enforcement, crisis intervention, or emergency services, and present actual or potential serious harm to the well-being of a consumer or to others by the consumer. These are unexpected occurrences involving serious physical or psychological injury/mental anguish, or risk thereof, occurring during the course of a consumer being under the care of a behavioral health provider but that may not be directly linked to those services.

In order to determine whether you need to report or not, please go to the “Self-Screening” on page 14.

Detailed instruction relative to all questions in the assessment can be found on pages 3-7 with clarification for Terms and Definitions on pages 8-11.
Critical Incident reporting is a mechanism to ensure the health and safety of State of New Mexico consumers who are receiving behavioral health services through contracts with Managed Care Organizations (MCOs) and Fee for Service members. Reporting facilitates a process of ongoing evaluation to address concerns that help improve service quality by identifying important issues. Principles and regulation that further inform reporting requirements:

- 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.

- An incident must be reported before it can be investigated.

- New Mexico State law requires reporting alleged incidents.
  - Department of Health - 7.1.13 NMAC,
    [http://www.nmcpr.state.nm.us/nmac/part/title07/07.001.0013.htm](http://www.nmcpr.state.nm.us/nmac/part/title07/07.001.0013.htm)
  - Human Services Department, [http://www.hsd.state.nm.us/providers/critical-incident-reporting.aspx](http://www.hsd.state.nm.us/providers/critical-incident-reporting.aspx) and [http://www.nmcpr.state.nm.us/nmac/part/title08/08.308.0021.htm](http://www.nmcpr.state.nm.us/nmac/part/title08/08.308.0021.htm)

Other resources regarding requirements for reporting incidents in New Mexico are listed below. Be sure to check the proper regulations, with your MCO contractors, and state entities that you are working with on specific or unique reporting requirements. A referral to the specific agencies may be required:

- Adult Protective Services (APS) – NMSA 1978, Chapter 27 Public Assistance, Article 7 Adult Protective Services, and NMAC 8.11.3,
  [http://www.nmcpr.state.nm.us/nmac/part/title08/08.011.0003.htm](http://www.nmcpr.state.nm.us/nmac/part/title08/08.011.0003.htm)
  [http://www.nmaging.state.nm.us/Adult_ProtectiveServices.aspx](http://www.nmaging.state.nm.us/Adult_ProtectiveServices.aspx)

- Licensing and Certification Authority (LCA) and Child Protective Services (CPS) – Children, Youth and Families Department (CYFD), websites:
  [http://www.nmcpr.state.nm.us/nmac/part/title08/08.008.0002.htm](http://www.nmcpr.state.nm.us/nmac/part/title08/08.008.0002.htm)
  [http://cyfd.org/behavioral-health](http://cyfd.org/behavioral-health)

If you are an independently licensed practitioner and are rendering services in private practice then you do not need to submit a critical incident. However, please check other reporting requirements related to APD, CPS and licensing and credentialing board requirements.

Questions:

- Are you as a provider rendering services within an HSD qualifying provider type that is contracted with a managed care organization (MCO) or Administrative State Organization (ASO) to receive Medicaid or Behavioral health reimbursements for those services?

- Has the person involved in the incident been in your care, your agency’s care, or been referred out to another provider by you in the last 30 days and is not considered discharged?

If you answered YES to both of these questions you are required to report the incident in the context of the What, When, and How. Please proceed through the next set of pages in this document for clarification on additional considerations for reporting including the what, when, and how.

Any individual who, in good faith, reports an incident or makes an allegation regarding abuse, neglect, or exploitation will be free from any form of retaliation.
Questions:

- Does the client’s behavior (symptoms) fall outside of the scope of standard or expected presentation relative to the person’s diagnosis and relative treatment application in terms of violent and destructive expression?

- Is the incident something that involved contacting law enforcement or crisis intervention that resulted in the use of any form of emergency services?

- Did the incident involve any significant, unexpected, and/or sudden change in status of services provided to the person involved in the incident?

- Did the incident cause serious injury or harm physically or psychologically to a consumer or did a consumer inflict the injury on another consumer?

If you answered YES to all of the above questions then the incident needs to be reported within the below categories. Refer to Terms and Definitions at the end of this document for terminology definitions explained in more detail:

Abuse

Neglect

Elopement and missing recipients

Environmental hazards

Exploitation

Death – expected/unexpected

Emergency Services/Crisis Intervention

Law Enforcement

Medication / Treatment Errors
WHEN

**Questions:**

- *Did the incident require any kind of crisis intervention that resulted in the involvement of emergency response services, law enforcement, or reporting to any other authority?*

- *Was the incident an unexpected event that posed a threat or inflicted serious psychological or physical harm under any of the identified terms in this protocol?*

If you answered **YES** to all of these questions then you are required to report the incident within a twenty-four (24) hour period of acquiring knowledge of that incident, or the next business day when the incident falls on a weekend or holiday.

**Summary**

A provider/agency delivering an authorized service must submit the incident report within 24 hours of knowledge of the occurrence to the appropriate state designations and/or MCOs. Other reporting requirements may be applicable with respect to APS or CPS incidents or knowledge. Please be familiar with those if you are working with children or adults that fall under special protections.
WHERE & HOW

**Question:**

- Have you answered yes to previous section questions that require you to report?

If you answered **YES** to this question then you are required to report the incident in accordance with specific instructions from the member’s MCO.

The process for submitting reports include fax, secure email, or entry via the HSD portal. Each MCO will have specific instructions in their network provider documentation, be sure to contact the member’s MCO for additional reporting information.

Below is the contact information for submitting your reports or acquiring more information. Be sure that if you are faxing in a report to first verify which form to use by contacting the specific entity.

When using the HSD web portal for submitting an incident with a qualifying Category of Eligibility (COE) you must first email HSD-QB-CIR@state.nm.us for access. The MCOs have complete information about the portal. See Appendix A for standardized form if not utilizing the HSD Web Portal.

- **Centennial Care** – Medicaid with MCO:
  - Blue Cross Blue Shield (BCBSNM) – Phone: 855-699-0042, Fax: 505-816-4901
  - Email: bcbsnmcriticalincident@bcbsnm.com
  - Molina – Fax: 855-260-8737
  - Email: MolinaNewMexicoCIR@Molinahealthcare.com
  - United Health Care (UHC) – Fax: 866-751-2449
  - Email: qm-nm@uhc.com
  - Presbyterian – Fax: 505-213-0686
  - Email: Criticalincident@phs.org
- **Optum Health** – Non-Medicaid, Fax: 877-950-9545 (see Appendix A)
- **Child Protective Services (CPS)** – Phone: CYFD’s Statewide Central Intake (SCI) at Phone: 1-855-333-SAFE [7233] or #SAFE from a cell phone  |  Fax : 505-841-6691 [http://cyfd.org/contact-us](http://cyfd.org/contact-us)
- **Adult Protective Services** (APS) – (Only reports for Abuse, Neglect, and Exploitation)
  - Phone: 866-654-3219 or 505-476-4912  |  Fax: 505-476-4913
  - [http://www.nmaging.state.nm.us/Adult_ProtectiveServices.aspx](http://www.nmaging.state.nm.us/Adult_ProtectiveServices.aspx)
- **DHI - DOH/DHI/IMB**: (Developmental Disability Waiver & Medical Fragile)
  - Fax: 800-584-6057
- **DOH/DHI/HFLC**: (Licensed Home Health, Assisted Living Facilities and Nursing Facilities)
  - Fax: 888-576-0012
TERMS AND DEFINITIONS for Behavioral Health Critical Incident Reports

These terms and definitions are to be interpreted in the context of the main Behavioral Health Critical Incident definition found on the introduction page.

Abuse – Is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Meaning to knowingly, intentionally, and without justifiable cause inflicting physical pain, injury or mental anguish; the intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person; sexual abuse, including criminal sexual contact, incest and criminal sexual penetration.

- Sexual assault, physical assault, self-injury.
- Verbal abuse is NOT considered a reportable incident unless it includes a substantiated threat towards another person, the consumer, or other persons that warrant the involvement of law enforcement or other emergency/crisis intervention under definitions such as serious injury, harm, or case law for example Tarasoff v. Regents of the University of California, Duty to Warn, and that needs to be acted upon in order to maintain the safety of consumer or others.
- Consumer is threatened with being homeless or placed in nursing home.
- Consumer is pushed or roughly handled while receiving care.
- Consumer is made to go without food, water, or bathroom access as punishment.
- Consumer is taking more medication than prescribed and will not see a doctor.
- Consumer’s alcohol consumption results in frequent Emergency Room (ER) visits or law enforcement interventions.
- Self-harm, cutting self, banging head repeatedly, stepping out into traffic.
- Attempted suicide or homicide.
- Sexual harassment by caregivers of consumer.
- Substantiated threats by consumer to caregivers or their families, including plan, means, ability, and with a history of follow-through with violent behavior.
- Consumer physically pushes, hits, or throws things at caregivers to the point of escalation and need for emergency services.
- Restraint - The use of a mechanical device, or chemical restraints imposed, for the purposes of discipline or convenience and not with the intent of maintaining the client safety, to physically restrict a consumer's freedom of movement, performance of physical activity, or normal access to his or her body.
- Mental Anguish – a relatively high degree of mental pain and distress that is more than mere disappointment, anger, resentment or embarrassment, although it may include all of these, and is objectively manifested by the recipient of care or services by significant behavioral or emotional changes or physical symptoms with impaired functioning.

Death (Unexpected) – Unexpected deaths include: completed suicide, completed homicide, accident, or a death that is unlikely to be attributed to a medical diagnosis/condition.
**Death (Expected)**-- Expected or natural deaths do not need to be reported including: Hospice, long-term illness, a diagnosed chronic medical condition/terminal conditions, end stage renal disease, multiple strokes/heart attacks, advanced age, deaths occurring in a facility while in treatment for disease.

**Incident** – Any known, alleged or suspected event of abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents as defined in this document. (Please refer to the “Introduction” page for a complete overview of what constitutes a reportable Behavioral Health Critical Incident).

**Elopement/Missing** – Please note that this definition targets adult populations and does not necessarily reflect requirements for child and adolescent reporting per the Licensing and Certification Authority (LCA) of the Children, Youth, and Families Department (CYFD). Elopement is an incident type that occurs when someone is required to be somewhere and then leaves without permission or alerting others. This includes the unauthorized leave or absence of consumer without permission, including not returning from pass, and for longer than 24 hours past the designated return time. Missing can be used for those recipients who leave without intent to stay gone or may be lost or unaware of their surroundings. It can be used for those who have intentionally left their residence without telling anyone if they are in charge of their own coming and going. Those reports will be filed as “missing” without a secondary incident type.

**Emergency Services/Crisis Intervention**– a 911 call to the home or location of the consumer (whether the consumer is transported or not), unanticipated admission to a psychiatric facility or emergency room visit that resulted in admission whether taken by family or Emergency Medical Transport (EMT).

- 911 is called and the consumer refuses to be transported.
- The recipient goes to the ER and then leaves before being seen or treated by medical staff.
- The ER releases the recipient without providing any treatment.
- Police are called to the recipient’s home because of a disturbance.
- The recipient is arrested and/or incarcerated.
- The recipient is picked up for a bench warrant or parole violation (even if they are released).
- The police are called to do a ‘well check’ (even if they find them ‘well’).
- The police are called because the recipient is creating a disturbance.
- A person is detained in Protective Custody.
- A person is transported by police to a hospital or mental health facility, voluntarily or involuntarily or through an involuntary treatment court order.
- **Does not include:** if this is an expected part of treatment and diagnostic criteria, a common or expected occurrence as a part of the course of the illness, a patient getting sick and doctor sending them to ER, a patient being admitted for scheduled treatment, or if ambulance is used for transportation for a scheduled procedure or treatment.
Environmental Hazard – An unsafe condition which has created or may create a threat to life or health or safety for the recipient or the caregiver.

- A fire or flood has created a hazard in the home.
- Animals are out of control at the home, threatening services, creating more waste than can be cleaned timely.
- Lack of repairs that create hazards; lack of water, electricity, heat that was in place previously, wood heat or hauled water is not considered a hazard, holes in the floors, roofs that leak, windows and doors broke, debris not cleared.
- Foul smells, piles of garbage, standing dirty water, etc.
- Clutter that impedes normal movement to bathrooms or exits.
- Blatant illegal drug use or visible evidence of the manufacture or sale of drugs.
- Guns that are not secured and/or are brandished by the recipient or others in the home.
- The recipient or others in the home threaten, frighten or harm caregivers or others providing services.
- The following are NOT environmental hazard incidents: home is heated with wood (and has a functioning stove and ventilation), home does not have running water (and the home has systems to provide safe potable water for use), clutter is contained and does not impede function of the home or safe passage of the individual or provider if applicable.

Exploitation – Misappropriation of property (i.e. exploitation) means an unjust or improper use of a person's money or property without consent and for another person's profit or advantage, financial or otherwise [7.1.13.7 NMAC].

Homicide – Completed see “Death”, Attempted see “Abuse”.

Law Enforcement – The arrest or detention of a person by law enforcement including protective custody, involvement of law enforcement in an incident or event, transportation of a person to a hospital or correctional facility.

Neglect - means the failure of a caretaker, whether paid or unpaid, to provide basic needs of a person, such as general care, clothing, food, shelter, supervision, or services necessary to avoid physical harm, mental anguish, or mental illness. Neglect causes, or is likely to cause, harm to a person.

- Insufficient staffing for health or safety.
- Staff not performing assigned tasks.
- Care not given by family or others who have agreed to provide support.
  - do not pay the bills
  - do not purchase sufficient food and supplies
  - do not arrange or transport to needed medical care
  - do not provide support as agreed in the personalized service plan for the recipient.
    (staying overnight, bathing after paid caregiver hours, preparing meals, etc.)
- Self-neglect (refusing food, services, hygiene, medications, including substance abuse, brandishing weapons, shoplifts, and other dangerous behaviors).
- Agency frequently fails to provide services that have been authorized.
BH Provider Type/Agency – Please check your specific facility’s credentialing status with contracted MCO’s, Optum, Xerox, DOH or HSD. These can fall under the Supervisory Protocol or include Behavioral Health Agency type, CMHC, CSA, FQHC, Group or Facility etc.

Suicide – Completed see “Death”, Attempted see “Abuse”.

Treatment/Medication Errors – medication under or overdose or medication errors requiring treatment.
APPENDIX A – Centennial Care Behavioral Health Critical Incident Report Form

You must report an incident within 24 hours of becoming aware of it.
In the event that an incident occurs on a weekend or holiday, report the incident next business day.

In addition to notifying the MCO, providers must report Abuse, Neglect and Exploitation to:
Adult Protective Service (APS): Telephone: (866) 654-3219 Fax: (505) 476-4913
Child Protective Service (CPS): Telephone: (855) 333-7233 or Fax: (505) 841-6691

Members Centennial Care Category of Eligibility #: __________
The HSD web portal accepts COEs 001, 003, 004, 081, 083, 084, 090, 091, 092, 093, 094, 100w/NFLOC 200w/NFLOC.

Be sure that clinical notes are clear and adequate, do not use acronyms if at all avoidable, and diagnoses should contain a valid code and definition from the DSM-IV-TR or DSM-5 as relevant.

<table>
<thead>
<tr>
<th>Consumer Demographic Information</th>
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<tbody>
<tr>
<td>First Name</td>
<td>Last Name</td>
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<tr>
<td>Address</td>
<td>City</td>
</tr>
</tbody>
</table>

| Clinical Information / Diagnosis: |   |

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<thead>
<tr>
<th>BH Treatment Setting (This is not an all-inclusive list. Specify in other if not listed)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>___ Acute Inpatient</td>
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<tr>
<td>Hospitalization</td>
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<tr>
<td>___ ARTC</td>
<td></td>
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<tr>
<td>___ RTC</td>
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<tr>
<td>___ Group Home</td>
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<td>___ TFCI</td>
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<td>___ TFCII</td>
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<td>___ TLS</td>
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<tr>
<td>___ Methadone</td>
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<td>___ Day Treatment</td>
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<td>___ BMS</td>
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<td>___ CCS</td>
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<td>___ CMHC</td>
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<td>___ Rural</td>
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<td>___ Other (specify)</td>
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<td>Time of Incident AM/PM:</td>
</tr>
<tr>
<td>Date provider first aware of incident:</td>
<td>Incident Location:</td>
</tr>
<tr>
<td>Date reported to APS :</td>
<td>Date reported to CPS:</td>
</tr>
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</table>

| Type of Incident |   |

<table>
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<th>Incident Description:</th>
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<th>Follow up and Disposition of the Incident:</th>
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<tr>
<th>Future Actions:</th>
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<tr>
<th>Reporting Agency Name:</th>
<th>Address/City State/ Zip Code:</th>
<th>Telephone:</th>
<th>Reporting individual name and title:</th>
<th>Date submitted:</th>
</tr>
</thead>
</table>

Please fax this form to:
Fax #:
APPENDIX B – Self-Screening: Do I Need To Report?

If you are an independently licensed practitioner and are rendering services in private practice then you do not need to submit a critical incident. However, please check other reporting requirements related to Adult Protective Services, Child Protective Services and licensing and credentialing board requirements.

1. **Who needs to report? Questions:**
   - Are you as a provider rendering services within an HSD qualifying provider type that is contracted with a managed care organization (MCO) or Administrative State Organization (ASO) to receive Medicaid or Behavioral health reimbursements for those services?
   - Has the person involved in the incident been in your care, your agency’s care, or been referred out to another provider by you in the last 30 days and is not considered discharged?

   If you answered **YES** to both of these questions you are required to report the incident in the context of the What, When, and How. Please proceed through the next set of pages in this document for clarification on additional considerations for reporting including the what, when, and how.

2. **What needs to be reported? Questions:**
   - Does the client’s behavior (symptoms) fall outside of the scope of standard or expected presentation relative to the person’s diagnosis and relative treatment application in terms of violent and destructive expression?
   - Is the incident something that involved contacting law enforcement or employing any form of emergency services and/or crisis intervention?
   - Did the incident involve any significant, unexpected, and/or sudden change in status of services provided to the person involved in the incident?
   - Did the incident cause serious injury or harm physically or psychologically to a consumer or did a consumer inflict the injury on another consumer?

   If you answered **YES** to these questions then the incident needs to be reported.

3. **When and how does it need to be reported? Questions:**
   - Did the incident require any kind of involvement with emergency response services, law enforcement, reporting to any other authority, or crisis intervention?
   - Was the incident an unexpected event that posed a threat and was not schedule, or inflicted serious psychological or physical harm under any of the identified terms in this protocol?
   - Did you answer yes to questions in previous sections above?

   If you answered **YES** to these questions then you are required to report the incident within a twenty-four (24) hour period of acquiring knowledge of that incident, or the next business day when the incident falls on a weekend or holiday.