Critical Incident Reporting

Personal Care Services Training 2020

Presented by:
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.
Critical Incident Reporting

Personal Care Services Training 2020

Presented by:

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

• We appreciate you taking time out of your busy schedules to attend today’s training.

• 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.
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
CIR: Critical Incident Report
COE: Category of Eligibility (Located in the Medicaid Portal and listed on the HSD Portal)
CPS: Child Protective Services
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 and 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.
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 Report 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.
Statutes and Regulations

- Adult Protective Services (APS) - NMSA 1978, Section 27-7-30

- Children, Youth and Families Department (CYFD) – also known as Children Protective Services (CPS)

- HSD – Critical Incident Reporting
  [http://www.hsd.state.nm.us/providers/critical-incident-reporting.aspx](http://www.hsd.state.nm.us/providers/critical-incident-reporting.aspx)

- 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/title07/07.001.0013.html)
  [http://164.64.110.134(parts/title07/07.001.0014.html](http://164.64.110.134(parts/title07/07.001.0014.html)
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
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.
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.
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
Questions & Discussion
Reportable Incidents

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

<table>
<thead>
<tr>
<th>NFLOC</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>(SSI Aged)</td>
</tr>
<tr>
<td>003</td>
<td>(SSI Blind)</td>
</tr>
<tr>
<td>004</td>
<td>(SSI Disabled)</td>
</tr>
<tr>
<td>081</td>
<td>(Institutional Aged)</td>
</tr>
<tr>
<td>083</td>
<td>(Institutional Blind)</td>
</tr>
<tr>
<td>084</td>
<td>(Institutional Disabled)</td>
</tr>
<tr>
<td>090</td>
<td>(HIV/AIDS)</td>
</tr>
<tr>
<td>091</td>
<td>(Home and Community Based Waiver–Aged)</td>
</tr>
<tr>
<td>092</td>
<td>(HCBS-Brain Injury)</td>
</tr>
<tr>
<td>093</td>
<td>(HCBS-Aged and Disabled)</td>
</tr>
<tr>
<td>094</td>
<td>(HCBS-Disabled)</td>
</tr>
<tr>
<td>100 w/NFLOC</td>
<td></td>
</tr>
<tr>
<td>200 w/NFLOC</td>
<td></td>
</tr>
</tbody>
</table>

NFLOC = Nursing Facility Level of Care
Categories of Eligibility – NM Critical Incident /Medicaid Portal
Rule of Two

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

Reminder: Refer to NM Medicaid Portal to validate the member’s current COE.
BH Reporting in the Portal and Outside the Portal

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-Portal Types

- All other COEs
- Abuse
- Neglect
- Exploitation
- Sentinel Events (severe harm)
- Deaths
MCO Information for BH Reporting

• For questions regarding the BH Critical Incident Protocol for non-portal incidents filed outside of the portal:
  
  • Contact Amy Baldridge with Presbyterian at abaldridg@phs.org
  
  • Contact Greg Lujan with BlueCross BlueShield at Greg_Lujan@bcbsnm.com or 505-816-4229
  
  • Contact Western Sky Community Care at nmci@westernskycommunitycare.com
Abuse

• Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

Self-Abuse

• Self-Abuse is the abuse of one’s self 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

• Neglect is the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Self-Neglect

• Self-Neglect is living in a way that puts the member’s health, safety or well-being at risk.

Advanced Tip:

• For Refusing Services and Insufficient Staffing frequency due to COVID-19 specifically, a report once a week is sufficient after direct contact with the member. The reference to COVID-19 needs to be included in the diary notes.
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
Exploitation

- Exploitation is the deliberate misplacement, misuse or wrongful temporary or permanent, use of a member’s belongings or money without the member’s consent.

- Reports of alleged fraud may also be considered as 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 immediately 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 means covered services furnished by a qualified provider needed to evaluate or stabilize an emergency medical condition.

• 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

- Law Enforcement involvement is an incident type that prevents the member from receiving services or directly affects the member’s health and safety.
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.
- The caregiver is also the natural support and is not available to provide health and safety supports.
- It seriously impacts the delivery of services 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.
Elopement is when the member leaves without permission or alerting others, or runs away from a facility.

Missing is when the member’s absence is unaccounted for or cannot be explained for more than 24 hours.

Wandering is when the member leaves without intent to stay gone or may be lost or unaware of their surroundings.
Questions & Discussion
NM Medicaid Portal
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.
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 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).

<table>
<thead>
<tr>
<th>Category of Eligibility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>COE Code</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>004</td>
</tr>
</tbody>
</table>
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.
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.
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.

![Long Term Care Information Table]

- **Level of Care**: Begin Date 03/12/2019, End Date 03/11/2020, LOC NURSING FACILITY LEVEL, Setting of Care SELF DIRECTED NO WAIVER, Add Date 01/31/2019

- **Patient Liability**: No Patient Liability Information on file for the requested date of service.
Questions & Discussion
HSD Critical Incident Reporting Portal
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.
Menu Bar

The Menu Bar is used to navigate through the HSD Portal.
Click on Critical Incident Reporting Form on the Menu Bar to access the online form.
List CI Reports

To get a list of Critical Incident reports submitted by you or your agency click on List CI Reports on the menu bar.

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

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

Critical Incident Reporting System

Ad-Hoc Reporting

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

View a specific incident ID:

**Selection Criteria**

**Consumer Information**

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

**Incident Information**

- Incident Type/Subcategory: (all)
- Incident During Service Hours?: □ Yes □ No
- Alleged Fraud?: □ Yes □ No
- Provider Agency/MCO/Location:
  - MCO: (all)
  - Category of Eligibility: (all)
  - View Selected Incident Reports
  - Reset Criteria

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

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 organization.
Submitting a Critical Incident Report
# 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 *Centralized Care Critical Incident Reporting Revenue Care Services Training*

### SECTION 1 - CONSUMER INFORMATION

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initials</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Social Security Number:  
(Example: 123-45-6789 or 123456789)

<table>
<thead>
<tr>
<th>Gender</th>
<th>DOB (Example: mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

Physical Address:  
City:  
NH County:  
ZIP:  

Phone:  
(Example: 505-555-1212)

**ADLs (Consumer needs assistance with): (Check at least one)**

<table>
<thead>
<tr>
<th>Supportive Mobility Assistance</th>
<th>Eating</th>
<th>Wheelchair</th>
<th>Hygiene/Grooming</th>
<th>Meal Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td></td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Verbal?**  
☐ Yes  ☐ No

**Diagnosis(es):**

List of Consumer’s Current Medications:

<table>
<thead>
<tr>
<th>Name of Doctor</th>
<th>Doctor Phone (Example: 505-555-1212)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 2 - AGENCY/ELIGIBILITY INFORMATION

**MCO**  
Western Sky Community

**Category of Eligibility**:  
☑ Selected  

**Level of Care**

<table>
<thead>
<tr>
<th>Reporting Agency</th>
<th>Incident Coordinator</th>
<th>Office Location</th>
<th>Office Phone (Example: 505-555-1212)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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: 505-631-3119 or Fax: 505-414-6885, CPS - Phone: 505-332-7233 or Fax: 505-841-6091)

**Incident Type/Subcategory:**

<table>
<thead>
<tr>
<th>Incident Type/Subcategory</th>
<th>Does this incident involve alleged fraud?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes  ☑ No</td>
</tr>
</tbody>
</table>
Section 1 - Member Information

Critical Incident Reporting System

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Physical Address</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male/Female</td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>ZIP</td>
<td></td>
</tr>
<tr>
<td>ADLS (Consumer needs assistance with):</td>
<td>(check at least one)</td>
</tr>
<tr>
<td>Supportive Mobility Assistance</td>
<td></td>
</tr>
<tr>
<td>Wheelchair</td>
<td></td>
</tr>
<tr>
<td>Hygiene/Grooming</td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Meal Preparation</td>
<td></td>
</tr>
<tr>
<td>Verbal?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Diagnosis(es)</td>
<td></td>
</tr>
<tr>
<td>List of Consumer’s Current Medications:</td>
<td></td>
</tr>
<tr>
<td>Name of Doctor</td>
<td></td>
</tr>
<tr>
<td>Doctor Phone</td>
<td></td>
</tr>
</tbody>
</table>
Section 2 - Agency/Eligibility Information

<table>
<thead>
<tr>
<th>MCO: Blue Cross/Blue Shield</th>
<th>Behavioral Health Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category of Eligibility:</td>
<td></td>
</tr>
<tr>
<td>(select)</td>
<td>Level of Care:</td>
</tr>
<tr>
<td>Reporting Agency:</td>
<td>BCBS</td>
</tr>
<tr>
<td>Incident Coordinator:</td>
<td></td>
</tr>
<tr>
<td>Office Location:</td>
<td></td>
</tr>
<tr>
<td>Self Directed? Yes/No</td>
<td>Office Phone: (Example: 505-555-1212)</td>
</tr>
</tbody>
</table>
### SECTION 3 - INCIDENT DETAILS

**Please select an Incident Type**

**Please select an Incident Subcategory**

**Does this incident involve alleged fraud?**
- [ ] Yes
- [ ] No

**Did this incident occur during authorized service hours?**
- [ ] Yes
- [ ] No

**Sent to APS/CPS?**
- [ ] Yes
- [ ] No

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Was anyone else present at the time of the incident?** (If yes, identify below)

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Name</th>
<th>Title or Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Incident Date:** [Example: mm/dd/yyyy]

**Incident Time:** [Example: hh:mm am/pm – enter 'Unknown' if time is unknown]

<table>
<thead>
<tr>
<th>Incident Location</th>
</tr>
</thead>
</table>

**Date Reporting Agency first had knowledge of the incident:** [Example: mm/dd/yyyy]

**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.)
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, indicate a correction to the data entry or MCOs to enter updates on the case, etc.

New Diary Entry:
Test diary entry for provider training.

Submit Diary Entry
Questions & Discussion
Online Demonstration

https://criticalincident.hsd.state.nm.us
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 MCOs

• 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

<table>
<thead>
<tr>
<th>MCO</th>
<th>E-mail</th>
<th>Fax</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross Blue Shield of New Mexico</td>
<td><a href="mailto:BCBSNMCriticalIncident@bcbsnm.com">BCBSNMCriticalIncident@bcbsnm.com</a></td>
<td>505-816-4901</td>
<td>1-855-699-0042</td>
</tr>
<tr>
<td>Western Sky Community Care</td>
<td><a href="mailto:NMCICare@westernskycommunitycare.com">NMCI@westernskycommunitycare.com</a></td>
<td>833-225-1168</td>
<td>505-886-6369 or 505-886-6403</td>
</tr>
<tr>
<td>Presbyterian Health Plan</td>
<td><a href="mailto:criticalincident@phs.org">criticalincident@phs.org</a></td>
<td>505-843-3011</td>
<td></td>
</tr>
</tbody>
</table>
Survey

• The survey will be emailed to you. The first page will offer instructions on how to navigate the survey.

• The survey consists of 18 questions that provide an opportunity for you to rate your understanding of the training content as well as text boxes that provide an opportunity for you to give feedback.

• Your completion of this survey will assist the MCOs in continuing to provide the most up to date information to the 2021 training season.

• If you would like further training or additional information, question 17 provides an opportunity for you to provide your contact information.

• If you have additional questions, question 18 provides a text box where you can tell us what you need more information regarding.
The invitation to register for the Annual Critical Incident Provider Training was sent to each agency from each of the contracted Managed Care Organization in August 2020.

- Registration for the training activated a prompt that, in turn, distributed a link to access the training on the date for which you registered.

- Upon accessing the link on the date of the training
  - ‘Registration’ or ‘log in’ information had to be completed.
  - When completed, the active presentation opened.
Survey

- A link to the survey will be distributed via email to all persons who complete the ‘log in’ to participate in the training.
  - The email will appear as follows:

  providercomm@phs.org via SurveyMonkey
  We want your opinion
  WARNING: Stop. Think. Read. This is an external email.
Survey

- When you open the email, the following will be evident.
Survey

• When you click the button to begin the survey, a separate window will open to an introductory page. Tips on navigating the survey can be viewed on that introductory page.

• 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.
Closing Questions
THANK YOU