



**State of New Mexico
Human Services Department**

**Behavioral Health Provider
Critical Incident Reporting Protocol**

A Collaborative effort of the New Mexico Human Services Department, Children Youth and Family Department, the Centennial Care Managed Care Organizations and the New Mexico Behavioral Health Provider Association.

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INTRODUCTION

This document is a product of a collaborative effort among the Human Services Department (HSD), Behavioral Health Services Division (BHSD), the Children, Youth and Families Department, Children’s Behavioral Health Division, Managed Care Organizations (MCOs), and The New Mexico Behavioral Health Provider Association. The goal in developing this document is to develop a one-stop reference guide for behavioral health providers who are required to report incidents.

This document is to assist providers in filing critical incidents for those members whose category of eligibility falls outside of the fourteen categories that are reported on the HSD portal.

This document should be considered a summary and supplement to already existing legal contracts and regulations. It is to be used to delineate more clearly the foundation of principles that have and will continue to inform critical incident reporting for recipients of behavioral health services. This document replaces previously distributed, 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 Incident NMAC 7.1.13 Reporting, Intake, Processing and Training Requirements
- Managed Care Policy Manual, January 1, 2014,
- NMAC 8.308.2 Specialized Behavioral Health Provider Enrollment and Reimbursement
- NMAC 7.20.11 Certification Requirements For Child And Adolescent Mental Health Services
- HSD 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:

A reportable event is any Sentinel event defined as an “unexpected” occurrence involving death or serious physical or psychological injury. “Serious injury” specifically includes loss of limb or function. Please see Terms and Definitions on page 8, for clarification.

WHY

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), Fee for Service providers or with the State's Administrative Service Organization (ASO). 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.
 - 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/parts/title08/08.011.0003.htm>
 - Department of Health - 7.1.13 NMAC, <http://www.nmcpr.state.nm.us/nmac/parts/title07/07.001.0013.htm>
 - Human Services Department, <http://www.hsd.state.nm.us/providers/critical-incident-reporting.aspx> and <http://www.nmcpr.state.nm.us/nmac/parts/title08/08.308.0021.htm>
 - Children, Youth and Families Department <http://164.64.110.239/nmac/parts/title07/07.020.0011.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 with which you are working on specific or unique reporting requirements. A referral to the specific agencies may be required:

- Department of Health- Division of Health Improvement (Developmental Disability Waiver & Medical Fragile) DHI - DOH/DHI/IMB:
Phone: 505-476-9012
Fax: 800-584-6057
<https://nmhealth.org/about/dhi/ane/racp/>
Hotline to report abuse: 800-445-6242
- Children, Youth and Families Department (CYFD), Program Operations Bureau (POB):
Providers of Residential Treatment Services, Group Home Services, Treatment Foster Care, Day Treatment Services, Comprehensive Community Support Services, Behavior Management Services, Crisis Shelter services must contact their LCA liaison.
<https://cyfd.org/licensing-certification>

- Children, Youth and Families Department (CYFD), Child Protective Services (CPS)
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://www.nmcpr.state.nm.us/nmac/parts/title08/08.008.0002.htm>
<http://cyfd.org/child-abuse-neglect/reporting-abuse-or-neglect>
<http://cyfd.org/behavioral-health>
- Office of the State Auditor: Fraud, Waste, and Abuse of Public Resources
Phone: 1-866-OSA-FRAUD (1-866-672-3728) or 505-476-3800
http://www.saonm.org/special_audits_investigations

WHO

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.

For any consumer involved in a critical incident:

1. For whom the services are paid by:
 - a. Medicaid through a managed care organization (MCO) including Fee for Service BH funding, OR
 - b. BH funding through an Administrative Service Organization provider (ASO), AND
2. That consumer is or has been receiving one of the services below; AND
3. Is or has 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

You are required to report the incident in the context of the What, When, and How.

Services:

ACT – Assertive Community Treatment
Acute Inpatient Hospitalization
ARTC – Accredited Residential Treatment Center
BHA – Behavioral Health Agency
BMS – Behavior Management Services
CCSS – Comprehensive Community Support Services
CMHC – Community Mental Health Center
CSA – Core Service Agency
Detox (Excluding Medical Detox)
DT - Day Treatment
GH - Group Home
IHS- Indian Health Services
IOP – Intensive Out-Patient
MST – Multi Systematic Therapy
OTP- Opioid Treatment Program
PSR – Psycho Social Rehabilitation
RTC – Non-Accredited Residential Treatment Center
TFC I – Treatment Foster Care
TFC II – Treatment Foster Care
TLS – Transitional Living Services
Rural Health Centers
Other Certified Services (specify)
Other Outpatient Service (specify)

PROCESS

Proceed through the next set of pages in this document for clarification on additional considerations for reporting including the what, when, where and how.

WHAT

A reportable Behavioral Health Critical Incident:

A reportable event is any Sentinel event defined as an “unexpected” occurrence involving death or serious physical or psychological injury. “Serious injury” specifically includes loss of limb or function.

WHEN

A behavioral health provider/agency delivering an authorized service must submit incident reports within 24 hours of knowledge of the occurrence or in the event that an incident occurs on a weekend or holiday, report the incident next business day, NMAC 7.1.13.7 to the appropriate State designations and/or MCOs. Other reporting requirements may be applicable with respect to APS, CPS, LCA, or professional licensing boards. Be familiar with those if you are working with children or adults that fall under special protections.

WHERE & HOW

This document is to assist providers in filing critical incidents for those members whose category of eligibility falls outside of these fourteen categories that are reported on the HSD Critical-Incident-Portal.

For approval to access the HSD Critical Incident Portal email: HSD-QB-CIR@state.nm.us for credentials. The HSD Critical-Incident-Portal is located at: <https://criticalincident.hsd.state.nm.us>

The process for submitting reports include fax and/or secure email for all Categories of Eligibility (COEs) outside of these 14. When filing with each MCO please refer to the following information:

The following categories of eligibility are reportable via the HSD portal:

- 100 **with NFLOC**
- 200 **with NFLOC**
- COE 81
- COE 83
- COE 84
- COE 90
- COE 91
- COE 92
- COE 93
- COE 94
- COE 95 *
- COE 001
- COE 003
- COE 004

* Although COE 095 is listed on the HSD CIR Portal as being reportable through that website, the correct method for reporting CIRs associated with COE 095 is to report to the NM Department of Health (DOH) Incident Management Bureau (contact information listed below).

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The categories of eligibility 095 (Medically Fragile Waiver) or 096 (Developmental Disability Waiver) should be reported to:

- NM Department of Health (DOH) Incident Management Bureau:
Phone: (800) 445-6242
Fax: 505-584-6057

If not using the HSD Critical Incident Portal, the written form can be submitted via below:

- Centennial Care – Medicaid with MCO:
 - Blue Cross Blue Shield (BCBSNM) – Phone: 855-699-0042, Fax: 505-816-5831
Email: HCSC_BCBS_SPHI@bcbstx.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
- Human Services Department/ Medical Assistance Division: - Fee-For-Service,
Fax: 505-827-3126
- Children Youth and Family Department/ Program Operations Bureau: For a service licensed or certified by CYFD/POB fax report to 505-827-4595

All CIRs sent on behalf of non-Medicaid clients should be reported to BHSD via fax to: 505-476-9272.

The CIR Form and CIR Protocol can be found on the HSD website:
<http://www.hsd.state.nm.us/providers/critical-incident-reporting.aspx>

If there are questions about critical incident reporting for BHSD clients, send these to:
bh.qualityteam@state.nm.us

If there are questions about critical incident reporting or COEs for Medicaid clients, send these to: HSD-QB-CIR@state.nm.us

TERMS AND DEFINITIONS of SENTINEL EVENTS

Sentinel Events are drawn from the Joint Commission standards and are broadly defined as an occurrence involving death or serious physical or psychological injury, or the risk thereof. The sentinel events listed below appear on the Critical Incident Reporting form-Appendix A and should be reported to BHSD.

- Severe Harm
 - Permanent harm
 - Severe temporary harm
 - Severe temporary harm is critical, potentially life-threatening harm lasting for a limited time with no permanent residual, but requires transfer to a higher level of care/monitoring for a prolonged period of time, transfer to a higher level of care for a life-threatening condition, or additional major surgery, procedure, or treatment to resolve the condition.
 - Consumer towards other, not involving law enforcement.
- Missing recipients
 - Abduction
 - Abduction of any individual served receiving care, treatment, or services.
 - Elopement
 - Any elopement (that is, unauthorized departure) of a consumer from a staffed around-the-clock care setting (including the ED) leading to the death, permanent harm or severe temporary harm of the individual served.
- Sexual Incidents
 - Sexual abuse/assault (including rape) as a sentinel event is defined as nonconsensual sexual contact involving a consumer and another consumer, staff member, or other perpetrator while being treated or on the premises of the organization, including oral, vaginal, or anal penetration or fondling of the consumer's sex organ(s) by another individual's hand, sex organ, or object. One or more of the following must be present to determine that it is a sentinel event:
 - Any staff-witnessed sexual contact as described above
 - Admission by the perpetrator that sexual contact, as described above, occurred on the premises
 - Sufficient clinical evidence obtained by the organization to support allegations of unconsented sexual contact.
 - Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any individual served receiving care, treatment, or services while receiving services at the organization
 - Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization.
- Flame or unanticipated smoke, heat, or flashes occurring during an episode of patient care.
 - Unsafe condition which creates, or may create, a threat to the life, health, or safety of the recipient.

- Death
 - Unknown- requiring follow up with Office of Medical Examiner
 - Suicide of any individual served currently receiving care, treatment, or services at an agency or provider or within 72 hours of discharge, including from an organization's emergency department (ED).
 - Medication/treatment error(s)
 - Under or overdose or medication errors requiring treatment.
 - Natural causes
 - Accident
 - Secondary to use of restraints
 - Including restraints, seclusion, and therapeutic holds.
 - Member death by homicide