Critical Incident Reporting

Personal Care Services Training 2022

Today's Presenters

In collaboration with HSD/MAD Quality Bureau staff

BlueCross BlueShield of New Mexico

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Training Objectives

- 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.
- Understanding the importance of accurate and timely filing.
- Reporting in the HSD portal vs. non-portal reporting.
- Understanding the changes to APS reporting.
- Review CIR Tips and best filing practices

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.

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

Critical Incidents should be filed within 24 hours of knowledge of an incident; file the next business day in the event of a weekend or holiday.

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

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This presentation is geared toward our PCS providers. We understand that there may be some BH providers in attendance, as well.

While we will not be providing training specific to BH providers in this meeting, we welcome you and wanted you to know you will find portions of this training very useful.

We have included the slide you are now viewing as a guide for BH providers.

This slide represents how BH providers report all eligible incidents regardless of the member's COE.

We want to be sensitive to your time, the slide you see on the screen is all the information pertaining to BH reporting that will be presented in this training.

The next slide will provide you with contact information for each MCO should you have further questions.

Behavioral Health Reporting in the HSD Portal & Non-HSD Portal

HSD Portal COEs and Types

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

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

Non-HSD Portal Types

All other COEs

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

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

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Behavioral Health Reporting in the HSD Portal & Non-HSD Portal

For questions regarding the BH Critical Incident Protocol for non-portal incidents filed outside of the portal.

BlueCross BlueShield of New Mexico

HCSC_BHQI_SPHI@bcbsnm.com
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PRESBYTERIAN

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western sky community care.

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

CIR Form Documentation Updates

Change to the CIR Reporting Form:
A drop down menu has been added for APS/CPS reporting. To use the drop-down option, the following "Send to APS or CPS?" must be marked to have access to the drop-down menu.

Documentation:
What the CIR Narrative and/or Diary Entry should include.

Reporting to APS/CPS:
Recognize what needs to be reported.

CIR Form Documentation Updates

CIR form dropdown options when reporting to APS/CPS:

Click the box next to "Send to APS?" for the following drop-down menu to appear:

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

Click the box next to "Send to CPS?" for the following drop-down menu to appear:

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

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CIR Form Documentation Updates

CIR form dropdown options when reporting to APS:

- APS- By Phone
  - **Emergent/imminent risk** 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/imminent risk.
  - APS intake # and operator ID# **must** be documented in diary entry of the CIR.
- APS- By Fax
  - **Emergent/imminent risk** 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 Agency/Provider
  - **Non-emergent and non-imminent risk.**
  - 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 MCO
  - MCO use only for **non-emergent and non-imminent risk**. 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.

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The email address is no longer utilized to review CIRs by APS.

CIR Form Documentation Updates

CIR form dropdown options when reporting to CPS:

- CPS- By Phone
- CPS- By Fax
- CPS- By Agency/Provider (Do not use)
- CPS- By MCO (Do not use)

CPS- By Phone- for emergent/imminent risk always
CPS- By Fax- for non-emergent/non-imminent risk
CPS- By Agency/Provider: not to be used at this time
CPS- By MCO- not to be used at this time

CIR Form Documentation Updates:

CIR Narrative and/or Diary Entry(s)

- Circumstances surrounding the incident being reported.

- Hours of approved PCS to include total hours approved for the week, days of service, hours on those days, and last day of service.

- Proof of reporting to APS if a phone call was made:
  - **Emergent/imminent risk** 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/imminent risk**.
  - APS intake # and operator ID# **must** be documented in diary entry of the CIR.

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APS/CPS Reporting Indicators

- Abuse
- Neglect-emergent/imminent risk
- Exploitation

Critical incident reports for insufficient staffing, where members have adequate natural support, may not need to be reported to APS.

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APS/CPS Reporting Indicators

- "Emergency" means that an adult is living in conditions that present a substantial risk of death or immediate and serious physical harm to the adult or others.

- Actual and imminent threat refers to a physical danger that is real, would occur within an immediate time frame, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, the factors to be considered include: The duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur. (24 CFR 5.2003)

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Abuse/Self-Abuse

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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.

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Possible Signs of Abuse:

• Typical response by the consumer changes without explanation

• The consumer exhibits unusual fear or anxiety

• The consumer has sudden unexplained changes in their behavior

• The consumer is injured or bleeding from around their genitals

• The consumer flinches/cowers in presence of caregiver or another trusted person

• Injuries sustained by the consumer that cannot be explained, or the explanation does not match the injury

• Signs of pain experienced by the consumer are unexplained

• There are unexplained changes in the consumer's sleeping patterns, appetite, or actions

• The consumer has an increased need to seek approval or comfort

• The consumer does not seem to be him or herself and there is no apparent cause for the change

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.

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Sexual Abuse Examples:
- Engaging in any sexual contact
- Exposure to pornographic materials
- Making sexual advances
- Harassment of a sexual nature that demeans, humiliates or embarrasses
- Inappropriate touching
- Sexual innuendo

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.

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Physical Abuse Examples:

• Infliction of injury: bruising, lacerations, welts, burns, fractures or dislocations

• Hitting, slapping, biting, shaking or kicking

• Pulling arms, hair or ears

• Bending back fingers or bending an arm up behind the back

• Placing hot substances or non-food items in the mouth for swearing

• Physically restraining a consumer without approved reason or doing so without training/certification

- Actions that result in bodily harm
- Use of medication as a chemical restraint
- Depriving a person of services such as medical, therapeutic, or behavioral services that they need to remain healthy.

Verbal Abuse Examples:
- Intimidating gestures (such as shaking a fist, aggressive posturing, and others)
- Use of racial slurs
- Criticizing
- Name calling
- Yelling or screaming
- Using ridicule or demeaning language
- Using threats

Reporting Abuse/Self-Abuse
R.E.A.R.

R=Recognize

Recognize possible signs of abuse

E=Evaluate

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

A=Action

Take Action-Is the member safe?
- o Welfare check, call law enforcement, do a home visit; File CIR within 24 hours.

R=Report

Report to APS/CPS:
- o Call immediately to report imminent risk and/or an emergency
- o For non-imminent risk, choose the drop-down option to indicate how the CIR was reported

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From slide 16:

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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 includes self-neglect.
- Imminent risk/threat as defined on slide 18.

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Possible Signs of Neglect:
- The consumer has a foul odor of urine or feces
- The consumer is malnourished or dehydrated
- The consumer has experienced significant weight loss without dieting or medical reasons
- The consumer is not dressed appropriate for weather conditions
- The consumer has poor dental hygiene
- The consumer has illness or injuries that are not being treated
- The consumer is left alone when they are supposed to be supervised
- The consumer has frequent constipation episodes
- The consumer has frequent trips to the emergency room
- The consumer's food, medication or personal care is withheld
- The consumer exhibits a failure to thrive (not linked to diagnosis)
- The consumer has multiple small bruises
- The consumer's adaptive equipment is not individualized or in working condition.
- There are unexplained changes in the consumer's sleeping patterns and appetite.

Neglect Examples:

- Not supervising a person as required to keep them safe
- Spends long periods of time in own feces or urine
- Has untreated medical conditions
- The provider has assigned insufficient staff to meet the needs of the consumers they support
- Failing to follow-up on health/medical symptoms
- Has unhealed sores or untreated injuries
- Medication is administered by untrained staff
- G-tube protocols are not followed as prescribed
- Failing to follow a positive behavior support plan or crisis plan
- Unsafe living conditions (could also be Environmental Hazard)
- Providers not training their staff to support consumer's plans
- Leaving someone in a hot car, unattended
- Failing to seek medical attention in a timely manner
- Failing to follow expected procedures outlined in emergency response plans, health care   plans, therapy plans, mealtime plans, etc.
- Medication error that results in the need for medical treatment or the agency nurse determines the need to consult with a physician/CNP/PA, pharmacist or poison control regarding potential need for medical intervention (does not include mere   notification).
- The individual misses multiple doses of medication over a period equal to or greater than 48 hours, or misses a single dose that places the consumer at a risk of harm.

Reporting Neglect/Self-Neglect
R.E.A.R.

R=Recognize

Recognize possible signs of neglect/self-neglect

E=Evaluate

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

A=Action

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 imminent risk and/or an emergency
- For non-imminent risk, choose the drop-down option to indicate how the CIR was reported

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From Slide 16:
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Neglect/Refusing Services

A CIR is required:
- Each day the member refuses to allow service to be rendered.
- When the member declines a back-up caregiver in the absence of the regularly assigned caregiver.
- In the event a date span for refusal is known
  - Ex: Caregiver has a baby and plans to return in six weeks. member refuses back-up and wants to wait for caregivers return, CIRs must be submitted daily until the caregiver returns and the member accepts services again.
- When the member requests caregiver to leave early and not complete a full shift of hours for services to be provided. *** Consider information provided from slide 14 regarding imminent risk- is the member ok to remain alone for the remaining hours left?

Self Neglect (refusing Services): A CIR is **not** required
- When the member is refusing services because they are going out of town
- When the member is not home.
  - Ex: Caregiver knocks on the door and there is no answer.

- When the member has a doctor's appointment or some other appointment, perhaps a funeral, that takes the member away from home for an extended amount of time.

Neglect and Imminent Risk

Examples of Incidents that should be reported to APS/CPS:

- Self Neglect: situations related to dangerous behavior, substance abuse
  - Member not showing up for scheduled ACT team medication visits.
  - Suspected or confirmed substance abuse.
  - Smoking in home with oxygen despite education/re-education by care coordination and agency staff.
- Refusal of services:
  - Member is refusing services until caregiver of choice is hired.
- Neglect by family members who have agreed to support member who relies on family to buy food, not providing food or necessities.
- Family agrees to care for member but is not buying/providing food, or paying bills, so that electricity or water is turned off.
- Caregivers not performing assigned tasks: member dependent on CG for ADLs, meal prep and eating, hygiene.

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ACT team medications help members to remain behaviorally regulated. Substance abuse can include legal as well as illegal substances.

These examples are not all inclusive.

Neglect/Refusing Services and COVID 19

- APS is contacted only when the member does not have natural support.
- APS should not be contacted when the member states they have natural support provided for a specific amount of time for a specific reason.
- Document the Primary Incident Type/Subcategory as: Neglect/Refusing Services.
- Document COVID-19 in the Narrative.
- Document COVID-19 in the Diary Entries to support the Incident Narrative (Before, During, and After).

"specific amount of time for a specific reason"-example might be caregiver has a baby and will be out for a specified amount of time (not just related to COVID but whenever services are interrupted).

Reporting Neglect/Refusing Services
R.E.A.R.

R=Recognize

Recognize possible signs of neglect/refusing services

E=Evaluate

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

A=Action

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 imminent risk and/or an emergency
- For non-imminent risk, choose the drop-down option to indicate how the CIR was reported

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Neglect/Insufficient Staffing

Neglect/Insufficient Staffing

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.

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Neglect and Imminent Risk

Examples of Incidents that should be reported to APS/CPS:

- Neglect/Insufficient Staffing:
    - Agency has not had a caregiver to send out for an extended period.
    - Member is a fall risk with no natural support.
- Neglect by family members who have agreed to support member who relies on family to buy food, not providing food or necessities.
- Family agrees to care for member but is not buying/providing food, or paying bills, so that electricity or water is turned off.
- Caregivers not performing assigned tasks: member dependent on CG for ADLs, meal prep and eating, hygiene.

These examples are not all inclusive.

Neglect / Insufficient Staffing

Examples that are not necessarily imminent risk:

- Member receives CG services 9-5PM but CG was only able to stay until 2PM, so the CIR was completed to report the 3 hours that were not completed on this date. CIR necessary, but member may not be in imminent risk with the absence of the caregiver.
- Member's CG out sick or on vacation but member has **adequate natural support** with ADL's, meal preparation/eating while CG is out.

Before an APS report is filed consider the member's level of risk.

Disclosure: It is always important to report any cases to APS in which you feel the member is not safe or at imminent risk if there is an absence of CG or a disruption of services. If member is unable to safely complete ADL's, eat/prep meals, maintain hygiene, exit the home in a fire, etc. consider APS referral.

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Make sure member in the 3 hours they do not have a caregiver that the member is not in any danger of being left alone.
Even though a CIR is required for incomplete PCS hours, before an APS report is filed consider:

- o Member's risk

Neglect/Insufficient Staffing and COVID 19

- APS is contacted only when the member does not have natural support.
- APS should not be contacted when the member states they have natural support provided for a specific amount of time for a specific reason.
- Document the Primary Incident Type/Subcategory as: Neglect/Insufficient Staffing.
- Document COVID-19 in the Narrative.
- Document COVID-19 in the Diary Entries to support the Incident Narrative (Before, During, and After).

"specific amount of time for a specific reason"-example might be caregiver has a baby and will be out for a specified amount of time (not just related to COVID but whenever services are interrupted)

Reporting Neglect/Insufficient Staffing
R.E.A.R.

R=Recognize

Recognize possible signs of insufficient staffing

E=Evaluate

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

A=Action

Take Action-Is the member safe?
- o   Welfare check, call law enforcement, do a home visit; File CIR within 24 hours.

R=Report

Report to APS/CPS:
- o   Call immediately to report imminent risk and/or an emergency
- o   For non-imminent risk, choose the drop-down option to indicate how the CIR was reported

ICSC Non-Public

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Neglect/Issue with Hiring and Firing of Caregivers

Delegated Model of Care

- Primary incident type most likely insufficient staffing or refusal of services.
- Issue with hiring and firing of caregivers used as the secondary incident type when:
  - Agency states they are recruiting for additional staff due to being short staffed.
  - Member continually fires caregivers.
- CIRs filed daily due to interruption of services related to insufficient staffing or refusal of services.

Directed Model of Care

- Primary incident type is neglect/issue with hiring and firing of caregivers.
- CIRs for members under the directed model of care are filed weekly to report the concern that the member has not yet hired a caregiver for the agency to train to provide services.
- These CIRs should include the weekly date range being reported.
- These CIRs do not qualify to be reported as COVID.

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Examples given on this slide are not all inclusive.

Exploitation

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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.

Possible Signs of Exploitation:
- The consumer is regularly denied outings and activities due to a lack of funds
- The consumer has insufficient money to meet normal budgetary expenses
- The consumer pays fees or charges imposed for late payments
- The consumer is denied housing subsidies or food stamps through no fault of their own
- The consumer's cost of living expenses are not fairly divided between house mates
- The consumer's money is not accounted for
- The consumer's personal funds accounting records indicate unusual or inappropriate purchases
- The consumer's personal fund are used to pay for household items they do not use such as a tropical fish tank or internet service
- The consumer does not have access to personal funds
- The consumer's money, household goods or personal property (television, iPad, computer, clothing, etc.) disappear
- The consumer's personal funds are not adequately overseen
- The consumer loses approved supplemental income or assistance

• The consumer's funds are used to supplement another consumer's needs

Examples of Exploitation:
• *Use of the consumer's funds to meet caregiver's needs*
• *Taking consumer's paycheck or social security funds*
• *Taking consumer's clothing or other belongings*
• *Unauthorized withdrawal of funds*
• *Borrowing consumer's possessions, for example, DVDs, lawn mowers and others*
• *Staff's use of consumer's transportation for their own purposes*
• *Staff use of the consumer's telephone, leaving the consumer to pay the cost of the calls*
• *Forcing to sell or give away property or possessions*
• *Staff's use of the consumer's food stamps to purchase food for themself*
• *Borrowing money, even if offered by the consumer and/or reimbursed to the consumer*
• *Providers charging business expenses to the consumer*

Fraud is the misuse of Centennial Care funds.
Falsification of a caregiver's time sheet would be considered Fraud (be sure to show during live demo the question and box on the CIR)

Reporting Exploitation
R.E.A.R.

R=Recognize

Recognize possible signs of exploitation

E=Evaluate

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

A=Action

Take Action-Is the member safe?
- o Welfare check, call law enforcement, do a home visit; File CIR within 24 hours.

R=Report

Report to APS/CPS:
- o Call immediately to report imminent risk and/or an emergency
- o For non-imminent risk, choose the drop-down option to indicate how the CIR was reported

ICSC Non-Public

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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.

Possible Signs of Environmental Hazards:
- The consumer has numerous insect bites on their body
- The consumer is experiencing otherwise unexplained respiratory symptoms
- The consumer's residence is in ill-repair
- Observing many rodents around the residence
- Lack of potable water or no electricity

Examples of Environmental Hazards:
- Bed bugs are found in the person's home
- The consumer's residence has mold growing on the bathroom walls
- The consumer's home is infested by insects
- There is a gas leak at the day habilitation site
- Broken windows have not been repaired
- Air conditioning or heat is not functioning

- Toilet is not functional

Reporting Environmental Hazard
R.E.A.R

<table>
<tr><td colspan="2" align="center">**R=Recognize**</td></tr>
<tr><td colspan="2">Recognize possible signs of environmental hazard</td></tr>
<tr><td colspan="2" align="center">**E=Evaluate**</td></tr>
<tr><td colspan="2">Evaluate the member's risk; is there imminent risk?</td></tr>
<tr><td colspan="2" align="center">**A=Action**</td></tr>
<tr><td colspan="2">Take Action-Is the member safe?
    o   Welfare check, call law enforcement, do a home visit; File CIR within 24 hours.</td></tr>
<tr><td colspan="2" align="center">**R=Report**</td></tr>
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</table>

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ICSC Non-Public

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Remaining Critical Incident Types

Emergency Services

Deaths (Expected and Unexpected)

Missing

Law Enforcement

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Emergency Services and Death

Emergency Services (ES)	Death
• 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. • ES transport of a member to the ER MUST be included in the CIR narrative.	• Natural or Expected • Unexpected • Homicide • Suicide

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Examples of transportation include but are not limited to ambulance, family, caregiver, and/or other driving member to ER, private vehicle, and law enforcement.

Missing and Law Enforcement

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.

Law Enforcement

- An incident in which Law Enforcement involvement prevents the member from receiving services or directly affects the member's health and safety.

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Hierarchy of Primary Incident Types

1. Death
2. Abuse
3. Neglect
4. Exploitation
5. Environmental Hazard
6. Missing
7. Emergency Services
8. Law Enforcement

Secondary Incident Types

- Transportation to the ER related to:
    - Hospital Admit (primary)
    - Death (primary)
- Environmental Hazard related to:
    - Neglect/Insufficient Staffing (primary)
        - Member has a pest infestation in the home. Agency is unable to staff member due to pest infestation. Primary: Neglect/Insufficient staffing related to Secondary: Environmental Hazard/Pest infestation. *Note: Agency is responsible for filing daily CIRs for Insufficient staffing, related to the pest infestation, for as long as they are unable to staff member.
- ER visit related to:
    - Abuse or Neglect (primary)
        - The member has several BH diagnoses. The member has medications to ensure his mental health is stable. The member stopped taking his medications and became dysregulated. The member was transported to the ED via ambulance. The member was evaluated in the ED, and it was deemed necessary to admit the member.
    - Death (primary)

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Possible Signs of Neglect:

• The consumer has a foul odor of urine or feces

• The consumer is malnourished or dehydrated

• The consumer has experienced significant weight loss without dieting or medical reasons

• The consumer is not dressed appropriate for weather conditions

• The consumer has poor dental hygiene

• The consumer has illness or injuries that are not being treated

• The consumer is left alone when they are supposed to be supervised

• The consumer has frequent constipation episodes

• The consumer has frequent trips to the emergency room

• The consumer's food, medication or personal care is withheld

• The consumer exhibits a failure to thrive (not linked to diagnosis)

• The consumer has multiple small bruises

• The consumer's adaptive equipment is not individualized or in working condition.

• There are unexplained changes in the consumer's sleeping patterns and appetite.

Neglect Examples:

- Not supervising a person as required to keep them safe
- Spends long periods of time in own feces or urine
- Has untreated medical conditions
- The provider has assigned insufficient staff to meet the needs of the consumers they support
- Failing to follow-up on health/medical symptoms
- Has unhealed sores or untreated injuries
- Medication is administered by untrained staff
- G-tube protocols are not followed as prescribed
- Failing to follow a positive behavior support plan or crisis plan
- Unsafe living conditions (could also be Environmental Hazard)
- Providers not training their staff to support consumer's plans
- Leaving someone in a hot car, unattended
- Failing to seek medical attention in a timely manner
- Failing to follow expected procedures outlined in emergency response plans, health care plans, therapy plans, mealtime plans, etc.
- Medication error that results in the need for medical treatment or the agency nurse determines the need to consult with a physician/CNP/PA, pharmacist or poison control regarding potential need for medical intervention (does not include mere notification).
- The individual misses multiple doses of medication over a period equal to or greater than 48 hours or misses a single dose that places the consumer at a risk of harm.

Best Practices for Filing a CIR

- HSD CI Reporting Portal Web Address:
  - https://criticalincident.hsd.state.nm.us
- Document that the member's health and safety has been addressed either in the narrative when filing the CIR or in a diary entry after the CIR has been filed.
- Report a critical incident **within 24 hours** of knowledge.
- Use the NM Medicaid Portal to verify a member's name, date of birth, correct MCO and category of eligibility (COE):
  - https://nmmedicaid.portal.conduent.com/static/index.htm
- Document in the narrative the total authorized PCS hours to include days per week the services are provided, the hours for each day, and the last day of service.
- Be accurate, comprehensive and factual with the narrative of the CIR.

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- To help the member, HSD, the support brokers and care coordinators (MCOs) we need to know about all incident(s).
- HSD/MCOs make no assumptions about the reports submitted; both HSD and the MCO are reviewing your submissions.
- Inaccurate information slows response to the issue and may violate HIPAA regulations.
- Have the correct information easily available to the reporter especially if it is not you.
- Accuracy and clarity are key! Go back and review your submission.
- Make sure you have included the names and information needed to tell the story. The diary entries are available for more detailed information or updates.
- If it is not documented… it did not happen! (For example, was the incident filed with APS or CPS and noted in the narrative or diary?)
- Just the facts, (or the allegations). Opinions and information not pertaining to the incident being reported should not be included.
- Make sure your agency has all the pertinent information and documentation related to any of the follow up activities done by the agency.

In the event a clarification or follow-up is needed on your critical incident report, a member of the critical incident staff will reach out to you.

BlueCross BlueShield
of New Mexico

BCBSNMCriticalIncident@bcbsnm.com

PRESBYTERIAN

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

western sky
community care.

NMCI@westernskycommunitycare.com
Fax: 833-225-1168

MCO
Contact
Information

References to Follow
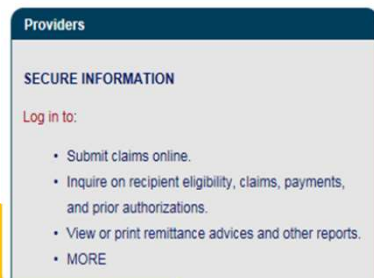
NM Medicaid Portal

NM Medicaid Portal Log In

- 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.

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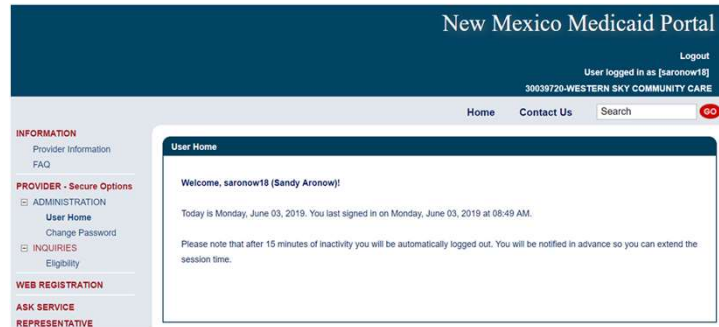
- Log in as instructed on previous slide.
- To start the member search, select the plus icon next to INQUIRIES.
- Select Eligibility.

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.

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Verify Member Demographics

Verify Category of Eligibility (COE)

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	

- 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.
- 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.

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

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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

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Verify NFLOC & Self-Directed

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 date listed.

HSD Critical Incident Reporting Portal

Critical Incident Reporting System

HUMAN SERVICES
DEPARTMENT
MEDICAL ASSISTANCE DIVISION

Log In

Username: [   ]

Password: [   ]

[Log In]

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@state.nm.us

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

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HSD issues and manages all usernames and passwords for the CI Reporting Portal. If assistance is needed with passwords or usernames or portal technical issues send an e-mail to HSD-QB-CIR@hsd.nm.gov

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.

HCSC Non-Public

Critical Incident Report: Section 1 Member Information

In the Critical Incident Report data entry form, the yellow highlighted fields are required. These fields must be completed to successfully submit the form and create an Incident Report. The white fields are not mandatory but also important if you have access to that information.

Consumer Information:
- First Name, Middle Initial, Last Name – Accuracy is important. Correctly spelling the member's name will ensure the ability to find and identify the member.
- Social Security Number – Accuracy is important. The agency, the MCO and the State (HSD) track incidents on members for several reasons, including the development of improvement plans. Errors in SSN affect the ability to verify the member and the validity of the data. When the SSN cannot be accessed, enter "123456789".
- Gender – Select member's gender (male or female). If the member identifies as a different gender, please enter in the diary entry this information.
- DOB (Date of Birth) – Please be accurate. Incorrect DOB entry affects the ability to accurately identify the member.
- Physical Address – The physical address must be entered. Abuse, Neglect, or

Exploitation critical incidents are referred out to other state agencies for follow up and they must know where to locate the client.

- If the member is homeless, enter "Homeless" and be prepared to answer a question about the last known address where services were provided.
- If the member does not have an actual physical address, enter the directions on how to find the residence:
  - Example: "Two miles past the Council House, past the big cedar tree."
- "Unknown" implies a provider/agency does not know where the person is and raises questions about delivery of services. Be prepared for a phone call requesting more information.
- City, County and ZIP – Enter the City, County (from dropdown menu). Use the zip code for the area the member resides, if unknown, the zip code can be verified using the Postal Service website: www.usps.com
- Phone Number – Enter the member contact phone number; if unknown enter zeros.
- ADLs – If you do not have the experience with the member or information sufficient to complete this section, please check "unknown".
- Verbal – Means that the member can communicate effectively with staff and family. It does not require that they speak. Language preference is not important for this item.
- Diagnoses – If this information is available to you, please input it. This is important data to track, and this information should be in client records. If agency/provider unable to answer this question, enter "unknown"
- Medications – See direction for diagnoses. List no more than three or four medication names; please avoid any special characters other than +++
- Name of Doctor & Doctor Phone – Enter the full name and contact phone number of the doctor.

Critical Incident Report: Section 2 Agency/MCO/Eligibility Information

Agency/Eligibility Information:
- MCO – Please be accurate. Centennial Care has three (3) participating MCOs. The Critical Incident Report will automatically be reported to the MCO listed in this field. Inaccurate input will affect data validity and possibly violate HIPAA regulations and delay action.
- Reporting Agency – This field will self-populate with the agency logging in to the site (cannot be changed).
- Category of Eligibility (COE) – the COE is available to you upon verification of eligibility in the New Mexico Medicaid Portal. All providers are required to verify recipient eligibility prior to providing services and verify that the recipient remains eligible throughout periods of continued or extended services. Please select the COE from the dropdown menu. Only the 13 reportable COEs are listed in the dropdown.
- Self-Directed – select Yes or No.
  - This is the Self-Directed Community Benefit (SDCB) that replaced Mi Via as of 01/01/2014.
  - Under setting of care the following options may appear, when these appear the selection should be "No":

- - Agency Directed- Please remember that agency directed is not the same as Self-Directed.
    - Blank field
- Incident Coordinator – The name entered here is the name of a person assigned to manage the incident reporting functions of the provider/agency office. Questions about the incident report may go to this person. In the case of various offices for an agency, the agency is to select the staff at the office serving the member identified in the incident.
- Office Location – Please enter the complete physical address of the reporting provider/agency (Address, City, State and Zip Code).
- Office Phone – Please provide the full 10-digit phone number, including the area code (example: 505-888-7777) of the reporting provider/agency.
  - Please do not put the member's phone number in this field.

Critical Incident Report:
Section 3
Incident Details

- Incident Details - Person with the most direct knowledge of the incident completes this section.
- Incident Type/Subcategory – Select the primary Incident from the drop-down menu that most accurately describes the type of incident which has occurred. The incident type is information reported and tracked by several different agencies. Your accuracy helps us to determine what further services may be needed or areas of concern that need to be addressed.
  - Emergency Services/Emergency Room with Hospital admit takes precedence over "Emergency Services/EMT/Fire Dept.- transported to ER."
  - Be sure to include how the member got to the ER in the narrative. Be sure to still report in a timely fashion.
- Secondary Incident Type/Subcategory (if applicable) – Select the 2nd incident and subcategory from the drop-down menu otherwise leave blank.
- Does this incident involve alleged fraud? Select Yes or No.
- If there is any reason to believe that fraud has been committed or that waste or abuse of Centennial Care funds are part of the incident, select "yes." Please provide sufficient information in the description of the incident to support the

allegation that fraud may have been committed.

- Did this incident occur during authorized service hours? Select yes or no.
  - Critical incidents must be reported regardless whether the incident occurred during service hours.
- If the incident happened outside of authorized hours, who was present? Name, title or relationship, phone of who was present during the incident.
  - Enter the name, title or relationship and phone of the person present at the time of the incident
- Person responsible for the individual's care at the time of the incident? Select yes or no if the incident occurred during authorized service hours (meaning a caretaker was present):
  - Enter the name, title or relationship and phone of the person responsible for care at the time of the incident.
  - There are two exceptions:
    1) The member is the responsible person, enter "Self" and it is not necessary to enter name and phone.
    2) The person that is expected to provide services is a natural support to the member meaning they are not paid to assist the member and their hours of service provided are not tracked.
- If the incident happened outside of authorized hours, who was present? Name, title or relationship, phone of who was present during the incident:
  - Enter the name, title or relationship and phone of the person present at the time of the incident.
- Was anyone else present at the time of the incident? Select Yes or No. If yes, enter the name, title or relationship and phone:
  - Name, Title or Relationship, Phone – Enter the name, the title or relationship and the phone number of the person(s) who was present at the time of the incident; up to three names can be entered.
- Incident Date – A date must be entered. If the reporter does not know the actual date of the incident, enter the 1st day of the month and current year in which the report is being filed. For example: You are filing the report on September 15, but do not know the actual date the incident happened. Enter "09/01/2020" as the date of the incident. Use the narrative section to explain if the actual date is unknown and the "default" date was used.
- Incident Time – Enter the time that the incident occurred. If the time is unknown, enter "unknown."
- Date Provider Agency first had knowledge of the incident – Enter the date that the incident was reported to the provider/agency.
- Incident Location – Describe where the incident occurred, such as:
  - Client's home.
  - Grocery store.

- o Doctors' office, etc.
  - o Enter exact address if known.
- Describe what you saw and/or heard in order of occurrence –There are three incident description boxes, Before, During, and After, all three boxes must be completed.
- Five helpful questions to be answered for emergency services in the narrative:
  - o Was the member seen and treated in the ER? (Scheduled events are not reportable.)
  - o What did the member present to the ER for?
  - o What ER (Pres., UNMH, etc.) was the member transported to?
  - o Who transported the member to the ER (family, EMT, etc.)?
  - o Was the member admitted inpatient?
- There is a 1000-character count limitation per box.
  - o This section also called the "Narrative" should be concise and complete.
  - o If HSD or the MCO does not understand what happened, the provider/agency will be asked to provide more information.

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.

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When a report is submitted successfully, this is what occurs:
- The report is transmitted to the database and a date/time stamp is applied.
- The report has been assigned a unique number (Report #).
- The State (HSD) has access to the report.
- The member's MCO has access to the report.
- The provider/agency has access to the report.
- When all required fields are completed, the data entry form will close, a new window will open indicating the report was submitted successfully, generating an Incident Report #.
- When all required fields are not completed, the data entry form will remain open showing the required fields in red that need to be completed.

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

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To create a new Diary Entry:
- Click on "Ad-Hoc Reporting", located on the top menu bar.
- Enter the Report # in the "View a specific incident ID" search box.
- Select View (the case will appear in a new window).
- To view existing diary entries, select "Expand All".
- To enter a new diary, click in the white box "New Diary Entry" and type in your information (4000-character limit).
- Once you have finished entering in the information, select the "Submit Diary Entry" button (when this happens, the submission date auto populates as well as your log on ID).