2023 ANNUAL TRAINING FOR CRITICAL INCIDENT REPORTING

Personal Care and Self-Directed Broker Services

PPC122302

FOR THE BEST TRAINING EXPERIENCE

- Please ensure your phone or computer is muted.
- Please do not have audio connected via both phone and computer in the same room, as there will be an echo that impedes the audio quality for all participants.
- Please wait for set points within the presentation for discussion and use the chat feature to communicate with the presenters.

PRESENTERS

BlueCross BlueShield of New Mexico

PRESBYTERIAN

western sky community care

Karen Lubertazzo
Melissa Pardo

Kim Dixon

Viridiana Monarez
Amanda Tapia

REGISTRATION MATERIALS

Some training materials were sent with your registration.

Those materials contain basic information about critical incident reporting.

That basic information will not be covered today.

Are there any questions about the registration materials?

What is a critical incident?

Why do we file a critical incident?

When do you need to report a critical incident?

Understand how to report a critical incident.

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

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

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

Understand the changes to frequency of reporting certain Critical Incidents.

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

WHAT IS A CRITICAL INCIDENT

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

WHY FILE A CRITICAL INCIDENT

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

WHEN TO FILE A CRITICAL INCIDENT

- Critical Incident reports must be filed with 24 hours of becoming aware that an incident has occurred.

- If the incident occurs on a weekend or a holiday, the Critical Incident Report must be filed the next business day.

HOW TO FILE A CRITICAL INCIDENT

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

HSD PORTAL REPORTING
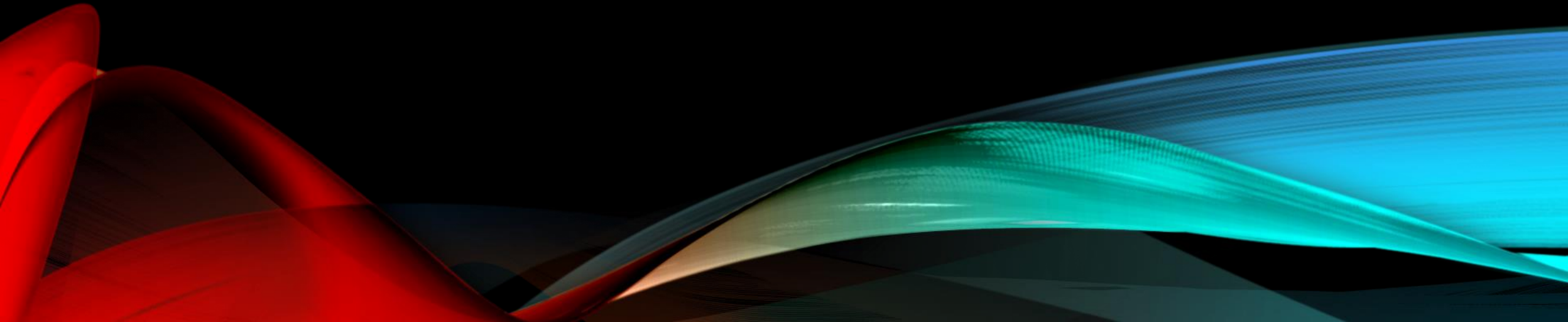
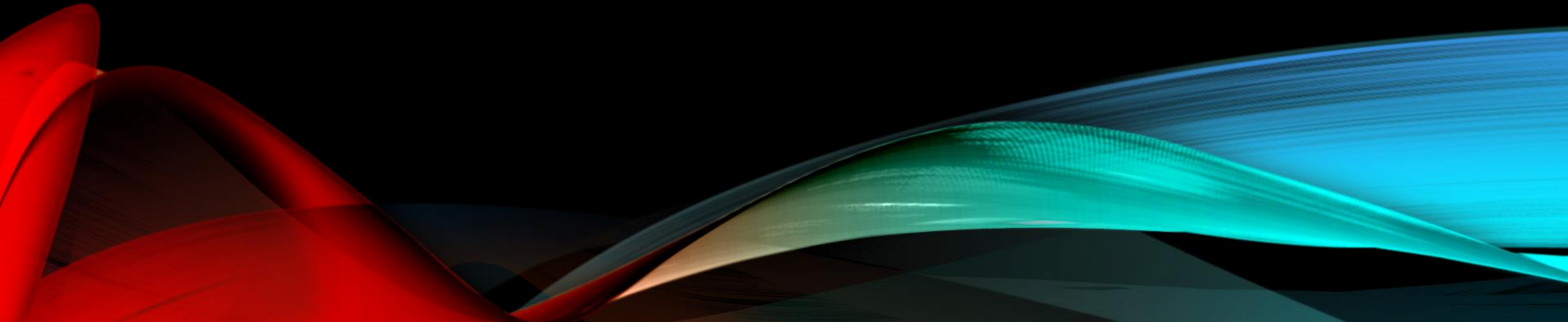# HSD PORTAL INCIDENT TYPES AND CATEGORIES OF ELIGIBILITY

HSD Portal Incident Types:
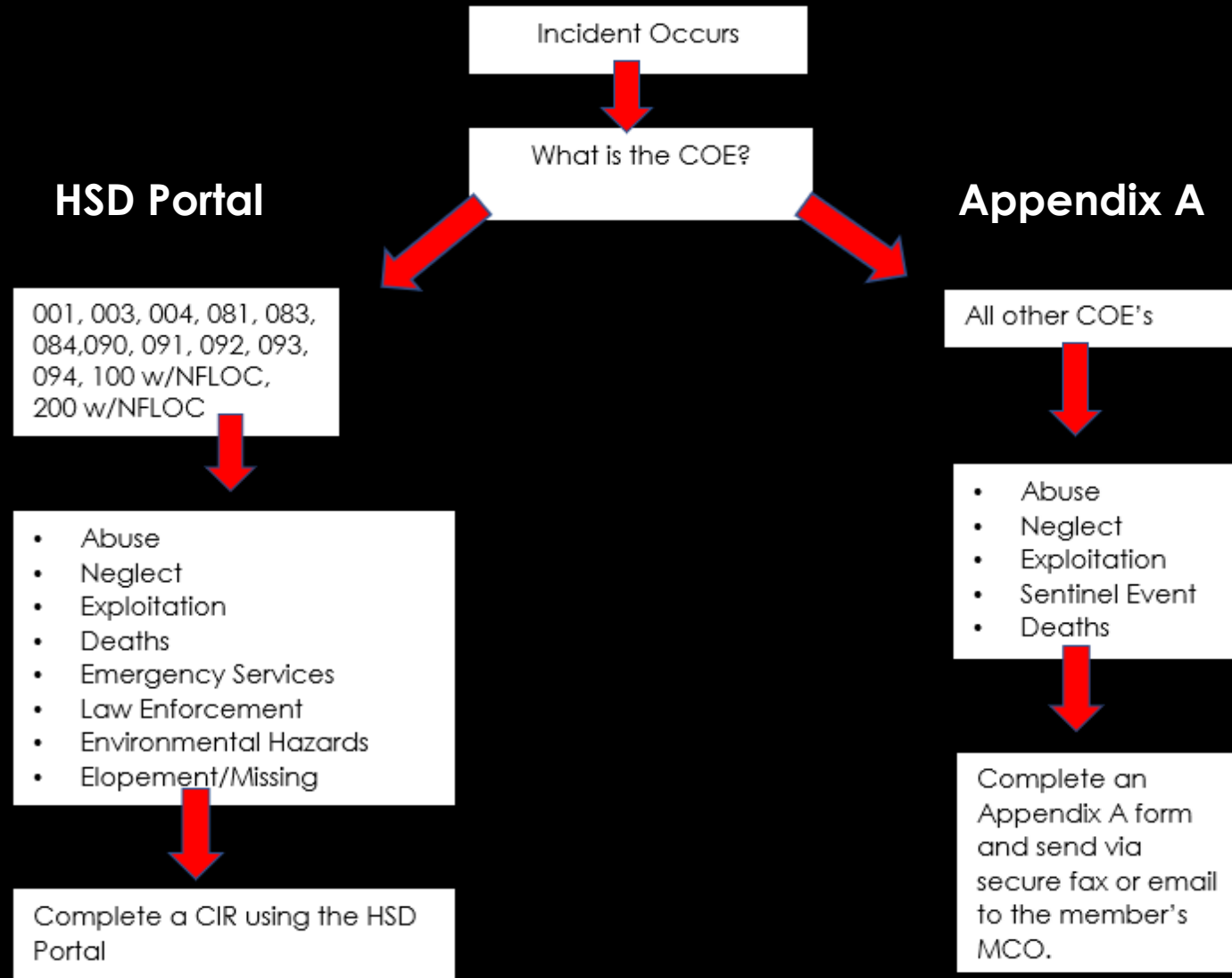
- Abuse
- Neglect
- Exploitation
- Deaths (Expected & Unexpected)

- Emergency Services
- Law Enforcement
- Environmental Hazards
- Elopement/Missing

HSD Portal Categories of Eligibility:

- 001
- 003
- 004
- 081
- 083
- 084

- 090
- 091
- 092
- 093
- 094
- 100 w/NFLOC
- 200 w/NFLOC

NON-PORTAL CRITICAL INCIDENTS

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

HSD Portal Incident Types:

- Abuse
- Neglect
- Exploitation
- Deaths (Expected & Unexpected)

- Emergency Services
- Law Enforcement
- Environmental Hazards
- Elopement/Missing

All Other COEs

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

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

Process Flow Map

Incident Occurs

What is the COE?

HSD Portal

Appendix A

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

All other COE's

- Abuse
- Neglect
- Exploitation
- Deaths
- Emergency Services
- Law Enforcement
- Environmental Hazards
- Elopement/Missing

- Abuse
- Neglect
- Exploitation
- Sentinel Event
- Deaths

Complete a CIR using the HSD Portal

Complete an Appendix A form and send via secure fax or email to the member's MCO.

SUBMIT BEHAVIORAL HEALTH CRITICAL INCIDENTS FILED OUTSIDE OF THE HSD PORTAL

HCSC_BHQI_SPHI@bcbsnm.com
Fax: 505-816-5831

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

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

REPORTING TO APS/CPS

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

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

APS/CPS REPORTING INDICATORS

- Abuse
- Neglect-emergent risk
- Exploitation

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

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

APS/CPS RISK LEVEL ASSESSMENT TOOL R.E.A.R.

R=Recognize

Recognize possible signs of abuse, neglect, or exploitation.

E=Evaluate

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

A=Act

Take Action-Is the member safe?
- 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 urgent cases and/or an emergency, choose the drop-down by phone option.
- o For non-urgent cases, choose the drop-down by agency/provider option to report to APS through the CIR itself.

CIR FORM DOCUMENTATION

- APS- By Phone
  o Urgent reporting only.
  o CIR must be submitted prior to calling APS.
  o CIR # will be given to the APS operator so that APS can view the report for emergent risk.
  o APS intake # and operator ID# must be documented in diary entry of the CIR.

- APS- By Fax
  o Urgent reporting only when APS operator states during an attempted call to APS that their system is down.
  o "CIR sent to APS by fax due to system being down" must be documented in a diary entry.

- APS- By Agency/Provider
  o Non-emergent
  o Agency must be comfortable with the member's health and safety
  o 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
  o MCO use only for non-emergent **NOT** to be used by an agency.
  o CIR will be "reported" to APS by APS finding the marked CIR in the HSD portal up to one week following CIR submission.

IMPORTANT REMINDERS WHEN REPORTING TO APS

Do Not Report by Email

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

NEW GUIDELINES
FOR REPORTING CRITICAL INCIDENTS
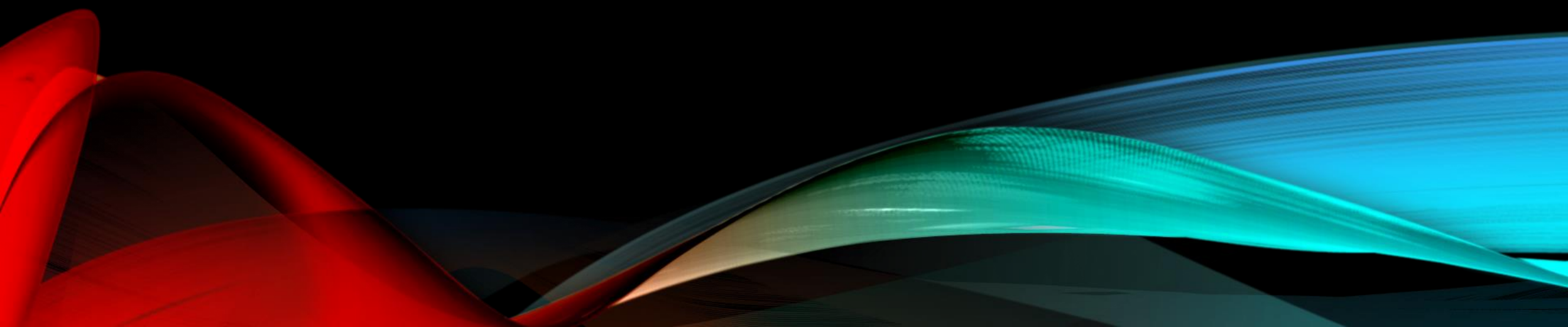
INSUFFICIENT STAFFING EXAMPLE

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

CIR Documentation of Staffing Concerns

CURRENT DIRECTION

CIR HISTORY FOR DAILY STAFFING CONCERNS

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

NEW DIRECTION

Focus on Follow-up and Documentation

DIARY ENTRIES

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

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

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

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

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

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

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

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

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

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

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

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

GUIDELINES

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

MEMBER'S HEALTH, SAFETY, AND WELFARE

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

RISK LEVEL

Factors that determine a member's risk level:

- The number of PCS hours allocated per week
  - o Risk Level I – Low
    - 10 hours or less per week with natural support

  - o Risk Level II – Medium
    - 11 – 25 hours per week

  - o Risk Level III – High
    - 26 or more hours of PCS services allocated

RISK LEVEL

Other factors to consider:

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

FOLLOW-UP

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

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

QUESTIONS
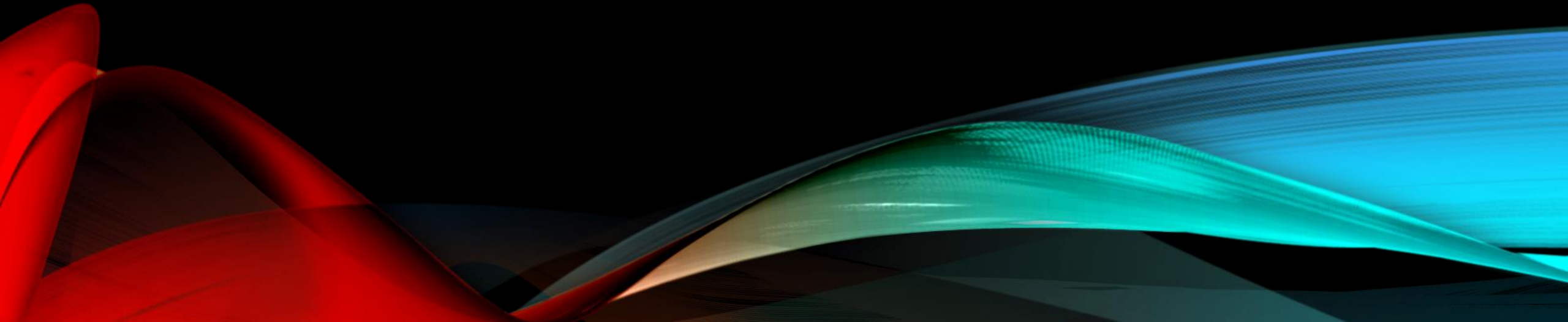
ABUSE/SELF-ABUSE

ABUSE/SELF-ABUSE

ABUSE is defined by the DOH as:

- knowingly, intentionally, and without justifiable cause inflicting physical pain, injury or mental anguish; or

- the intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person; or

- sexual abuse, including criminal sexual contact, incest and criminal sexual penetration.

ABUSE/SELF-ABUSE

SEXUAL ABUSE is defined by the DOH as:

• the inappropriate touching of a recipient of care/services for sexual purpose or in a sexual manner, and includes kissing, touching the genitals, buttocks, or breasts; or

• causing the recipient of care/services to touch another for sexual purpose; or

• promoting or observing for sexual purpose any activity or performance involving play, photography, filming, or depiction of acts considered pornographic.

• Sexual conduct engaged in by an employee with a person for whom they are providing care or services is sexual abuse per se.

ABUSE/SELF-ABUSE

VERBAL ABUSE is defined by the DOH as:

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

MENTAL ANGUISH is defined by the DOH as:

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

REPORTING ABUSE

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

FOLLOW-UP AND DOCUMENTATION

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

- Follow-up Documentation
  - Risk Level I – monthly Diary entries
  - Risk Level II – every other week Diary entries
  - Risk Level III – weekly Diary entries

NEGLECT/SELF-NEGLECT

NEGLECT/SELF-NEGLECT

NEGLECT is defined by DOH as:

- the failure of the caretaker to provide basic needs of a person, such as clothing, food, shelter, supervision, and care for the physical and mental health of that person.

- Neglect causes or is likely to cause harm to a person.

NEGLECT/INSUFFICIENT STAFFING

INSUFFICIENT STAFFING PROCESS

- Identify the reason/cause for the staffing concerns.
- File one CIR the first date services are missed.
- Communicate with the member and MCO care coordinator.
- Document the concerns in the CIR.

  o Is there abuse, exploitation, or environmental hazards impacting the caregiver services that can be delivered?

INSUFFICIENT STAFFING PROCESS

- Documentation of follow-up activity is required in the CIR Diary.

  o Frequency of documentation is in accordance with member's Risk Level.

- Documentation and follow-up is ongoing until the initial reason for incident report has been resolved and the health, safety, and welfare of the member has been established.

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

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

- Follow-up Documentation
  - Risk Level I – monthly Diary entries
  - Risk Level II – every other week Diary entries
  - Risk Level III – weekly Diary entries

INSUFFICIENT STAFFING AND REFUSING SERVICES – REQUIRED NARRATIVE ELEMENTS
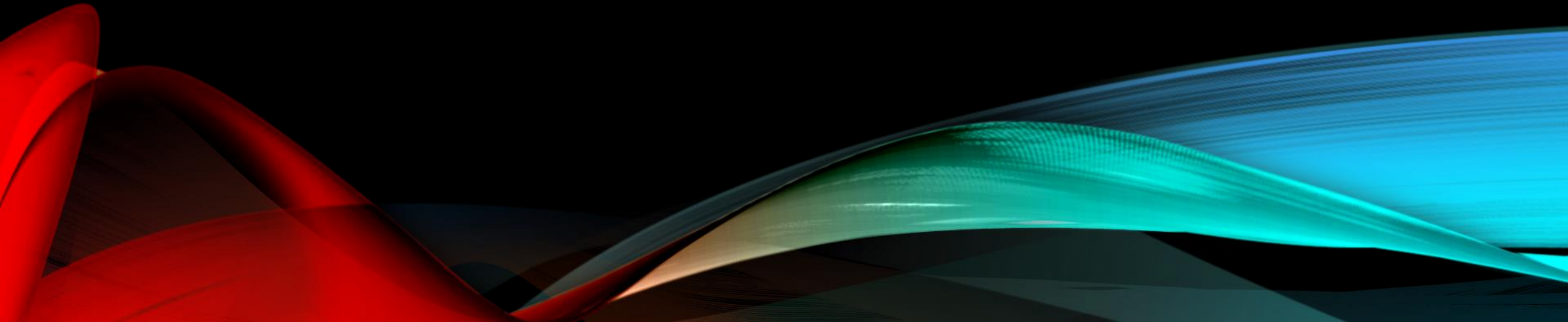
A standard response in the narrative shall be noted as follows:

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

INSUFFICIENT STAFFING AND REFUSING SERVICES – REQUIRED NARRATIVE ELEMENTS

- During
  - o Document a detailed explanation of the circumstances surrounding the situation.
  - o Be aware of the 1,000 character limitation within each of the narrative text fields.

- After
  - o Document actions taken to remedy the situation on behalf of the member.

NEW GUIDELINE EXAMPLES AND QUESTIONS

NEGLECT - ISSUES WITH HIRING/FIRING OF CAREGIVERS

DELAY IN START OF SERVICES PROCESS

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

WHEN SERVICES HAVE NOT BEGUN

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

DELEGATED MEMBERS SERVICES HAVE BEGUN

Delegated Model of Care

- Primary incident type most likely insufficient staffing or refusal of services.

- Secondary incident type of Issue with hiring and firing of caregivers is used to support the primary incident type if applicable.

- One CIR filed due to interruption of services related to insufficient staffing or refusal of services.

- Follow-up is documented in accordance to Risk level:

  o Include follow-up activity and the agency's status at finding a caregiver.

DIRECTED MEMBERS SERVICES HAVE BEGUN

Directed Model of Care

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

MEMBER HAS LOST CAREGIVER FOLLOW-UP AND DOCUMENTATION

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

- Follow-up Documentation
  - Risk Level I – monthly Diary entries
  - Risk Level II – every other week Diary entries
  - Risk Level III – weekly Diary entries

NEW GUIDLINE EXAMPLES AND QUESTIONS

NEGLECT/REFUSING SERVICES

NEGLECT/REFUSING SERVICES

NEGLECT/Refusing Services is when:

• The member refuses to allow services to be rendered.

• The member declines a back-up caregiver in the absence of the regularly assigned caregiver.

REFUSING SERVICES PROCESS

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

MEMBER REFUSES SERVICES OFFERED

- If the agency offers a replacement for the familiar caregiver and the member refuses
  - Follow-up Reporting
    - Risk Level I – monthly Diary entries
    - Risk Level II – every other week Diary entries
    - Risk Level III – weekly Diary entries

- Implement MAD 062 form
  - Non-utilization of services by member
  - Submit to MCO for authorization

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

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

NEW GUIDELINE EXAMPLES AND QUESTIONS
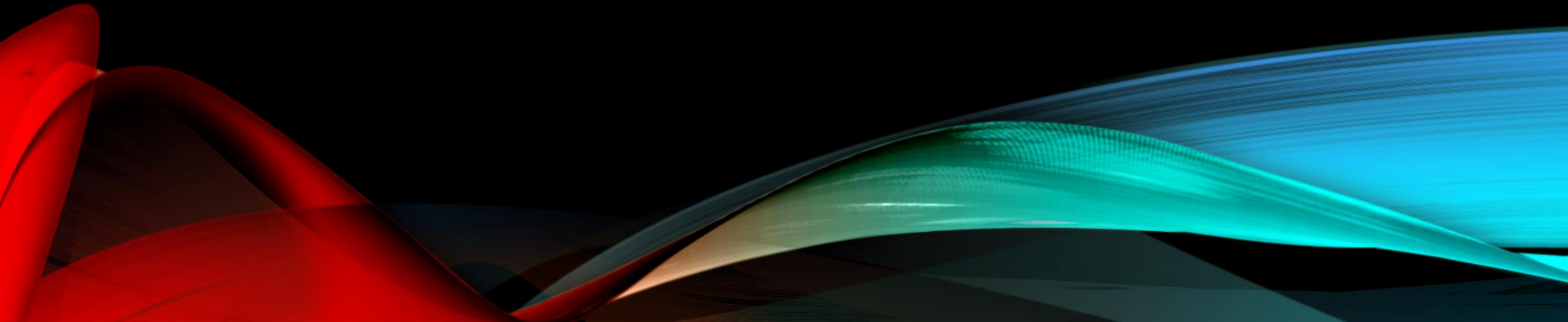
REDUCTION IN PCS HOURS

- Members who wish to receive fewer PCS hours than initially authorized would discuss changes with their PCS provider and MCO Care Coordinator.

- The MCO is notified of the member's request by the PCS provider, the member and/or an external Care Coordinator, if applicable.

  o The member and the MCO Care Coordinator will work together to determine if reducing hours is reasonable.

- The MCO approval of the request for a reduction in hours may occur:

  o after at least 60 calendar days into the approved schedule,

  o after a reassessment of approved hours, and

  o after a discussion with the member or their representative has occurred.

REDUCTION IN PCS HOURS

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

REDUCTION IN PCS HOURS

- MCOs can proceed to update the authorization in Authenticare to reflect the agreed-upon hours stated in the CBMA and IPoC.

- It is important for the member to have the autonomy to choose fewer hours if they deem it suitable for their situation without a corresponding change in their medical condition, as long as it does not put their well-being at risk.

- If the member has a change in condition, change to natural supports, or otherwise needs to increase their hours back to the original assessed number, they may work with their Care Coordinator to do so.

EXPLOITATION

EXPLOITATION

EXPLOITATION is defined by DOH as:

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

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

REPORTING EXPLOITATION

- File a CIR when incidents of exploitation occur.

- Communicate with the member and the care coordinator.

- Documentation of follow-up activity is required in the CIR Diary.

  o Frequency of documentation is in accordance with member's Risk Level.

- Documentation and follow-up is ongoing until the initial reason for incident report has been resolved and the health, safety, and welfare of the member has been established.

FOLLOW-UP AND DOCUMENTATION

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

- Follow-up Documentation
  - o Risk Level I – monthly Diary entries
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  - o Risk Level III – weekly Diary entries

ENVIRONMENTAL HAZARD

ENVIRONMENTAL HAZARD

ENVIRONMENTAL HAZARD is defined by DOH as:

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

REPORTING ENVIRONMENTAL HAZARD

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

FOLLOW-UP AND DOCUMENTATION

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DEATH

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

- Natural or Expected
- Unexpected
- Homicide
- Suicide

EMERGENCY SERVICES

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

REPORTING EMERGENCY SERVICES

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

FOLLOW-UP AND DOCUMENTATION

- Risk Level Assessment
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    - Risk Level III – weekly Diary entries

LAW ENFORCEMENT

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

REPORTING LAW ENFORCEMENT

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

FOLLOW-UP AND DOCUMENTATION

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

- Follow-up Documentation
  - Risk Level I – monthly Diary entries
  - Risk Level II – every other week Diary entries
  - Risk Level III – weekly Diary entries

MISSING

- Elopement is when the member leaves without permission or alerting others or runs away from a facility.

- Wandering is when the member leaves without intent to stay gone or may be lost or unaware of their surroundings.

- Missing is when the member's absence is unaccounted for or cannot be explained for more than 24 hours.
  - Include in the CIR narrative:
    - Member's Risk Level
    - Actions taken to find the member

REPORTING MISSING

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

FOLLOW-UP AND DOCUMENTATION

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

- Follow-up Documentation
  - Risk Level I – monthly Diary entries
  - Risk Level II – every other week Diary entries
  - Risk Level III – weekly Diary entries

HIERARCHY OF PRIMARY INCIDENT TYPES

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

MCO CONTACT INFORMATION

BlueCross BlueShield of New Mexico

PRESBYTERIAN

western sky community care

Karen Lubertazzo

Phone: 505-816-3192

BCBSNMCriticalIncident@bcbsnm.com

Toll Free: 855-699-0042

Kim Dixon

Phone: 505-923-5673

criticalincident@phs.org

Fax: 505-843-3011

Viridiana Monarez

Phone: 505-239-6668

NMCI@westernskycommunitycare.com

Fax: 833-225-1168

SURVEY

- When you registered for today's training, you received the training link in a confirmation e-mail.

- That link required you to log into today's training with your information.

- Those of you who logged into today's training will receive a link to a post-training survey.

- The link to the survey is in the body of the 2023 Annual Critical Incident Post-Training Survey email.

- Click the link or copy and paste the link into the address bar of your browser and click 'enter'.

FINAL QUESTIONS

THANK YOU FOR ATTENDING!

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:
  - o User ID: <enter your ID>
  - o Password: <enter your password>
  - o Provider Id/NPI: <enter the ID provided by State of NM>
- Select Log In button.

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:
    - o Recipient ID
    - o Card ID
    - o SSN & DOB
    - o 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)

- To verify COE, scroll down the screen to section "Category of Eligibility Information":
  - refer to the codes listed under COE Code.
  - look at the "Begin Date" and "End Date" to confirm the date of incident falls within that same date period (the COE listed must be current for the date of incident).
- When two COEs are listed and both COEs are accepted on the HSD CIR Portal:
  - refer to the Date of Incident and use (input) the COE listed with most recent date in the COE Add Date field.

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
004	Full Medicaid benefits	03/01/2019	12/31/9999	04/11/2019	

Eligibility Information

Eligibility Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
041	Medicaid benefits limited to paying for Medicare coinsurance and deductible only	01/01/2016	12/31/9999	12/14/2015	
091	Full Medicaid benefits. A hospital may assess a copayment for non-emergent use of the ER. Unnecessary use of a brand name drug may be subject to a copayment.	01/01/2016	12/31/9999	12/14/2015	Click here for additional copay info

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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

Long Term Care Information   What's This?

Level of Care				
Begin Date	End Date	LOC	Setting of Care	Add Date
06/01/2019	01/31/2020	NURSING FACILITY LEVEL	AGENCY DIRECTED NO WAIVER	03/28/2019

VERIFY NFLOC & SELF-DIRECTED

Long Term Care Information   What's This?

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

Patient Liability		
Begin Date	End Date	Patient Liability
No Patient Liability Information on file for the requested date of service.		
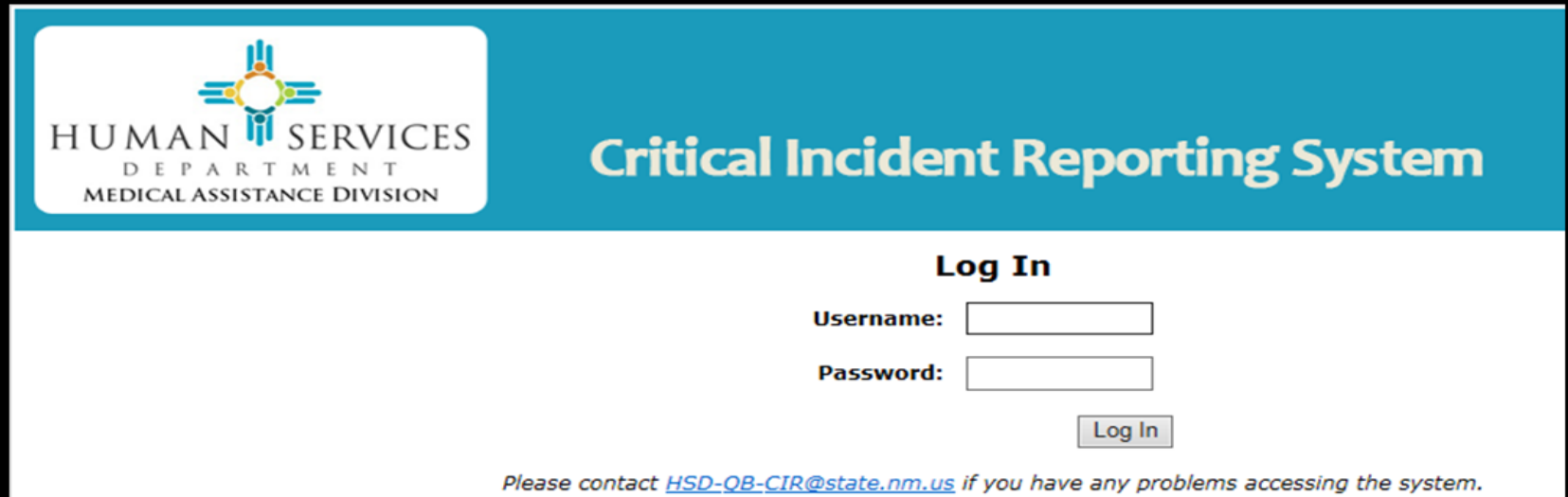
NFLOC:

1. Once you find the member and enter the service date range, scroll down to section "Long Term Care".

2. If the member has NFLOC, it will be listed under "LOC" (Level of Care). (In this example, the member does have NFLOC).

3. Look at the "Add Date" to confirm the date of incident occurs on or after the date listed.

Agency Directed vs. Self-Directed Level of Care:

1. Once you find the member and enter the service date, scroll down to section "Long Term Care Information."

2. If the member has a Self-Directed waiver, it will be listed under "Setting of Care." (In this example, the member is Self-Directed).

3. Look at the "Add Date" to confirm the Date of Incident occurs on or after the

HSD CRITICAL INCIDENT REPORTING PORTAL

Log In

- The person who is designated to submit Critical Incident Reports must have an active username and password to log in.

- Requests for logging into the HSD CI Reporting System must be sent to HSD-QB-CIR@hsd.nm.gov

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

HSD CRITICAL INCIDENT REPORTING PORTAL

Menu Bar: used to navigate through the HSD Portal

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

CRITICAL INCIDENT REPORT:

SECTION 1

MEMBER INFORMATION

CRITICAL INCIDENT REPORT: SECTION 2

AGENCY/MCO/ELIGIBILITY INFORMATION

CRITICAL INCIDENT REPORT:

SECTION 3

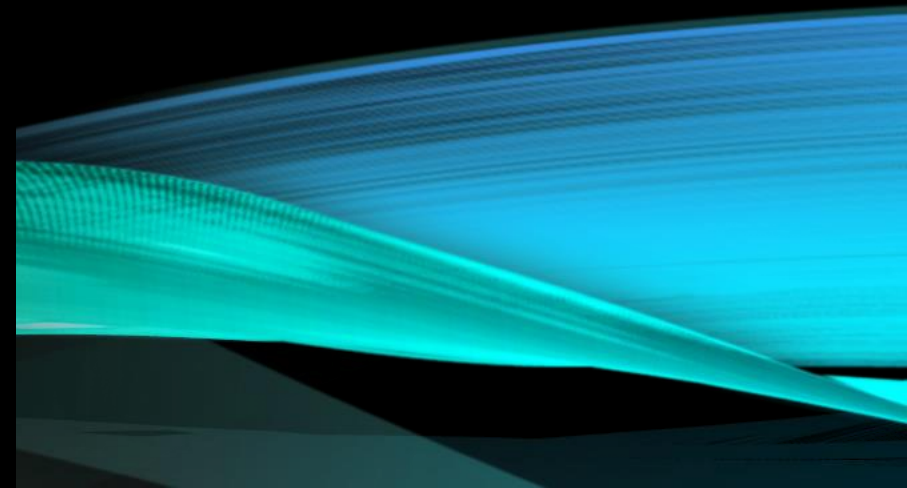## INCIDENT DETAILS

SECTION 3 – INCIDENT DETAILS

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

NOTE: If you are reporting Abuse, Neglect, or Exploitation (ANE), Notify Adult Protection Services (APS) or Child Protection Services (CPS) *within 24 hours* (APS - Phone: 866-654-3219 or Fax: 855-414-4885, CPS - Phone: 855-333-7233 or Fax: 505-841-6691)

Incident Type/Subcategory:
Please select an Incident Type
Please select an Incident Subcategory

Does this incident involve alleged fraud?
○ Yes ● No

Secondary Incident Type/Subcategory: (optional)
Please select a secondary Incident Type
Please select a secondary Incident Subcategory

Did this incident occur during authorized service hours?
○ Yes ○ No

Sent to APS/CPS?: (select)

APS/CPS Case #:

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

Name: **Title:**   **Phone:** (Example: 505-555-1212)

Was anyone else present at the time of the incident? (If yes, identify below)
○ Yes ○ No

Name: **Title or Relationship:**   **Phone:** (Example: 505-555-1212)

Name: **Title or Relationship:**   **Phone:** (Example: 505-555-1212)

Incident Date: (Example: mm/dd/yyyy)
Incident Time: (Example: hh:mm am/pm - enter 'Unknown' if time is unknown)
Date Reporting Agency first had knowledge of the incident: (Example: mm/dd/yyyy)

Incident Location:

Describe what you saw and/or heard in order of occurrence:

Before the incident:

During the incident:

After the incident: (Must include actions taken by the Reporting Agency to ensure health and safet and plans for follow-up.)

Submit Report   Cancel

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.

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