Quarterly Turquoise Care - Critical Incident Reporting Training

BCBS 1-6

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.
- Questions will be addressed at the end of the presentation. Please use the Q & A feature to communicate with the presenters.

Use the Q&A feature vs chat

MCO Presenters

- Karen Lubertazzo
- Kaye Anderson
- Greg Lujan
- Liz Gutierrez

- Kim Dixon
- Samantha Romero

- Lindsey Grazier
- Catherine Matthews
- Lori Brookhouser

- Nancy Parson
- Eddie Luera

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Contact information is available in the Resources section of the slide deck.

Registration Materials

- Training materials were posted on the registration website
- Those materials contain basic information about critical incident reporting
- That basic information will not be covered today; however, the slides were included in the Resources section of this presentation.

Training Objectives

Provide guidance:

- CIR basics
- Non-portal Critical Incident Reports for BH providers

Recognize:

- What is a critical incident?
- Why do we report critical incidents?
- Who reports critical incidents?
- Where are critical incident reports filed?
- What are the types of critical incidents?
- When should a critical incident be filed?
- How are critical incidents reported in the HCA MAD CI Portal?
- What is follow-up?

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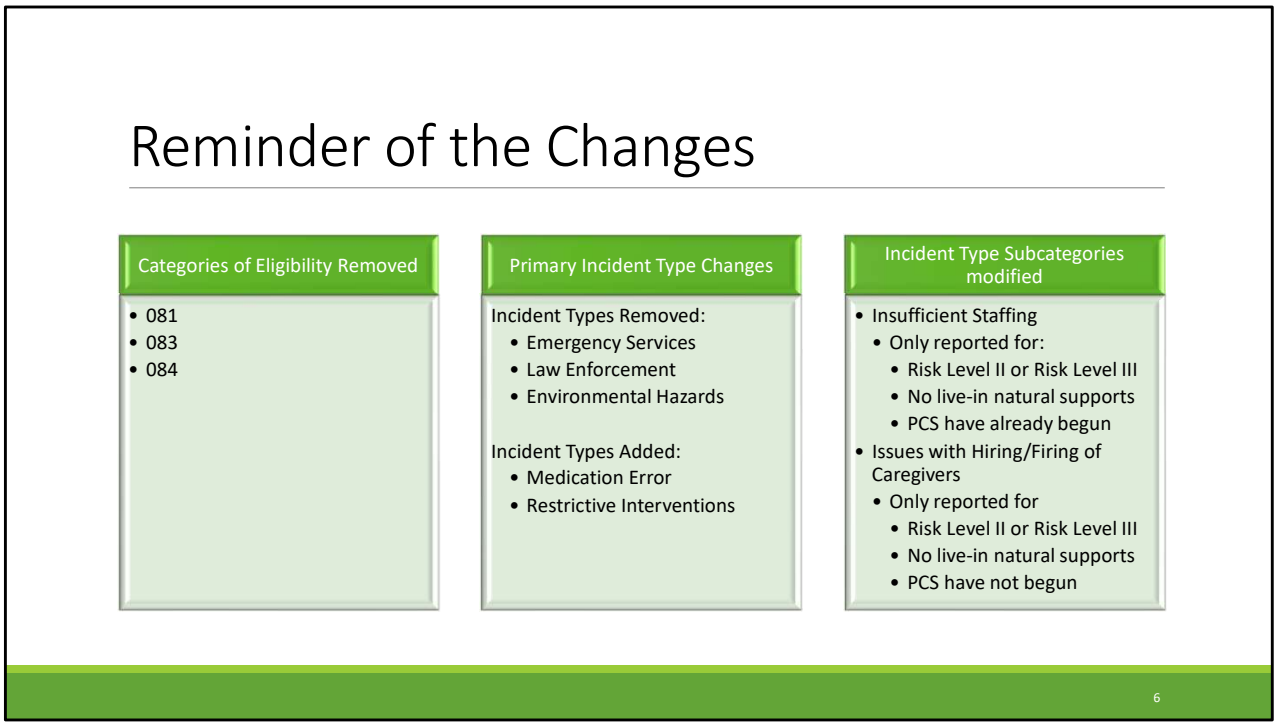

Emergency Services

- Has been removed as a primary incident type in the portal
- Notification of access to ES serves as an alert for events of Abuse, Neglect, and Exploitation
- When a component of Abuse, Neglect, or Exploitation, click the 'ED Visit?' checkbox.

Environmental Hazards

- Has been removed as a primary incident type in the portal
- Consider incident types, such as Neglect/Self-Neglect – Type Not Specified, or Neglect/Self-Neglect – By caregiver, staff or others for reporting EH

Law Enforcement

- Has been removed as a primary incident type in the portal
- Notification of Law Enforcement encounters serves as an alert for events of Abuse, Neglect, and Exploitation

HCA

Hello everyone. My name is Naomi De Herrera, and I am from the HCA Medical Assistance Division Critical Incidents Unit or "MAD" Critical Incidents Unit. I'm here with Michelle Tschanz and Chaeney Brown. We really want to thank all of you for attending today.

You are the key players in ensuring members' health and safety, especially when critical incidents occur. The accuracy of the reports you submit is vital to this process. When an incident is documented accurately, an MCO care coordinator can *immediately* assess the member's situation and assist with their related needs.

HCA and the MCOs collect data from the reports you file in the HCA Medical Assistance Division, or MAD CI (Critical Incidents) Portal. When we at HCA report this data to our leadership and other stakeholders like the Legislative Finance Committee (or LFC), it can contribute to determining possible gaps in care for the needs of our Medicaid MCO Members, updates to regulations, and

even allocation of funds. An example of the collaborative efforts between HCA and the MCOs were the changes to Critical Incident Reporting that became effective 10/31/2025. Some of the major changes included the removal of the Emergency Services, Law Enforcement, and Environmental Hazards reporting category and the addition to the new categories related to misuse or unauthorized use of restrictive intervention, seclusion, and medication errors resulting in a negative outcome.

On a monthly basis our agency audits random samples of your reports. When we audit these reports, we use the slides presented today as a reference. We encourage you to do the same when you **file** your reports. This presentation is a helpful tool!

We want to express our gratitude to the MCOs for presenting this information. We are all united in the same mission of ensuring the health and safety of our MCO members and want to stress that one of our goals is to promote collaboration between you, the MCOs, and us at HCA. This presentation is key to that goal, because the rules and guidelines are the same for all reporters, regardless of the MCO you are contracted with.

Lastly, the slides at the end of this presentation include screenshots from the Turquoise Claims portal, and examples of incidents that should be reported to Adult Protective Services and Child Protective Services. Links to the slides are available on both the MAD portal and the Critical Incident reporting page of the HCA website.

Thanks again everyone!

What is a Critical Incident?

Molina 8 – 11

Some of this information will be a quick review of information you are already aware of, but we wanted this training to be as complete as possible.

What is a Critical Incident?

Per LOD #65, effective 10/31/2025:

Critical Incident means a reportable incident that may include, but is not limited to, abuse; neglect; exploitation; misuse or unauthorized use of restrictive interventions or seclusion; medication error by a provider; and death occurring during an episode of Member care.

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The episode of member care is not the defining factor in the reporting requirement for deaths.

Managed Care Contract 4.12.9.11.2.11
Death including but not limited to natural/expected, unexpected, suicide, homicide, and a death caused by abuse or neglect.

Why Do We Report Critical Incidents?

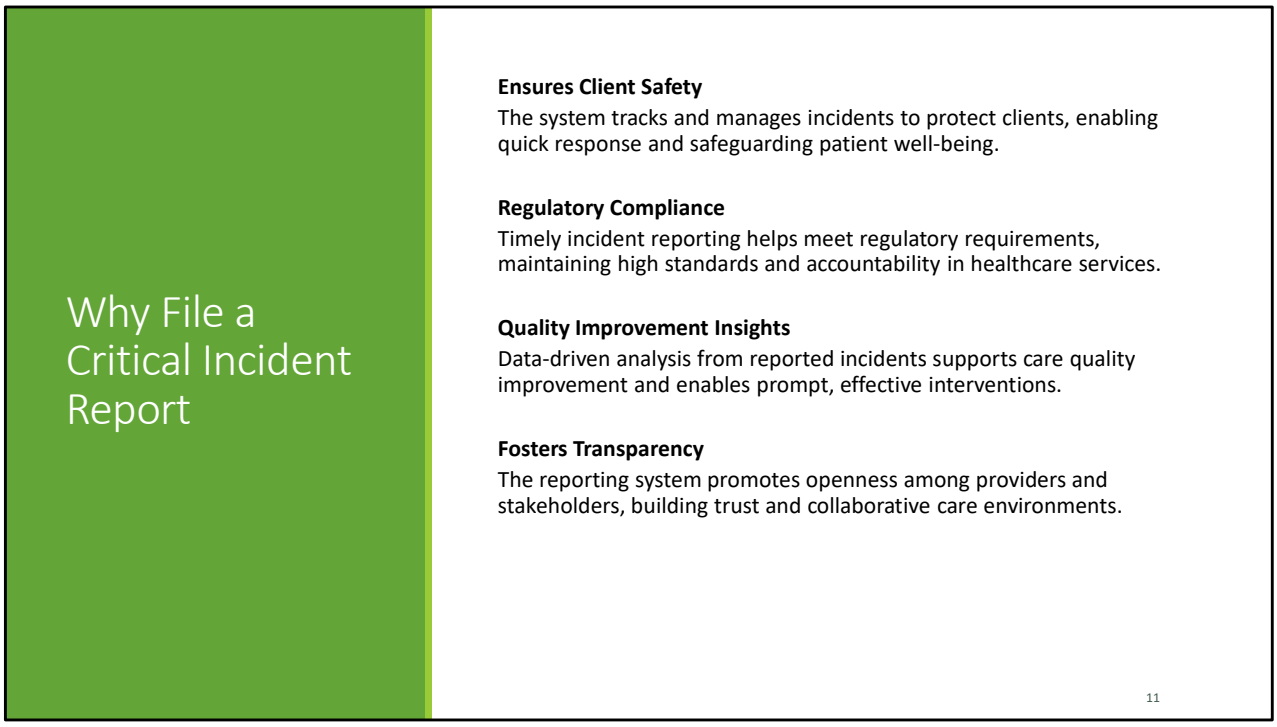

Image source: Microsoft 365 content library

The HCA Medical Assistance Division Critical Incident Reporting System tracks and manages events impacting client safety. It enables timely reporting of incidents, ensuring compliance with regulations. The system provides data-driven insights to improve care quality, supports prompt interventions, and fosters transparency among healthcare providers and stakeholders.

- The services you provide for Medicaid members are funded by the federal and state governments.
- Adhering to government requirements is a component of receiving Medicaid funds.
- This includes the long-standing requirement of reporting critical incidents

Who Reports Critical Incidents?

PHP 12-18

Mandatory Reporters

HCA mandates that all Turquoise Care contracted MCOs require their staff and Contract Providers to report, respond to, and document Critical Incidents and the resulting follow-up activities for the following populations:

- Turquoise Care members receiving Behavioral Health (BH) services
- Turquoise Care members receiving Long-Term Care (LTC) services

We are all mandatory reporters

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An important note is that all reporting methods have confidentiality requirements that are similar to other confidential medical records. MCO and HCA staff follow these requirements to protect the confidentiality of reporting and meet HIPAA standards. When a report is filed by your agency/provider on the HCA MAD portal, other agencies do

not have access to it. Only the member's MCO and state government staff who have a need to know based on their job duties will have the ability to view the incident.

Behavioral Health (BH) Services

- Individual providers
- Residential Treatment Centers (RTC)
- Sub Acute Residential Treatment (SART)
- Assertive Community Treatment (ACT)
- Community Mental Health Center (CMHC)
- Core Service Agency (CSA)
- Methadone clinic
- Treatment Foster Care (TFC)
- Outpatient BH services
- Intensive Outpatient (IOP)
- Group home

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We report on behalf of members engaged in BH services such as these, but this list is not all inclusive.

These are considered home and community-based services.

Behavioral Health Providers and Treatment Foster Care Agencies

- Home and Community-Based Agencies
- MCO members who have Medicaid COEs 066 and 086
  - Regardless of age
- MCO members who experience
  - Abuse
  - Neglect
  - Exploitation
  - Death
  - Near fatality
  - Suicide attempt
  - Any use of a restraint or seclusion
  - Medication error, or
  - Death

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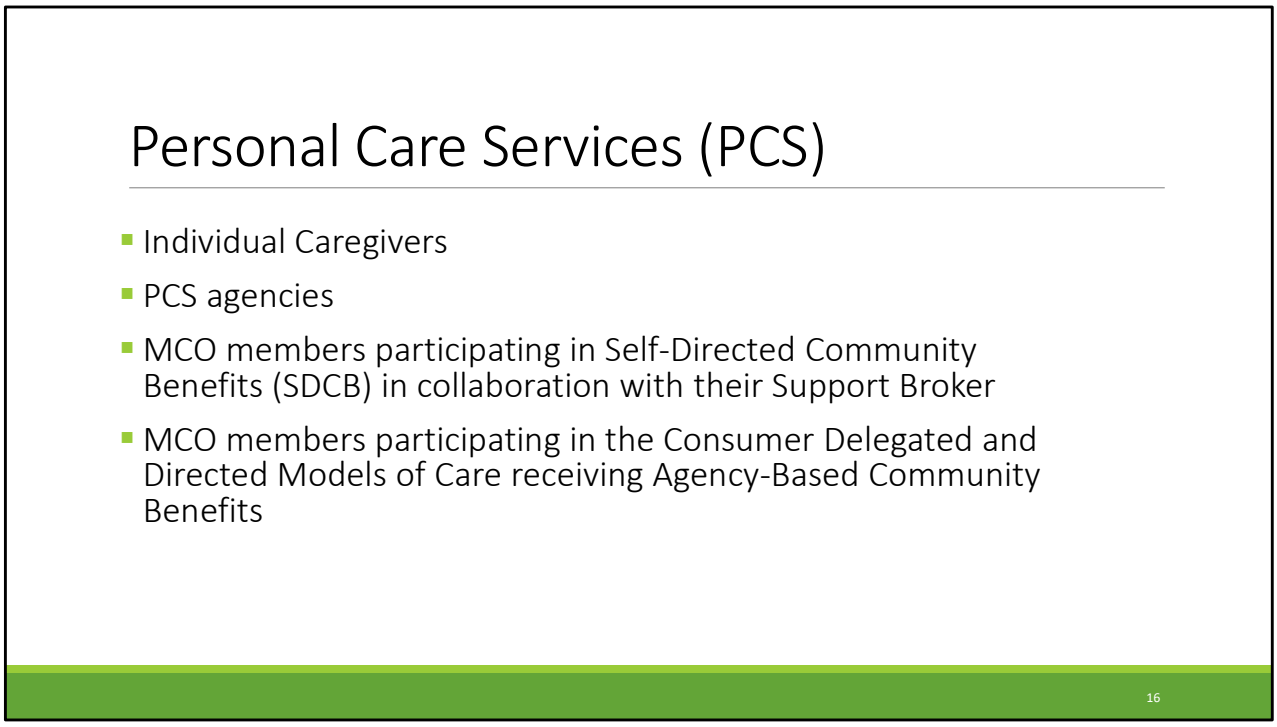
Home and Community-Based agencies would file CIRs on behalf of the member when incidents occur.

Agencies would collaborate with the MCO in investigations, conduct follow-up, and document activities and outcomes.



Caregivers should be the primary reporters of CIRs because they are usually the first people with knowledge of the incident.

PCS agencies provide oversight of their reporters to ensure compliance.

Self-Directed Brokers provide oversight to members, ensure compliance with reporting requirements, and report Critical Incidents on the members' behalf.

Please note, while we understand that it is frustrating to not be able to see Critical Incident Reports that are filed by the MCO/care coordinator, there are a couple of things to keep in mind:

1. You still have a duty to report, so don't worry whether the care coordinator has filed – if you have knowledge, file!
2. If the care coordinator HAS filed, your report will remain in the system and the MCO report will be put into yours.

Home Health and Hospice Agencies

- Home and Community-Based Agencies
- MCO members who have Medicaid with a qualifying COE
- MCO members who experience
  - Abuse
  - Neglect
  - Exploitation
  - Misuse or unauthorized use of restrictive interventions or seclusion
  - Medication error, or
  - Death

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Home and Community-Based agencies are required to file CIRs on behalf of the member when incidents occur.

Please note: Be aware of the areas of the presentation that discuss the incident types listed. Although staffing and refusal of services issues might not apply for homecare and hospice agencies, the remainder of the content supports Critical Incident reporting practices.

Agencies would collaborate with the MCO in investigations, conduct follow-up, and document activities and outcomes.

Care Coordination

- MCO Care Coordination
- CareLink Care Coordination
- Delegated Care Coordination
- MCO members participating in Self-Directed Community Benefits (SDCB) in collaboration with their Support Broker
- MCO members participating in the Consumer Delegated and Directed Models of Care receiving Agency-Based Community Benefits
- MCO members engaged in Behavioral Health Services

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Care Coordinators are required to file CIRs when the member/family member makes them aware of an incident.

Care Coordinators are responsible for outreach and follow-up with members in response to Critical Incidents, then document actions and outcomes.

Where are Critical Incident Reports Filed?

United 19-24

HCA MAD Critical Incident (CI) Portal

HCA Medical Assistance Division (HCA MAD) COEs	
Submit directly to the online HCA MAD CI Portal: https://criticalincident.hsd.state.nm.us Email HCA-QB-CIR@hca.nm.gov for a username and password or if you have any problems accessing the system.	
001	Supplemental Security Income (SSI) Aged
003	SSI Blind
004	SSI Disabled
066	Foster Care (IV-E)
086	(IV-E) Foster Care- custody with state other than New Mexico
090	Home and Community-Based Waiver (HCBW): AIDS
091	HCBW: Disabled and Elderly (aged)
092	HCBW: Brain Injury
093	HCBW: Disabled and Elderly (blind)
094	HCBW: Disabled and Elderly (disabled)
100 with NF LOC	Other Adults with Nursing Facility Level of Care (NF LOC)
200 with NF LOC	Parents & Caretaker Relative with NF LOC

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Note that COEs 081, 083, and 084 are no longer reportable. This change was implemented because it eliminates duplicative reporting between HCA MAD and the HCA Division of Health Improvement, or DHI.

If you are a BH provider and are unsure whether the member is approved for a NF LOC, this information can be found in the Yes.NM portal

Please note 066 and 086 are reported on the HCA portal AND the reporting requirements are different than the rest of the COEs listed. More to come on this.

HCA Behavioral Health Services Division (BHSD)

HCA Behavioral Health Services Division (BHSD) Funded Services	
Use Appendix A form for BHSD funded services and fee-for-service CIRs: CIReport_Form-PDF.pdf (state.nm.us)	
Fax 505-476-9272 or Email bh.qualityteam@hca.nm.gov for access to the Falling Colors portal: https://transfer.fallingcolors.com	
Also send to the member's MCO (if not already reported in the HCA MAD CI Portal):	
Blue Cross Blue Shield Fax: 505-816-5831 Email: BHQI_SPHI@bcbstx.com **Molina Health Care** Fax: 855-260-8737 Email: MolinaNewMexicoCIR@molinahealthcare.com	**Presbyterian HealthPlan** Fax: 505-843-3011 Email: criticalincident@phs.org **United HealthCare** Email: Critical_incidents@uhc.com

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Appendix A instructions will be discussed later in the presentation.

BHSD acknowledges that there have been technical issues with the fax number recently; however, the email and the Falling Colors Portal are operational.

MCO Contact Information – BH Critical Incidents filed outside of the HCA Portal

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505-923-7073
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Nancy Parson
505-796-3317
Critical_incidents@uhc.com

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HCA Division of Health Improvement (DHI)

HCA Division of Health Improvement (DHI) Waiver COEs	
Fax: 888-576-0012 To New Mexico HCA/Division of Health Improvement (DHI)/Incident Management Bureau, **Phone**: Call 24-hours per day 1-800-752-8649 for incidents of Abuse, Neglect, and Exploitation. Visit https://www.hca.nm.gov/division-of-health-improvement/ for more details.	
095	Medically Fragile Waiver
096	Developmentally Disabled Waiver

Reporting Health Facilities: HCA Division of Health Improvement (DHI)
Providers, Consumers, Family Members, General Public Call the Health Facility Complaints Hotline at 1-800-752-8649 **OR** complete and submit the Health Facility Consumer Complaint Form (Fax number and mailing address are in the form) and Print & Fax/Mail/or E-mail to: Incident.Management@hca.nm.gov.

Other Mandatory Reporting

Reporting critical incidents to HCA, BHSD and/or the MCOs does not relieve the provider, provider agency, or others from other mandated reporting requirements. This includes but is not limited to the following:
Adult Protective Services: 866-654-3219 aging.nm.gov/adult-protective-services
Child Protective Services: 855-333-SAFE (7233)
Indian Child Welfare
Law Enforcement
Licensing and Accreditation Organizations
Health Facilities Self-Reporting File a report online via the Health Facility Reporting System Instructions on filing a report

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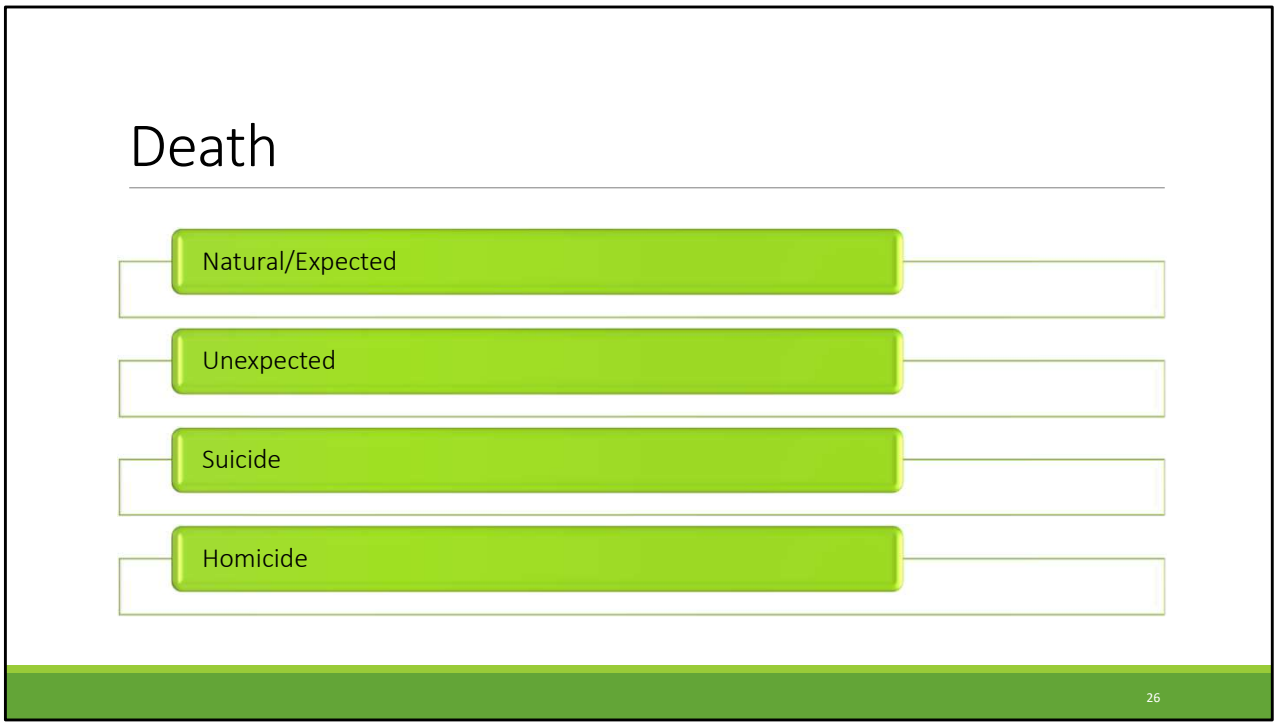
Tribal Social Services are tailored to promote the well-being of tribal members. It can include child welfare services and support for vulnerable adults and elders. Depending on the member's tribal affiliation, contact that tribe directly.

What are the Types of Critical Incidents?

BCBS 25-32



Includes but is not limited to a death caused by abuse or neglect

Abuse

An act or failure to act *by another individual* which presents an imminent risk of serious harm. Examples include:

- **Physical Abuse:** Hitting, slapping, pushing, or causing bodily injury. Signs of physical abuse are when a child exhibits evidence of a skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of a bone, subdural hematoma, tissue swelling or death, AND There is not a justifiable explanation for the condition or death.
- **Emotional/Psychological Abuse:** Verbal threats, humiliation, intimidation, or isolation
- **Sexual Abuse:** Any non-consensual sexual contact or behavior (note, in NM children under 16 CANNOT consent to sex)

SEXUAL ABUSE is defined by the HCA Division of Health Improvement (DHI) 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

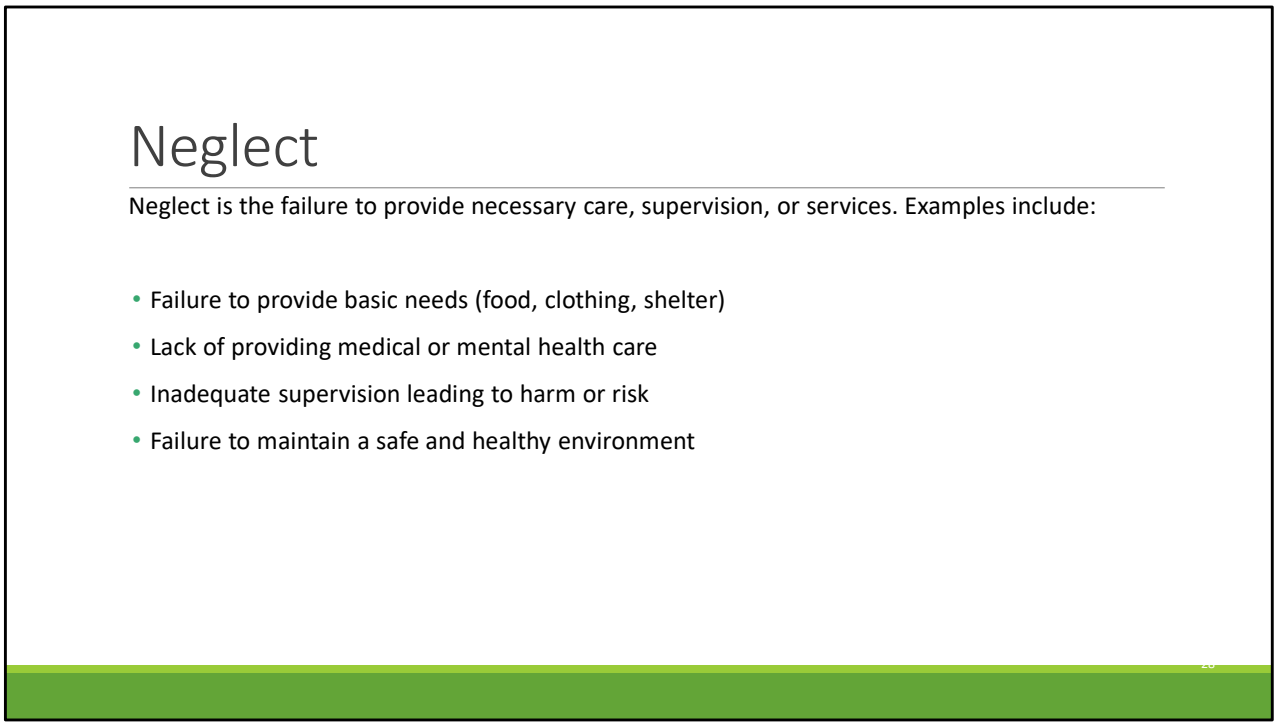
promoting or observing for sexual purpose any activity or performance involving play, photography, filming, or depiction of acts considered pornographic.

Example: sexual behavior displayed (directed at consumer) to include sexual innuendo

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

MENTAL ANGUISH is often the result of experiencing abuse and is defined by DHI 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.



Note that missing is no longer a separate incident type and falls under neglect as a sub-category.

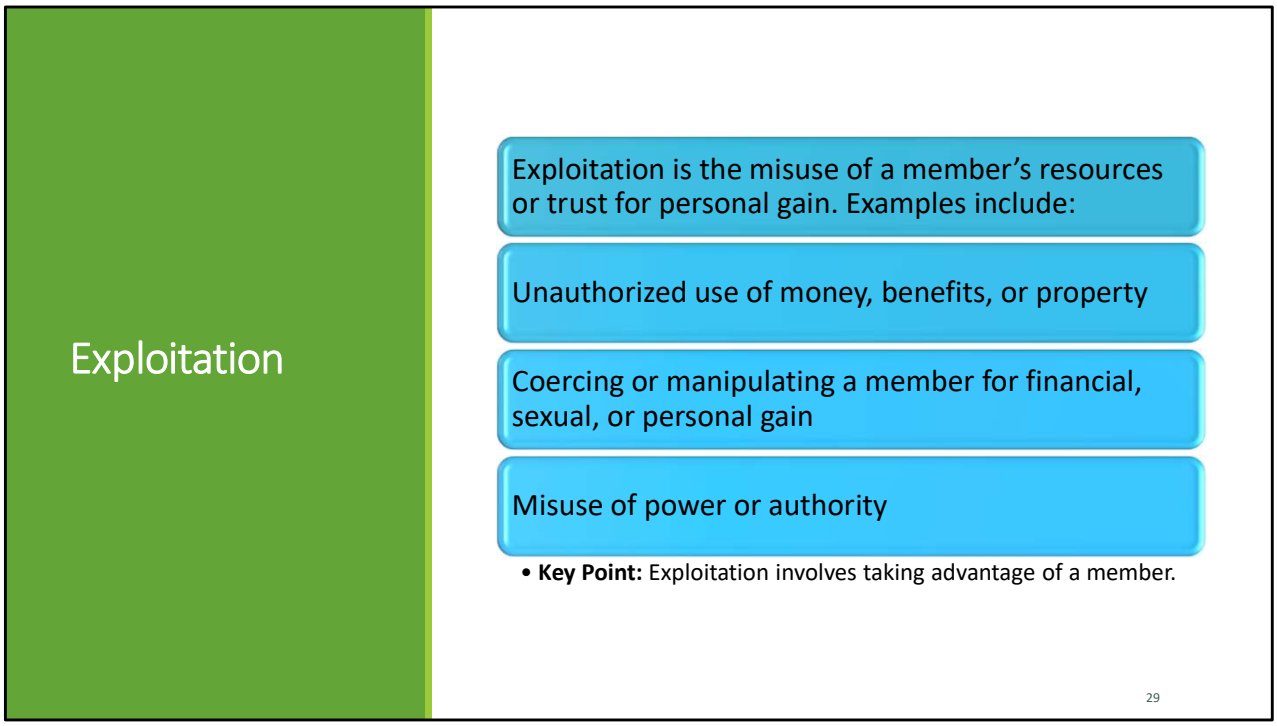
NEGLECT is defined by DHI as:

- *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*.
- Examples of a caretaker could be a paid PCS provider, unpaid family member, friend, or neighbor.
- Shelter refers to long-term, community-based residences without a set departure date, unlike time-limited shelters

While a transportation provider is not a caretaker, a critical incident should be filed when a transportation provider is a no-show, and this causes or is likely to cause harm to a person. For instance, if a member misses a dialysis appointment due to a transportation no-show and ends up in the hospital, a critical incident would be filed.

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

- Wandering is when the member leaves without intent to stay gone or may be lost or unaware of their surroundings.
- Elopement is when the member leaves without permission or alerting others or runs away from a facility.
    - Include in the CIR narrative:
        - Member's Risk Level
        - Actions taken to find the member



EXPLOITATION is defined by DHI 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 Turquoise Care funds. Medicaid fraud by itself is not reportable; however, it can be reported in conjunction with another incident type.

Example:
A Care Coordinator meets with a member at their home during the time the caregiver is scheduled to work. Member receives paid caregiver services 7 days per week. Caregiver duties include housekeeping.

The Care Coordinator observes the member's home in disarray and the kitchen sink piled high with dishes. Member reports that the caregiver visits every day and the are happy with services provided. The caregiver does not arrive during the Care Coordinator visit with the member. The Care Coordinator contacts the agency to verify the schedule. The agency reports caregiver clock in and out every day. The Care Coordinator discloses the caregiver absence and the

disarray of the home to the agency.

The agency is required to file a CIR. With the incident type subcategory ‘Falsification of a timesheets removed’ from Exploitation, the incident type that best describes this situation is Neglect/Self-Neglect. The subcategory is ‘by Caregiver, staff, or others’. The caregiver is neglecting the member by not cleaning the house. Not only are they not cleaning, but they are clocking in and out.

This would be considered fraud.

If a member experiences a reportable critical incident and MEDICAID fraud is involved, there is a checkbox in the HCA MAD CI Portal Critical Incident Reporting Form to indicate that Medicaid fraud occurred. The report needs to be referred to the Special Investigations Unit (SIU).

Incidents of timesheet falsification can be covered under the incident types

- Neglect by caregiver, staff, and others
- Neglect by family members

Misuse or Unauthorized Use of Restrictive Interventions or Seclusion

Includes physical, chemical, or mechanical restraints that immobilize or reduce the ability of a member to move their arms, legs, body, or head freely

A chemical restraint is a drug or medication used as a restriction to manage a member's behavior or restrict their freedom of movement and is not a standard treatment or dosage for their condition

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Standard restraints include:

- Chemical restraints (tranquilizers/sedatives)
- Physical restraints (straps)
- Seclusion (locking member in bedroom or house)
- Bed Rails, particularly full bed rails
- Belts or vests attached to a bed or chair

Typical household items that can restrain include:

- Recliners
- Tucked in sheets to prevent movement
- Trays that attach to a wheelchair
- Door alarms that alert staff when member leaves a room
- Withholding access to prescribed and needed Durable Medical Equipment (DME) including prosthetics
- Concave mattresses
- Utilizing furniture to block a pathway or exit

Medication Error

By a provider, resulting in a telephone call to, or a consultation with, a poison control center, an emergency department visit, an urgent care visit, a hospitalization, or death

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Medication error deaths would be reported with the primary incident type of death and secondary of medication error.

When referring to ‘provider’ please be aware that the caregiver is considered a provider.

The date of knowledge would be the date the incident is suspected to be related to a medication error. The MCO will verify whether a medication error occurred and revise or delete the incident if it wasn’t related to a medication error.

Hierarchy of Primary Incident Types

- Death
- Restrictive Interventions
- Medication Error
- Abuse
- Neglect
- Exploitation

How Do Incident Types for Children in State Custody (CISC) Differ – COEs 066 and 086?

Molina 33 – 39

Mentioned previously on slide 20, there have been changes to the reporting requirements for Children in State Custody.

These changes are mandated as an outcome from the Kevin S. settlement.

What incidents need to be reported for CISC?

- Fatalities
- Near Fatalities – Defined as life-threatening injury, organ failure, severe shock, substantial risk of death, life-saving intervention, or ICU admission
- Serious Injuries (requiring professional medical attention or hospitalization) – think prompt care or ER visits, etc.
- Suicide Attempts (***not*** Suicidal Ideation)
- Any Allegation of a Restraint or Seclusion
- Changes in Licensure of Facilities
- 911 Calls for children placed in hotels, motels, offices, OOS placements, or congregate care settings
- Any Allegations of Abuse, Neglect or Exploitation defined by CYFD: https://www.cyfd.nm.gov/protective-services/child-abuse-and-neglect/definitions-of-abuse-and-neglect/

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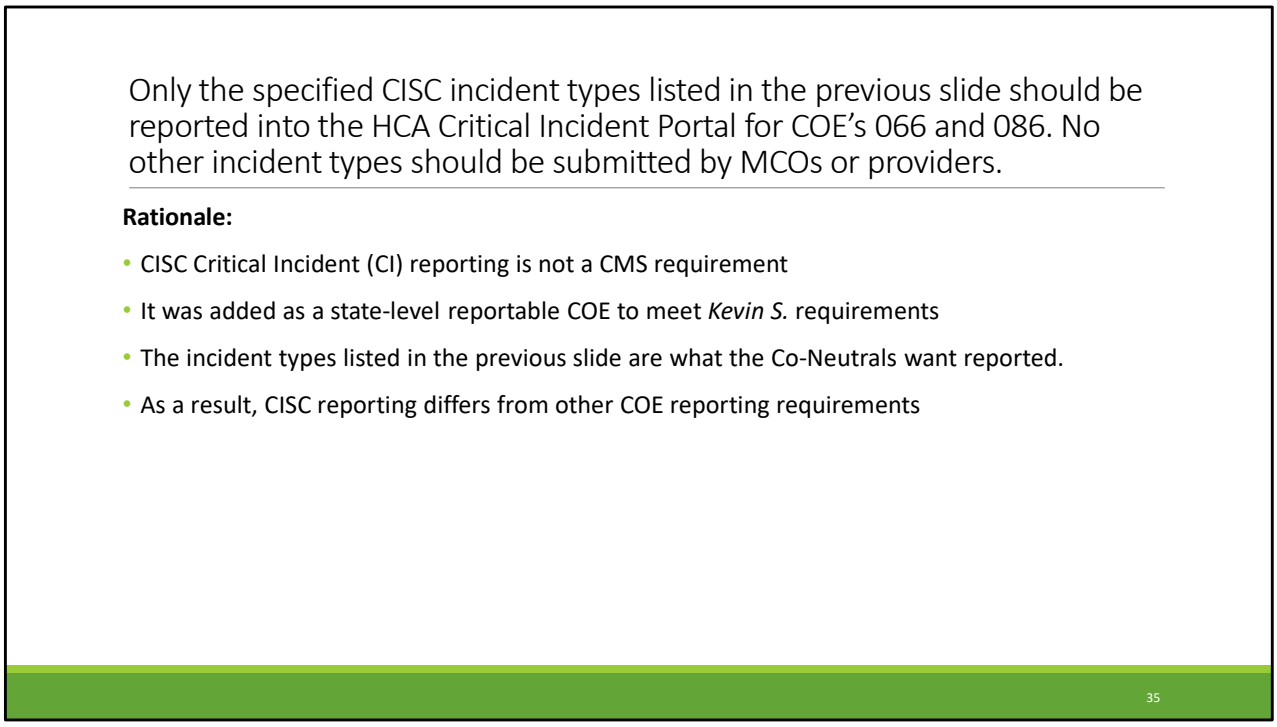
This slide lists the incident types that meet the reporting requirements for the 066 and 086 COEs.

Some of these incident types are not currently listed in the HCA portal.

We will go into this further.



Reporting criteria is COE driven and pertains to members of any age in 066 and 086 categories.

Members with two qualifying COEs where one is a CISC COE – two CIRs are required

- One CIR meets the Kevin S tracking requirement (COE 066 or COE 086)
- One CIR meets the CMS tracking requirement (COE 001, 003, 004, 090, 091, 092, 093, 094, 100w/NFLOC 200w/NFLOC)

CIR reporting is required for all incident types that meet CMS reporting criteria for the CMS specific COEs listed above.

CIR reporting is required for the CISC incident types for the specific COEs 066 and 086

- Non-Reportable Incidents: The following should not be submitted as CIRs for CISC unless they meet the criteria listed on the screen:
    - Suicidal ideation without attempt (SI with a plan is no longer reportable)
    - Member aggression toward others (This includes sexual abuse: consumer towards others)
    - Elopement (We no longer file if the CISC member elopes.
        - For example: The member elopes from a TFC home or RTC and

returns an hour or a few hours later, that is no longer a reportable incident for CISC)
    - Routine clinical or behavioral updates
    - Any other event not meeting the criteria as a reportable incident type – listed on this slide

The exclusion criteria for reporting CIRs on CISC members does not apply to members who meet CMS reporting criteria.

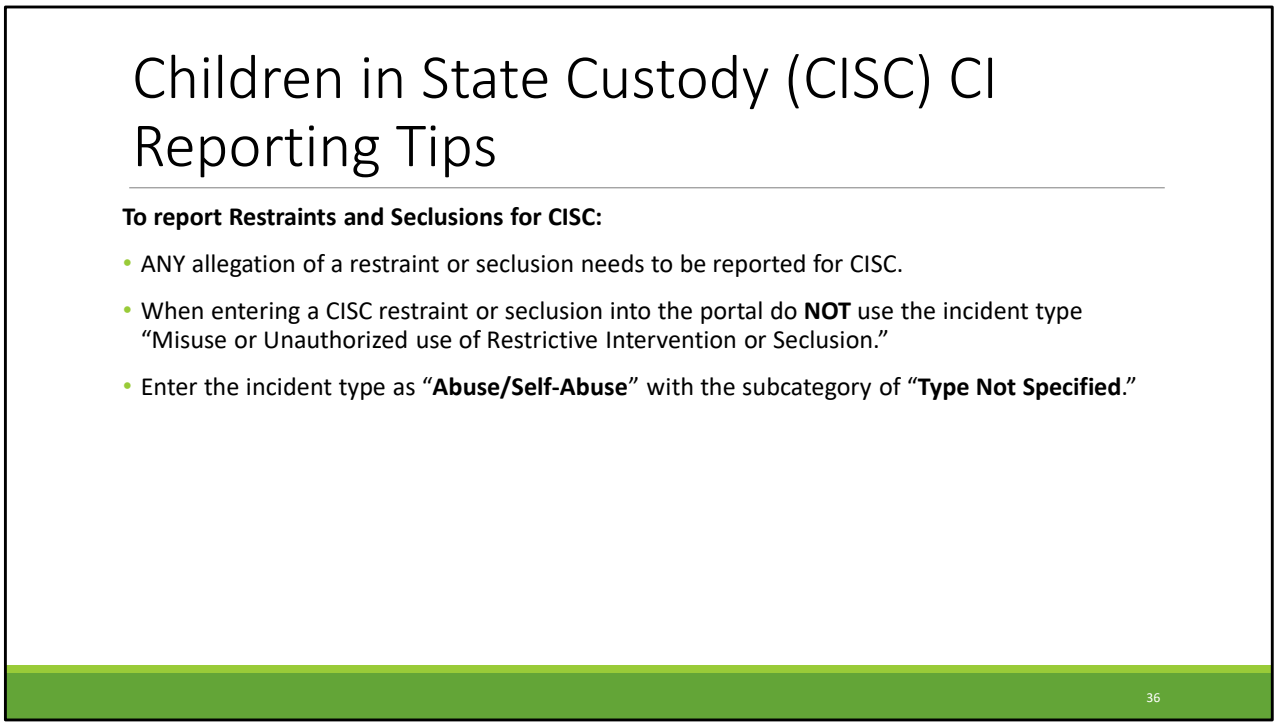
Example:
Member has COE 004 and 066
The member physically assaulted her mother and then ran away from home, and no one has been able to locate her.

- A CIR is required:
    - COE 004
        - Primary incident type - Abuse/Self-Abuse (Physical directed towards caregiver, family, or others)
        - Secondary incident type - Neglect/Missing, wandering, elopement
- A CIR is NOT required for the CISC COE

Example:
Member has COE 004 and 066
The member overdosed on Tylenol in an attempt to kill herself and has been hospitalized in Intensive Care.

- Two CIRs are required:
    - COE 004
        - Primary incident type – Abuse/Self-Abuse – Attempted Suicide
        - Secondary incident type
    - COE 066
        - Primary incident type - Abuse/Self-Abuse – Attempted Suicide
        - Secondary incident type - Abuse/Self-Abuse – Type not Specified to represent [Serious Injuries (requiring professional medical attention or hospitalization) – think prompt care or ER visits, etc.]

If you hear from the MCO regarding these members, be aware that the MCO does follow-up on a weekly basis.



When filing for a restraint, the following information MUST be included in the CIR:

- List if it's a 2-person or 1-person
- Describe the exact type of hold (standing, seated, supine)
- Why it was needed
- Which limbs staff controlled
- How long did the hold lasted
- Avoid program-specific names like "position 4" or "eagle."

Terms that should NOT be used:

- **SAMA containment**: Satori Alternative to Manage Aggression (this is a type of training, not an official term for a hold)
- **EBI**: Emergency Behavioral Intervention **or** Evidence Based Intervention- Not a term for a specific type of hold, nor is it universal.
- **Position 1, 2, 3, 4, etc.**: These are program specific, not universal. One program may use position 1 as a standing hold and another may use it to note a sitting hold.
- **PRT:** Physical restraint technique - This doesn't tell us what type of hold, just that a hold took place. HCA needs to be able to see the type of hold.

- **Aegis Position 1**: This is a training system “Aegis Training Solutions.” Unless you have gone through this specific training, you won’t know what this means.
- **Any other non-standardized term**

Children in State Custody (CISC) CI Reporting Tips

To report incidents that don't have a clear incident type:

- Choose the incident type that most closely defines the kind of incident being reported.
- Do the same for the incident subcategory.
- Most incident types will be entered as Abuse/Self-Abuse.
- The subcategory will be where the incident type is more clearly identified.

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HCA is aware the current portal does not contain corresponding incident types and subcategory options for all required CISC incidents.
This is due to CISC being added as reportable COEs with distinct reporting requirements as part of the Kevin S. requirements.

At this time, the portal cannot be modified.
Providers should therefore utilize the most appropriate existing categories and clearly describe the incident within the narrative section.
The narrative should be written in a manner that allows someone unfamiliar with the child, event, or circumstances to clearly understand the type of incident being reported.

Example: Selecting Incident Type and Subcategory

Near Fatalities: Defined as events involving life-threatening injury, organ failure, severe shock, substantial risk of death, life-saving intervention, or ICU admission.

1. Select **"Abuse/Self-Abuse"** as the incident type
2. Then, choose the subcategory that best reflects the nature of the incident:
   - If the near fatality resulted from an accident (e.g., a car accident), select **"Type Not Specified."**
   - If the near fatality resulted from another individual physically assaulting the member, select **"Physical (Directed at Consumer)."**

MCO Contact Information – Children in State Custody (CISC)

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505-796-3317
Critical_incidents@uhc.com

When Should a Critical Incident Report be Filed?

PHP 40 - 48

Key Critical Incident Reporting Dates

Incident Date

- Date incident occurred
- First date services not received
- Date of death
- For delay of service - authorization date

Date Agency First had Knowledge

- Date agency/provider was first aware of the incident
- Caregiver is an extension of the agency/provider
- For delay of service – the 5th calendar day

Date Reported

- Report date and time stamp auto assigned by the HCA MAD portal
- Must be within 24 business hours of incident knowledge

Date of Incident: If the actual date is unknown:

- Use the first date of the month of occurrence.
- Document in the narrative that the actual date of incident is unknown.

- As a paid employee of the agency, the caregiver is considered an extension of the agency.
- That means if a caregiver knows about an incident on the date it occurs but does not report it to the office in a timely manner, the CIR is late.
- The date of agency knowledge is the same as the date of the incident because the caregiver was aware.

The incident type for a delay in the start of services is Neglect – Hiring/Firing of caregivers

Example:

- Member's services were authorized to start on May 1st.
- On May 5th, the member's services have not begun.
- The agency for Delegated and Directed members

- Self-Directed brokers must file a Critical incident report on behalf of the member.

Auth start date= May 1= DOI; May 5 still no caregiver= Date of Knowledge; file CIR May 5 or within 24 business hours

Please remember, if an incident occurs on a weekend or a holiday, the Critical Incident Report must be filed the next business day.

Barrier to Timely Filing

Addendum- this was entered late due to not receiving the information from the TC until 8/26/25 in the afternoon. As of this date any and all IR's have been entered on time and all staff have been advised to do so in a timely manner.

Incident Narrative	
Before:	Care Coordination noticed roaches in the kitchen in the sink, and near the refrigerator. Roaches in sink were dead and floating in water that member stated she used to clean throughout the day. late submission due to miscommunication between CC and CHW.

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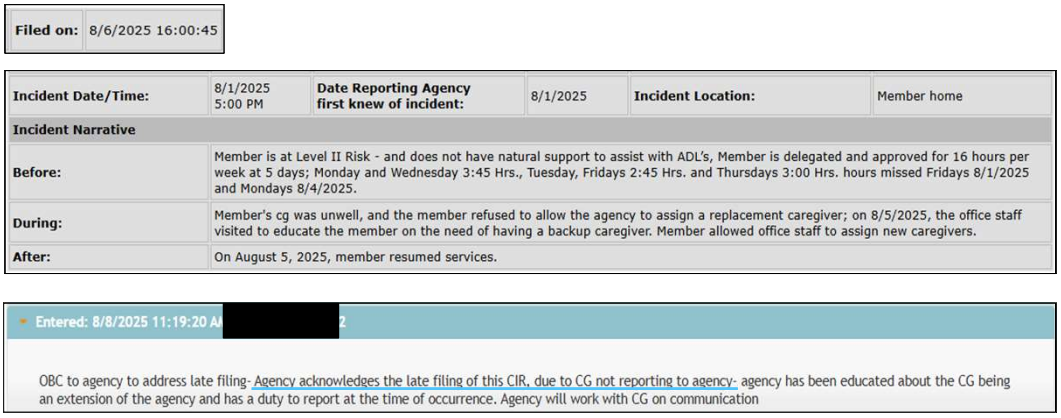
Because of the new reduction in filing requirements, timeliness should be less of an issue than it is currently.

Date Agency First Knew



Filed on:	8/6/2025 16:00:45

Incident Date/Time:	8/1/2025 5:00 PM	**Date Reporting Agency first knew of incident:**	8/1/2025	**Incident Location:**	Member home
Incident Narrative					
Before:	Member is at Level II Risk - and does not have natural support to assist with ADL's, Member is delegated and approved for 16 hours per week at 5 days; Monday and Wednesday 3:45 Hrs., Tuesday, Fridays 2:45 Hrs. and Thursdays 3:00 Hrs. hours missed Fridays 8/1/2025 and Mondays 8/4/2025.				
During:	Member's cg was unwell, and the member refused to allow the agency to assign a replacement caregiver; on 8/5/2025, the office staff visited to educate the member on the need of having a backup caregiver. Member allowed office staff to assign new caregivers.				
After:	On August 5, 2025, member resumed services.				

Entered: 8/8/2025 11:19:20 A[redacted]2

OBC to agency to address late filing- Agency acknowledges the late filing of this CIR, due to CG not reporting to agency- agency has been educated about the CG being an extension of the agency and has a duty to report at the time of occurrence. Agency will work with CG on communication

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679987

Example of caregiver being an extension of the agency.

- In this example, the member had services scheduled for 08/01/2025; however, the caregiver was sick that day.
- The agency filed the CIR on 08/06/2025.
- The CIR must be entered within one business day.
- The caregiver is responsible for notifying the agency office staff of member related events and missed visits.

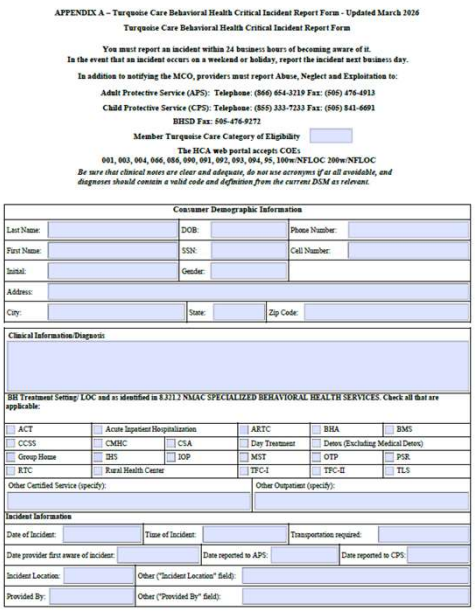
Reporting Non-Portal Behavioral Health CIRs

When to Use Appendix A

- If the COE is NOT one of the 12 reportable in the HCA MAD CI Portal, use Appendix A
- There are five (5) reportable incident types for Appendix A:
  - Severe Harm
  - Missing Recipients
  - Sexual Incidents
  - Flame or unanticipated smoke, heat or flashes during an episode of member care
  - Death

45

The current Appendix A reportable incident types are listed on this slide.



APPENDIX A – Turquoise Care Behavioral Health Critical Incident Report Form - Updated March 2026

Turquoise Care Behavioral Health Critical Incident Report Form

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

In addition to notifying the MCO, providers must report Abuse, Neglect and Exploitation to:

Adult Protective Service (APS): Telephone: (866) 654-3219 Fax: (505) 476-4913

Child Protective Service (CPS): Telephone: (855) 333-7233 Fax: (505) 841-6691

BHSD Fax: 505-476-9272

Member Turquoise Care Category of Eligibility

The HCA web portal accepts COEs
001, 003, 004, 006, 086, 090, 091, 092, 093, 094, 95, 100w/NFLOC 200w/NFLOC

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

Consumer Demographic Information

Last Name:		DOB:		Phone Number:	
First Name:		SSN:		Cell Number:	
Initial:		Gender:			
Address:					
City:		State:		Zip Code:	

Clinical Information/Diagnosis:

BH Treatment Setting/ LOC and as identified in 8.311.2 NMAC SPECIALIZED BEHAVIORAL HEALTH SERVICES. Check all that are applicable:

☐ ACT	☐ Acute Inpatient Hospitalization	☐ ARTC	☐ BHA	☐ BMS
☐ CCSS	☐ CMHC	☐ CSA	☐ Day Treatment	☐ Detox (Excluding Medical Detox)
☐ Group Home	☐ IHS	☐ IOP	☐ MST	☐ OTP	☐ PSR
☐ RTC	☐ Rural Health Center	☐ TFC-I	☐ TFC-II	☐ TLS
Other Certified Service (specify):		Other Outpatient (specify):		

Incident Information

Date of Incident:	Time of Incident:	Transportation required:	
Date provider first aware of incident:	Date reported to APS:	Date reported to CPS:	
Incident Location:	Other ("Incident Location" field):		
Provided By:	Other ("Provided By" field):		

Appendix A – Page 1

Please enter:

- The member's demographic information
- The member's BH diagnosis
- The member's treatment setting
- The incident information

Please note:

- The list of COEs that meet criteria for HCA portal reporting
- Contact information for APS and CPS
- Reports must include either the member's Medicaid ID number or Social Security Number

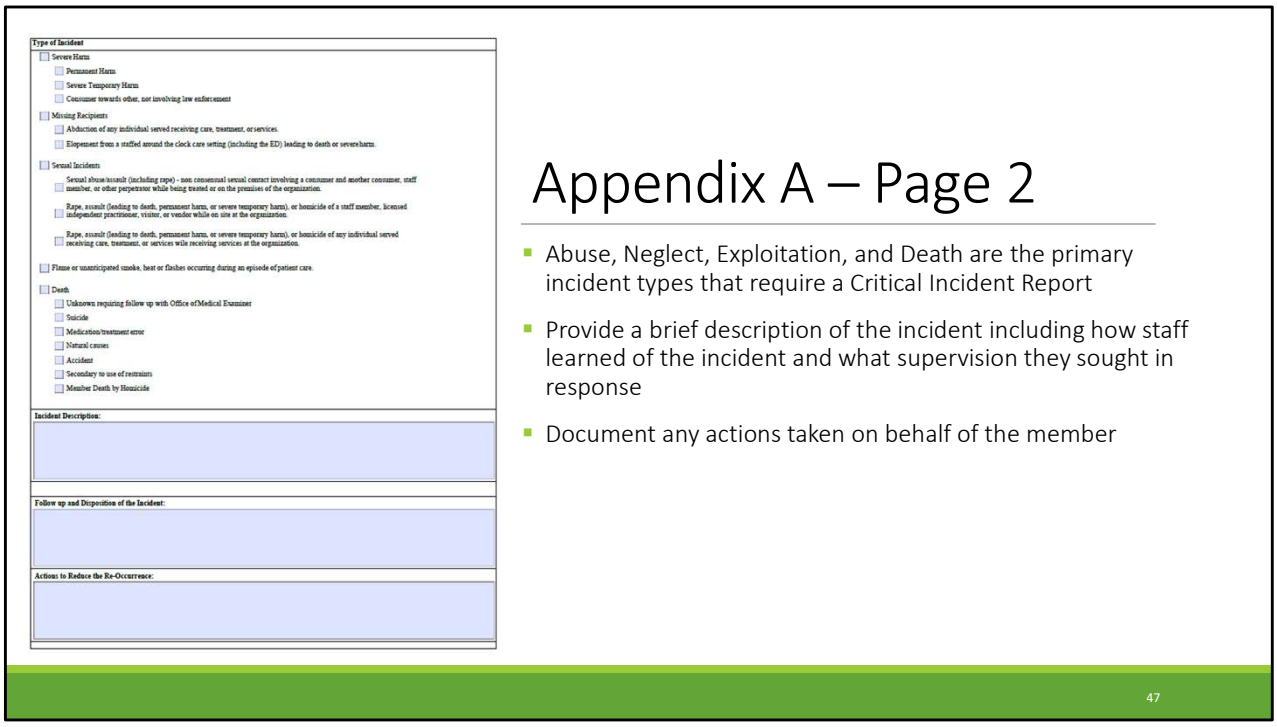
The COEs have been updated by BHSD

Please note:

- COEs that meet criteria for HCA portal reporting no longer include 081, 083, or 084.
- Reports cannot be properly accepted without the individual's last name, DOB, and either their Medicaid ID or social security number.

Please include:

- The member's current or last known physical address in New Mexico
- BH diagnoses with word descriptions
- Name and location of the facility where the event occurred

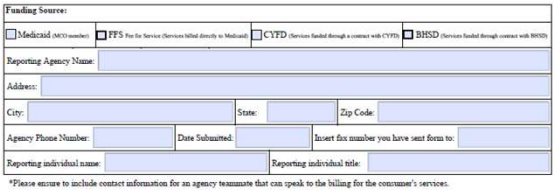


BH Providers

Updates to the incident types are in progress and anticipate release in 2027.

Note: that Abuse, Neglect and Exploitation are not on the form; however, reporting of these events is required and can be described in the narrative of the form.

Please
- Document the facts of the incident in a concise manner
- Avoid abbreviations
- Avoid disclosing the names of others involved unless needed for clarity



Funding Source:			
☐ Medicaid (MCO member)	☐ FFS Fee for Service (Services billed directly to Medicaid)	☐ CYFD (Services funded through a contract with CYFD)	☐ BHSD (Services funded through contract with BHSD)
Reporting Agency Name:			
Address:			
City:	State:	Zip Code:	
Agency Phone Number:	Date Submitted:	Insert fax number you have sent form to:	
Reporting individual name:	Reporting individual title:		

*Please ensure to include contact information for an agency teammate that can speak to the billing for the consumer's services.

Appendix A – Page 3

- Medicaid funding source indicates the member is covered by an MCO
- FFS indicates the member's services are billed directly to Medicaid
- CYFD indicates the member's services are billed to CYFD via Falling Colors
- BHSD indicates the member's services are billed directly to BHSD via Falling Colors

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BH Providers

- The submitting behavioral health provider must indicate the member's Medicaid funding source.
- Enter Reporting agency/provider information for the person who would be available if additional information is needed
- The MCO will contact you with any questions about the incident

How are Critical Incident Reports Filed in the HCA MAD CI Portal?

United 49-53

HCA MAD CI Portal Process:

Overview

HCA MAD CI Portal: https://criticalincident.HSD.state.nm.us

Use the **Yes.NM portal** to verify a member's name, date of birth, SSN, and category of eligibility:
https://yes.nm.gov/s/yesnm-home-page?language=en_US

All fields highlighted in yellow must be completed, including:

- Activities of Daily Living (ADLs) – (checkboxes)
- At least three (3) pertinent Diagnoses
- List of Consumer's Current Medications
- Agency/Eligibility Information
- Incident Details including:
  - Incident Type/Subcategory
  - Did the incident involve alleged fraud? (checkbox)
  - Did incident occur during authorized service hours? (checkbox)
  - Risk Level
  - If the incident included an Emergency Department visit (ED visit checkbox)
  - Whether anyone else was present at the time of the incident
  - Incident Date
  - Incident Time
  - Date Reporting Agency/Provider first had knowledge of the incident
  - Incident Location

Be accurate, comprehensive, and factual with the narrative

To ensure clarity and an accurate timeline for the incident, it is recommended that all persons filing a CIR clearly state the date and method of notification they received identifying that a critical incident has occurred. This can be done in the narrative or in diary notes."

All fields highlighted in yellow in the HCA MAD CI Portal must be completed when entering a report, including:

Demographic information
Activities of Daily Living (ADLs) must be marked accordingly for those receiving PCS services. If it is unknown – mark unknown.
Diagnosis(es): include at least three pertinent diagnoses, regardless of whether they contributed to the incident
Please use the word descriptions for diagnoses – not just ICD 9 or 10
List of Consumer's Current Medications
Agency/Eligibility Information

Incident Details including:

- Incident Type/Subcategory
- Whether the incident involves alleged fraud (checkbox)
- Whether the incident occurred during authorized service hours (checkbox)
- Risk Level:
  - Risk Level I - Low
    - Members receiving Personal Care Services (PCS): 10 hours or fewer per week allocated with natural support
    - Members who are not receiving PCS with low health risk factors
  - Risk Level II – Medium
    - Members receiving PCS: 11-25 hours allocated per week
    - Members who are not receiving PCS with moderate health risk factors
  - Risk Level III – High
    - Members receiving PCS: 26 or more hours allocated per week
    - Members who are not receiving PCS with high health risk factors
    - Members in the CISC population

- If the incident included an Emergency Department visit (ED visit checkbox)
- Whether anyone else was present at the time of the incident
- Incident Date, such as the first date the member did not receive PCS, the date the member was transported to the Emergency Department due to a medication error, or the date of death
- Incident Time
- Date Reporting Agency first had knowledge of the incident, such as the date the PCS agency/provider/provider staff, caregiver, provider, or MCO first knew the incident occurred (whichever comes first)
- Incident Location
- Add secondary incident type as needed

HCA MAD CI Portal Process:

Narrative

Individualized narrative documentation must include:

- Before the incident:
  - The number of PCS hours per week, days of the week, hours per day
  - Number of missed visits and the last date services were provided
  - How the member's Risk Level was determined
  - Whether the member has live-in natural supports or not
  - Whether the member has, or needs, Durable Medical Equipment (DME)
  - Whether the member is delegated or directed
- During the incident:
  - Detailed explanation of circumstances surrounding the incident
  - Detailed explanation of actions taken to react to the incident
- After the incident:
  - What happened because of the incident (admitted to the hospital etc.)
  - Actions that will be taken in response to the incident: provider referrals, efforts to find a member who is missing, wandering, or eloped, or referral to the Office of the Medical Investigator (OMI) for Death reports

Be accurate, comprehensive, and factual with the narrative

Before the incident, which should include:

The number of PCS hours allocated per week, including the days of the week and number of hours per day, if applicable

If PCS hours were missed, the number of missed visits and the last date services were provided

How the member's Risk Level was determined (PCS hours, high health risk factors, etc.)

Whether the member has live-in natural supports or not

Whether the member has, or is in need of, Durable Medical Equipment (DME)

Whether the member is delegated or directed

During the incident, which should include:

A detailed explanation of circumstances surrounding the incident being reported

A detailed explanation of actions taken by member or responsible caregivers to react to the incident

After the incident, which should include:

What happened as a result of the incident such as member being admitted to the hospital,

Actions that will be taken in response to the incident such as provider referrals, medication changes, efforts to find a member who is missing, wandering, or eloped (police report, Amber Alert, Silver Alert), referral to the Office of the Medical Investigator (OMI) for Death reports

Reminder, please avoid using unknown in the Before, During, and After narrative.

HCA MAD CI Portal Process:

No Live-in Natural Support

Member health and safety

When individuals living in the same household are each determined eligible for Personal Care Services (PCS), each has documented needs for assistance with activities of daily living (ADLs).

PCS eligibility indicates functional limitations that prevent either individual from being relied upon as a natural support for the other.

Services may not be reduced, delayed, or withheld based solely on an assumption of mutual support.

If authorized PCS is not delivered, a Critical Incident Report (CIR) must be completed to document the gap in care.

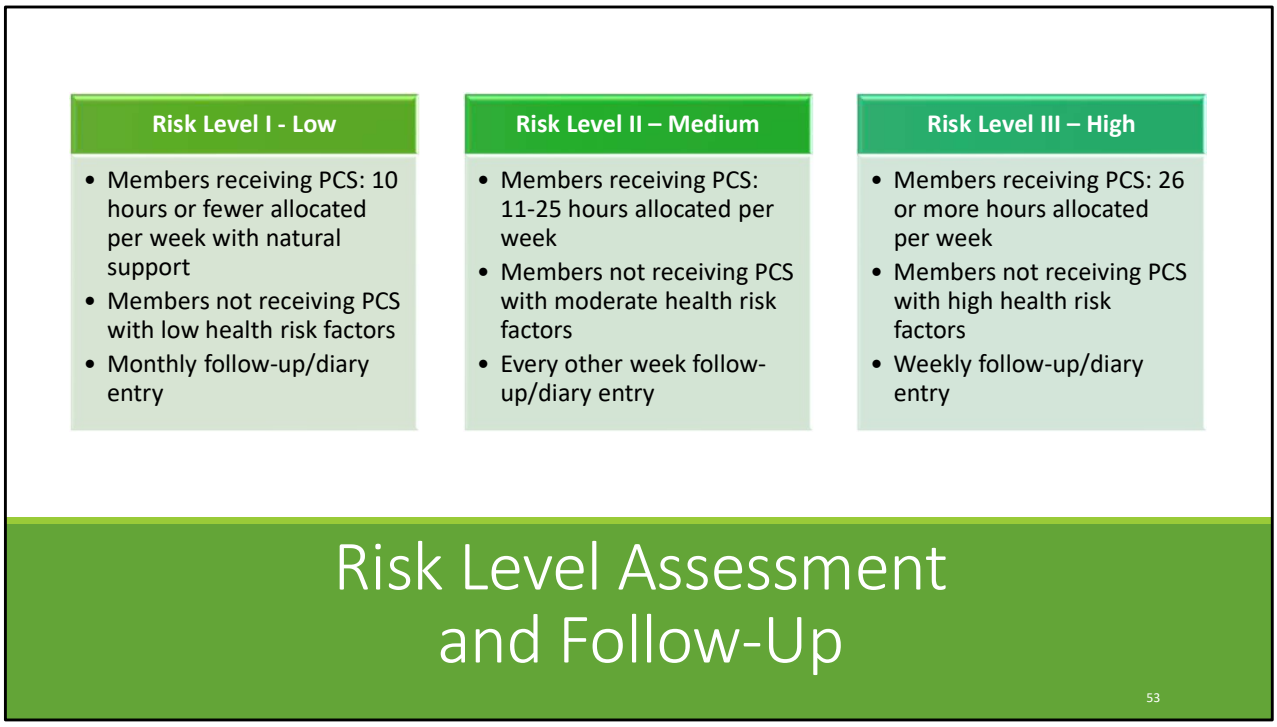
Limited, task-specific mutual support may occur only in rare, clearly documented situations and must not replace authorized services or compromise member health and safety.

Live-in natural support

- Lives in the same home as the member
- Is available in the member's home at the times a paid caregiver would be present
- Is physically and mentally able and willing to perform the tasks needed to support the member's ADLs
- Is 18 years or age or older
- Is not also receiving PCS services that have been allocated

8.2 definition in the policy manual:
19. Natural Supports: Supports not paid for with Medicaid funds that assist the individual to attain the
goals as identified on the Comprehensive Care Plan. Individuals who provide natural supports are not paid staff members of a service provider, but they may be planned, facilitated, or coordinated in partnership with a provider.

The use of member statement to validate live-in natural support status is insufficient. A CIR is required.



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
- For BH providers, if you are unaware of the PCS services your member has or are uncomfortable rating the member based on other factors, please select Risk Level 1 and the MCO will adjust as needed. Just be aware that if the MCO changes the Risk Level, the follow-up frequency will change.

What is Follow-Up?

BCBS 54-56

Follow-Up

Follow-up documentation (diary entries) must include:

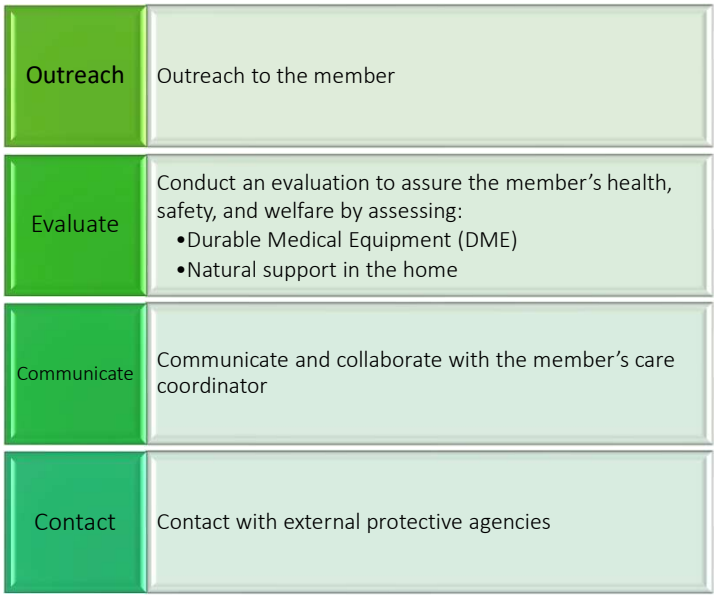
- That the member's health and safety needs have been addressed
- The status of a member who was missing, wandered, or eloped
- The status of provider referrals and/or if the member was sent for a mental health evaluation
- Special Investigations Units referrals for incidents involving potential Medicaid fraud
- The date member's PCS resumed or status of caregiver search
- Status of a modified IPOC if there has been a request to change the number of authorized service hours
- Clinical review or requests for medical documentation for Natural/Expected Deaths
- The status of referral to OMI for Unexpected Death reports
- If Neglect or Abuse was the result of an environmental hazard (e.g., pest infestation), documentation that the environmental hazard has been mitigated
- The method of contact (telephonic, in-person, email, text, letter), with whom the contact was made (member, guardian, Power of Attorney/POA, family member and relationship), and dates of contact attempts
- Date the care coordinator became aware of the incident and followed up with member
- Directly address the incident reported and include individualized follow-up specific to the member and incident

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

When the issue has not been resolved, diary notes need to include how the member is doing, not just whether the situation is resolved.

Follow-up activities can include submitting a safety plan to the MCO.

Actions

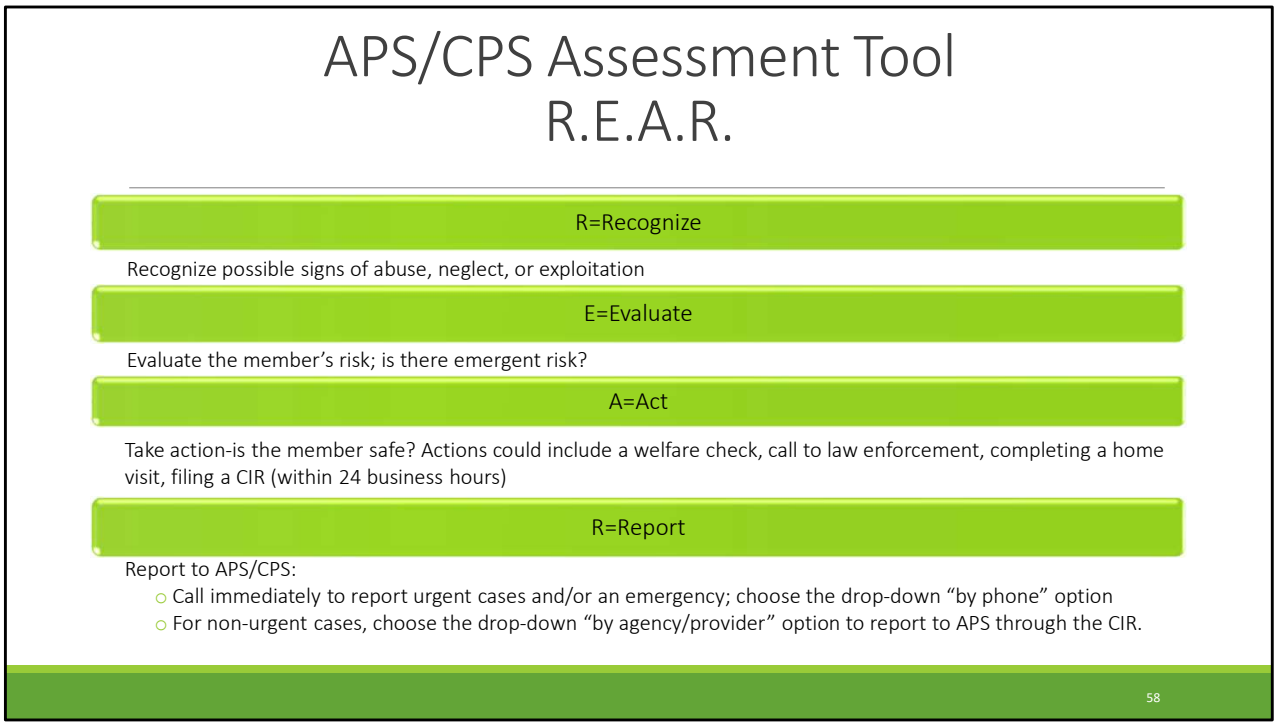


Outreach to the member is the number one action for follow-up!

Evaluate how the incident or lack of services is impacting the member and whether it is causing a danger that needs to be elevated.

Reporting to Adult or Child Protective Services (APS/CPS)

APS 57-62
APS to present

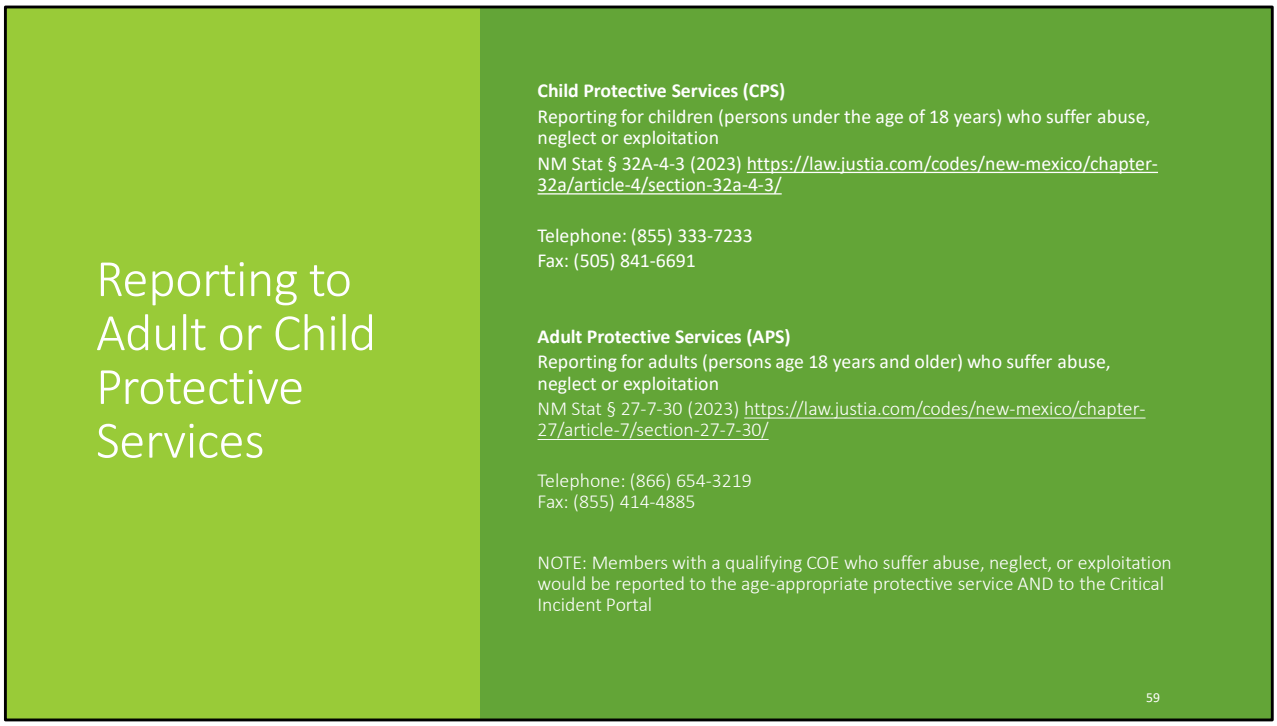


"Emergency" means that a member is living in conditions that present a substantial risk of death or immediate and serious physical harm to the member or others.

- 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)



Duty to report is among the common reporting error. If you are filing for Abuse, Neglect, or Exploitation you will likely need to file with APS or CPS

CYFD had requested :

1) Face sheet to accompany ***all*** submissions
2) Include the appropriate contact person so CYFD can contact them if additional information is needed.
3) Make sure that all the pages were sent (?)
4) You will see 5 drop down options when filing for CPS. Email, agency/provider, MCO should not be used. Only use by phone or by fax.

REPORTING ABUSE OR NEGLECT - SCI REPORTS

Mandated Reporting

Who Must Report in New Mexico?

Any person who has:

1. Knowledge of abuse or neglect, or exploitation
2. A reasonable suspicion that abuse or neglect has occurred

This includes:

- Healthcare providers
- Teachers and school staff
- Social workers and behavioral health providers
- Law enforcement
- Caregivers and foster parents
- General public / community members

It is important for every person to take child abuse and neglect seriously, to be able to recognize when it happens, and to know what to do when you see it. Call SCI at **1-855-333-SAFE [7233]** or #SAFE from a cell phone if you suspect child maltreatment is occurring.

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Reporting to APS via Phone

Member is bedridden or has compromised ability to move, with no natural support, unable to perform their ADLs involving bathing, meal preparation, assistance with medications and agency/provider is unable to provide a caregiver for member's services.
Call APS because this member is completely helpless and without basics or aid in the home

Member has reported to you that they are afraid of the family member or person living in their home, and that family member or other is physically hurting them in some capacity whether it is pinching, shoving, hitting them or verbally abusing them.
Call APS to prevent member harm and provide safe living options

Member does not have running water, no AC in the summer or heat in winter, no electricity or gas in their home, apartment, trailer and have no assistance.
Report through the portal for utility repair assistance, unless weather is extreme, and heat stroke/hypothermia is an issue

Member's home, apartment, or trailer has exposed or faulty wires, gas leak, or flooding in their home and has no assistance..
Call APS as the risk is high if the member has no safe place to go, fire/explosion/other catastrophic incident possible

Self-neglect by a member refusing to bathe, eat, or refusing their important medications such as insulin and other diabetes medications, blood pressure medications, or behavioral health medications causing unsafe medical emergencies affecting their health, safety and welfare.
Call APS due to high-risk behavior possibly related to mental health state

Member reports friends of family moved into member's home and smoke marijuana all day and cook drugs in home and are verbally abusive to member. Member is afraid for her safety with all this happening in her home.
Call APS as member has expressed a safety concern

Member reported to you that her boyfriend kicked in her door to her apartment, then physically abused her.
Call APS to prevent member harm and provide safe living options

An adult with decision making capacity has the right to refuse reporting to law enforcement and APS.

Example scenarios for APS reporting

Reporting to APS via the Portal

https://www.aging.nm.gov/adult-protective-services/

Family who has agreed to provide support on the weekends when there is no caregiver scheduled for services and they leave the member without bathing, meals, medication assistance, toiletry, etc.
Report through portal for community resources, unless there is more to signify immediate danger like a fall history or no food in the house

Member's home has holes in the roof, walls, or part of the structure of the home is missing.
Report through portal for home repair assistance, unless it is a new onset, severe issue

Interruption of Personal Care Services due to any type of pest infestation if member's caregiver is unable to provide those services.
Report through portal for exterminator assistance, unless member is like #1 above and cannot be without caregiver visits

Member's bathroom counter being held together by duct tape to the wall, many water leaks and mold on the walls.
Report through portal for housing/landlord assistance

Agency/provider reported during a home visit that member's home conditions were unlivable. The member has over 25 dogs in the home and was covered with dog feces. The member's shower and bathrooms were not usable, so the member has been bathing outdoors. Member has no natural support.
Report through portal for bathroom fixture repairs

Member continually smokes in her house while using continuous oxygen despite caregivers reminding her of the danger involved with smoking and while oxygen is in use. Caregivers are fearful of what could happen when the member refuses to comply.
Report through portal because it's probably a long-standing behavior choice – can APS intervene in a member's choice of behavior? Could anyone, like fire or police department?

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Example scenarios for APS reporting

Guidelines for Reporting Critical Incidents: Members Receiving Personal Care Services (PCS)

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Molina 63-69

At this point content that pertains specifically to BH providers except for our CareLink New Mexico teams is concluded.

One Report vs. Multiple Reports

- One Critical Incident report will be filed:
  - Daily critical incident reports for insufficient staffing, refusing services are not required if there is one date of origin and the initial cause is unresolved
  - Follow-up with the member will be conducted by agency/provider and/or MCO according to the member Risk Level
  - Documentation of follow-up conducted will be entered into the CIR diary entry according to Risk Level
- Examples of when to submit multiple CIRs:
  - Multiple incidents of inappropriate use of restraints occur in one day
  - Each time a member is not home to receive medications like with the ACT program
  - Death occurs on a different day than the incident that caused it (medication error on 3/5/26 results in death on 3/8/26)
  - An insufficient staffing or refusing services incident occurs after services have resumed
  - If a CIR has been closed (do not add diary entries to a closed report)

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This slide is about determining whether one report, or multiple reports are required.

- Once services have resumed the report would be closable.
- Any new issues with staffing require a new CIR to be filed.

For ACT members the primary incident types is Neglect/Self Neglect (refuses food, poor hygiene, refuses or abuses RXs, substance abuse, dangerous behavior).

This incident type may coincide with ED visits for any member, which again, by themselves are not reportable; however, the ED report will indicate the Neglect aspect that does require a Critical Incident Report.

Neglect/Insufficient Staffing CIR Process

- Identify the reason/cause for the staffing concerns
- File one CIR only for the first date services are missed
- Communicate with the member and MCO care coordinator
- Document the concerns in the CIR (Is there abuse, exploitation, or environmental hazards impacting the caregiver services that can be delivered?)
- Consumer **Delegated and Directed** Models of Care
  - Primary incident type most likely insufficient staffing or refusal of services
  - One CIR filed due to interruption of services related to insufficient staffing or refusal of services
  - Follow-up is documented in accordance with Risk level: include follow-up activity and the agency/provider's status of finding a caregiver

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Insufficient Staffing is only reportable for Risk Level II and III members with no live-in natural support.

In the case of timesheet falsification, a CIR needs to be filed when the falsification of timesheets occurs in conjunction with a Risk Level II or III member who has no live-in natural supports and they are not receiving the services they are allocated.

This list is not all inclusive.

LOD #65
Insufficient Staffing – used in the absence of sufficient PCS caregiver staffing for Home and Community-Based Delegated and Agency Directed members; reportable only for members in Risk Level II or Risk Level III with no natural live-in supports and PCS have already begun (a CIR is only required to be filed if all three categories are met)

Neglect – Issue with Hiring/Firing of Caregivers CIR Process

- Identify the reason/cause for the staffing concerns
- File one CIR only for the first date services are missed
- Communicate with the member and MCO care coordinator
- Document the concerns in the CIR (Is there abuse, exploitation, or environmental hazards impacting the caregiver services that can be delivered?)
- Consumer Delegated and Directed Models of Care and Self-Directed Community Benefit members
  - Primary incident type is Issue with hiring and firing of caregivers
  - One CIR filed due to delay in services starting related to issue of hiring/firing of caregivers
  - Follow-up is documented weekly until services start; include follow-up activity and the agency/provider's, or member's status of finding a caregiver
  - A delay in the start of services requires weekly follow-up regardless of Risk Level

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Hiring/Firing of Caregivers is only reportable for Risk Level II and III members with no live-in natural support.

Clarifying information for -
Delay in the start of services: If services have not begun within five (5) calendar days from the authorized start date, a CIR is required.

Also mentioned on slide 41 – Example of a delay in services:
Auth start date= May 1= DOI; May 5 still no caregiver= Date of Knowledge; file CIR May 5 or within 24 business hours

Delays in the start of services require follow-up weekly.
LOD#65

Issue with hiring/firing of caregivers – utilized when PCS have not begun; reportable only for members in Risk Level II or Risk Level III with no live-in natural supports (a CIR is only required to be filed if all three categories are met)

Self-Directed benefit members: When a member is unable to secure reliable caregivers to provide services, these situations must be evaluated in collaboration with the MCO Care Coordinator. In some circumstances consideration must taken to determine if the Self-Directed Benefit is a good fit for the member.

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 CIR process:
  - Identify the reason/cause for the member's refusal of services
  - File one CIR the first date services are missed
  - Communicate with the member and MCO care coordinator
- Document the concerns in the CIR: is there abuse, exploitation, or an environmental hazard impacting the caregiver services that can be delivered?

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LOD #65
Self-Neglect (refusing services) – includes Personal Care Services and other services that, if refused, would cause or would likely cause harm to a person

Reporting refusal of services is required.

This incident type is used when the member verbally communicates a refusal.

Not Refusing Services:
- If the member is not home
- If the member doesn't answer the door
- If the member doesn't answer the phone

Neglect/Refusing Services Example

Incident Narrative	
Before:	Mr. [redacted] is a Risk Level II with 20 hours of care 7 days a week. (3.0 hrs M-F, 2.5 hrs on weekends). He has live in support for his ADL's. Mr. [redacted] does have a regular caregiver who works all of his hours.
During:	Mr. [redacted] caregiver spoke with us today 10/13/25 and let us know she will be needing 2 weeks off due to her daughter having a medical condition with her teeth that will require many appointments. She requested to be off from today 10/13/25 until 10/26/25. She would like to return to work with Mr. [redacted] as of 10/27/25.
After:	I spoke with Mr. [redacted] and he is ok with his caregiver needing the time off. He would like to wait and keep her on as his caregiver due to her being good at her job and feels she is very helpful and he gets along well with her. We let him know we will follow up with him for his care and well being and if a back up caregiver becomes available during this time we will send them in to help.

New piece that needs to be included in the 'Before' section of the narrative: does the member have live-in natural supports?

Required Narrative Elements – Insufficient Staffing and Refusing Services

- Before:
  - The number of PCS hours allocated per week, including the days of the week and number of hours per day, if applicable
  - If PCS hours were missed, the number of missed visits and the last date services were provided
  - How the member's Risk Level was determined (PCS hours, high health risk factors, etc.)
  - Whether the member has live-in natural supports or not
  - Whether the member has, or needs, Durable Medical Equipment (DME)
  - Whether the member is delegated or directed
- During:
  - A detailed explanation of circumstances surrounding the incident being reported
  - A detailed explanation of actions taken by member or responsible caregivers to react to the incident
  - Be aware of the 1,200-character limitation within each of the narrative text fields
- After:
  - What happened because of the incident such as member being admitted to the hospital
  - Actions that will be taken in response to the incident such as provider referrals, efforts to find a member who is missing, wandering, or eloped (police report, Amber Alert, Silver Alert), referral to the OMI for Death reports

Additional Process Notes

PHP 70 - 74

Neglect/Self-Neglect
Insufficient Staffing - Partial Services

- The Individual Plan of Care (IPOC) outlines the hours and days the member receives services
- The IPOC is approved by the MCO
- MCO approval is required for changes to the member's IPOC
- The member is receiving partial services when only part of the approved hours/days of care are provided to the member
- If a member has an IPOC approved for 7 days per week, it cannot be changed to 5 days per week
- The member's hours cannot be condensed to five days unless there is a new IPOC created and approved

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Reporting is required for Risk level II and III members if they are not receiving all approved PCS hours

The incident type is Neglect/Insufficient Staffing.

The member's staffing needs have been determined through MCO Care Coordination assessment. CIRs for members with chronic partial services will remain under review until the member is fully staffed as deemed in the member's best interest.

Reduction in PCS hours

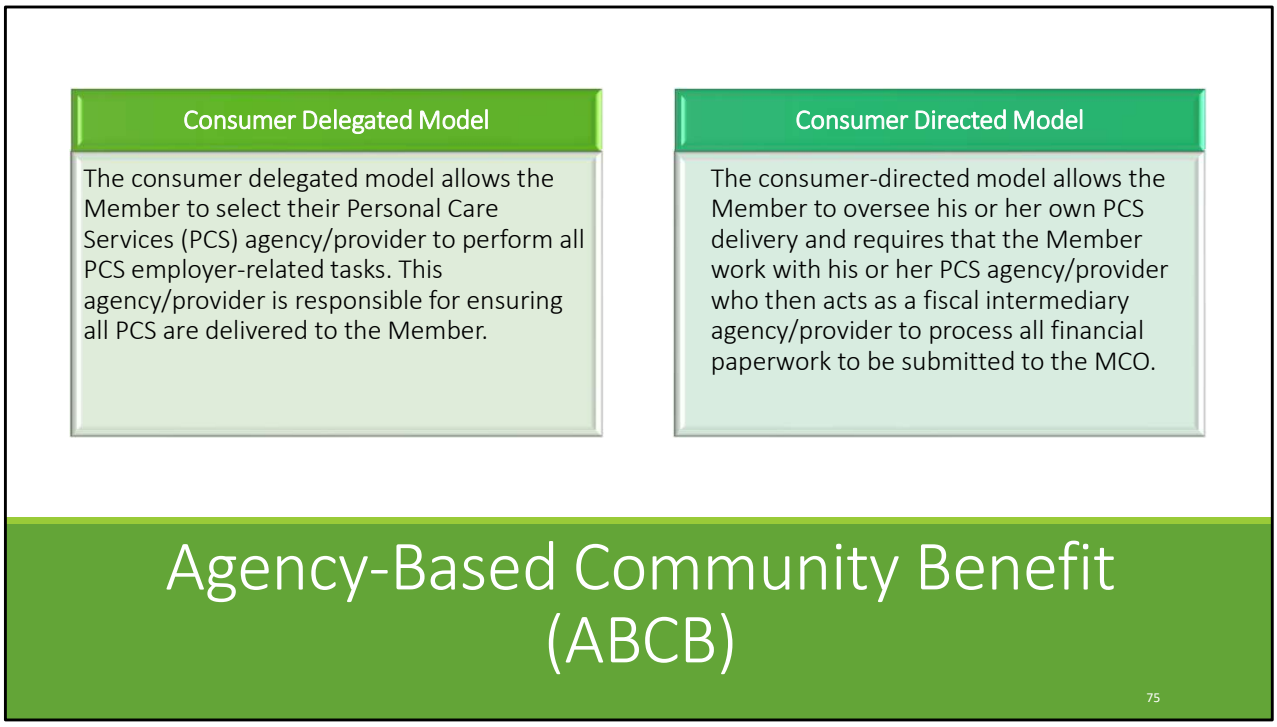
- Members who wish to receive fewer PCS hours than initially authorized would discuss changes with their PCS provider and MCO care coordinator
- The MCO is notified of the member's request by the PCS provider, the member and/or an external care coordinator, if applicable – the member and MCO care coordinator will work together to determine if reducing hours is reasonable
- The MCO approval of the request for a reduction in hours may occur:
  - after at least 60 calendar days into the approved schedule
  - after a reassessment of approved hours
  - 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/provider and the member can collaboratively revise the member's Individual Plan of Care (IPOC) to reflect a 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, if 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



UHC 75 - 79

Section 08 – MCO Policy Manual Effective July 1, 2024

Self-Directed Community Benefit (SDCB)

A component of the State's 1115 Medicaid Managed Care waiver which allows eligible members meeting NF LOC the option to access SDCB Medicaid funds, using the essential elements of person-centered planning, individualized budgeting, Member protections, and QA/QI. Members have choices (among the state-determined SDCB services and related goods) in identifying, accessing and managing the services and related goods needed to meet their personal goals.

SDCB member: An individual who meets the medical and financial eligibility and is approved to receive services through the SDCB after receiving services in the ABCB for a minimum of 120 calendar days.

Support Broker (SB): An individual who provides support to members and assists the Member (or the Member's family or representative, as appropriate) in arranging for, directing and managing services and supports as well as developing, implementing and monitoring the SDCB care plan and budget. Individual Support Brokers work for MCO contracted Support Broker agencies or may be directly employed by an MCO.

Section 09 – MCO Policy Manual Effective July 1, 2024

Overview of Changes

Categories of Eligibility Removed

- 081
- 083
- 084

Primary Incident Type Changes

Incident Types Removed:
- Emergency Services
- Law Enforcement
- Environmental Hazards

Incident Types Added:
- Medication Error
- Restrictive Interventions

Incident Type Subcategories modified

- Insufficient Staffing
  - Only reported for:
    - Risk Level II or Risk Level III
    - No live-in natural supports
    - PCS have already begun
- Issues with Hiring/Firing of Caregivers
  - Only reported for
    - Risk Level II or Risk Level III
    - No live-in natural supports
    - PCS have not begun

Q & A

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We will consolidate all of the questions, respond, and then send them to all registered participants.

Thank you for attending!

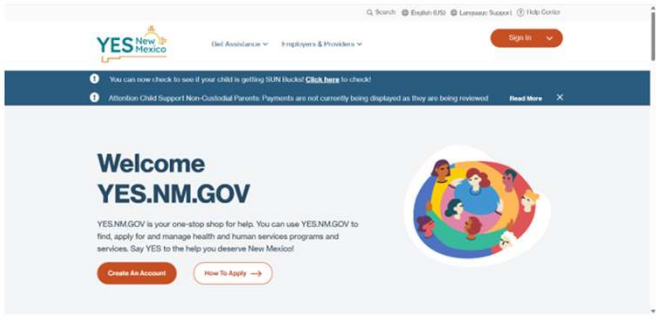
Resources

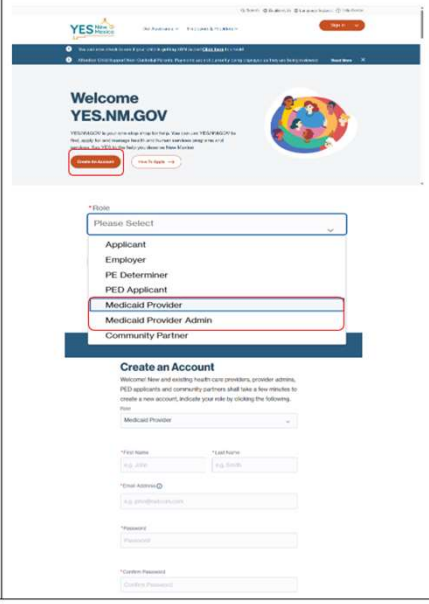
Acronyms

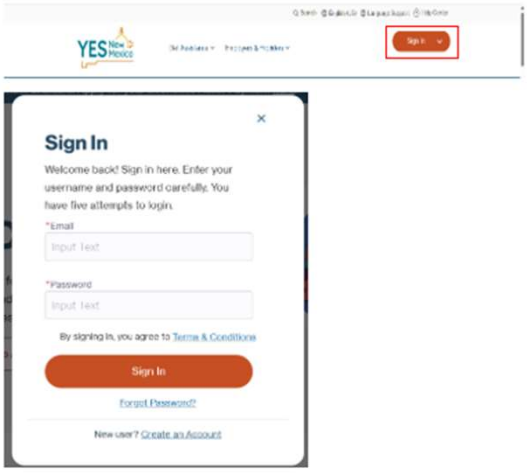
ANE:	Abuse, Neglect and Exploitation
APS:	Adult Protective Services
BH:	Behavioral Health
BHSD:	Behavioral Health Services Division
CI:	Critical Incident
CIR:	Critical Incident Report
CISC:	Children in State Custody
COE:	Category of Eligibility
CPS:	Child Protective Services
CYFD:	Children, Youth, and Families Division
DME:	Durable Medical Equipment
ED/ER:	Emergency Department/Emergency Room
HCA:	Health Care Authority
MAD:	Medical Assistance Division
MCO:	Managed Care Organization
NFLOC:	Nursing Facility Level of Care
PCS:	Personal Care Services
QB:	Quality Bureau at HCA MAD
SB:	Support Broker

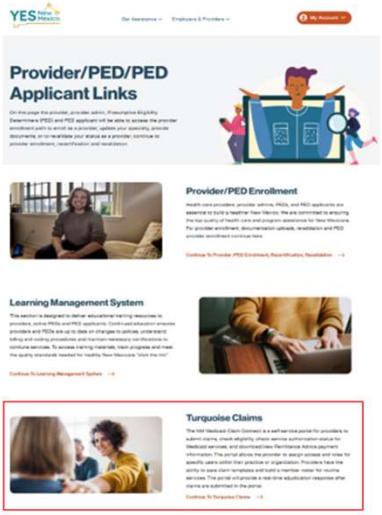
Access the Turquoise Claims System via YES.NM.GOV

Note: You can also verify eligibility by contacting our Automated Voice Recognition System (AVRS) system at 800-820-6901.

Step	Screenshot
1. Navigate to the Yes New Mexico website.	

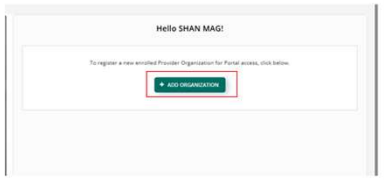
Step	Screenshot
2. If you are a new user, select **Create An Account,** select either **Medicaid Provider** or **Medicaid Provider Admin** for the role, and then enter the applicable account creation information. *If you are not a provider, no problem, you can view eligibility, just **choose the Medicaid Provider role** when creating your account*	

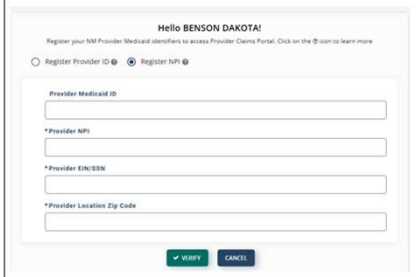
Step	Screenshot
3. If you already have an account, select the **Sign In** button and enter your credentials.	

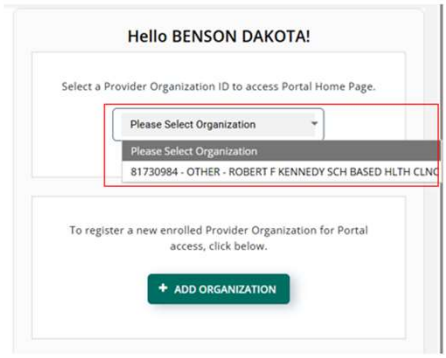
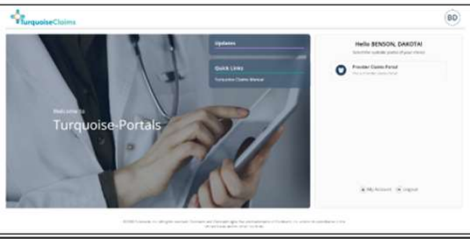
Step	Screenshot
4. Select the **Turquoise Claims** link.	

Initial Account Set-Up

To register an account in the Turquoise Claims system, complete the following steps:

Step	Screenshot
1. After selecting the **Turquoise Claims** link at the YesNM Home page, select the **Provider Claims Portal** button.	
2. After selecting the **Turquoise Claims** link at the YesNM Home page, select the green **+Add Organization** button.	

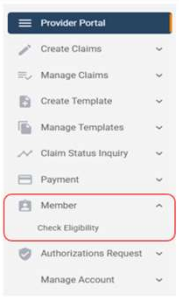
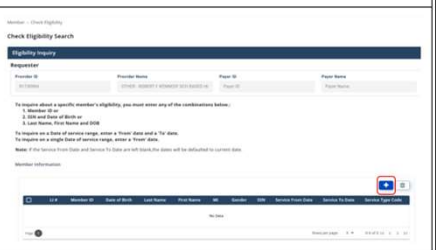
Step	Screenshot
3. Fill out either the **Register NPI** section or the **Register Provider ID** section. Then select the **Verify** button. **Notes:** *If the information is entered incorrectly or does not match the information in the Turquoise Claims system, the user will receive an error message.* *If the information is entered correctly, the system will respond by saying that the details have been verified successfully. If an administrator tries to register an existing organization, the system will inform the user that the organization already exists and to contact the organization administrator.*	 

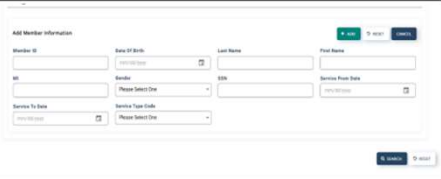
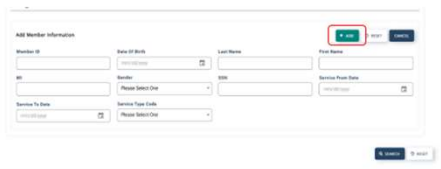
Step	Screenshot
4. Once the account has been registered, select the Organization from the drop-down list to log into the portal.	
5. You will need to close out of the system and log back in for your account to process.	

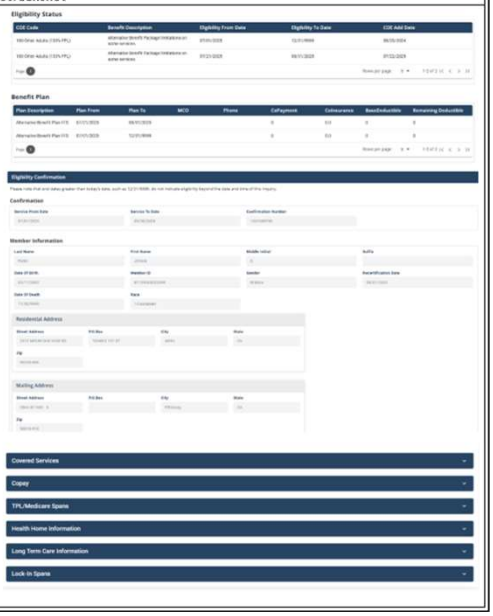
Verifying Eligibility

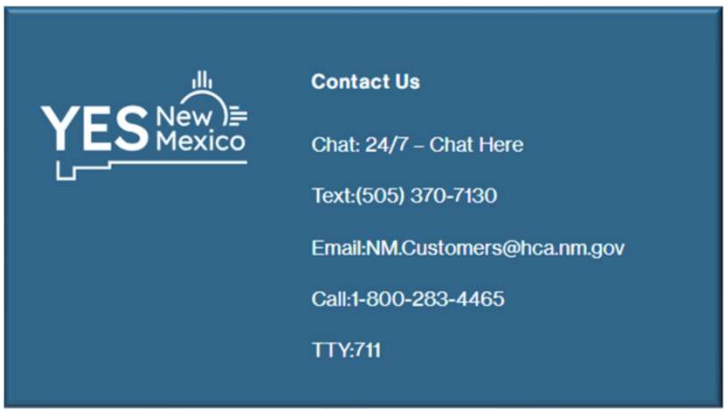
The system allows users to verify member eligibility.

To verify member eligibility, complete the following steps:

Step	Screenshot
1. From the Menu, select **Member** and then select **Check Eligibility**.	
2. On the **Check Eligibility Search** page, select the blue add icon.	

Step	Screenshot
3. Enter the applicable member information. **Note**: *You must enter **one** of the following combinations:* • *Member ID or* • *Social Security Number (SSN) and Date of Birth (DOB) or* • *Last Name, First Name, and DOB*	
4. Select the **+Add** button.	
5. Once the system populates the member information, select the **Search** button.	

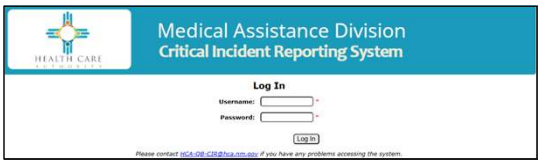
Step	Screenshot
6. Review the eligibility information.	



Yes.NM Contact Resources

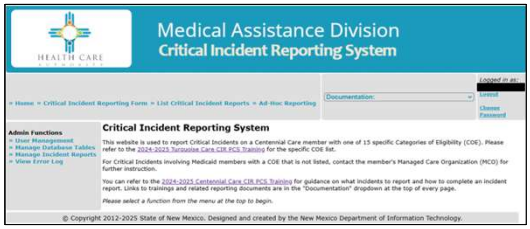
HCA MAD Critical Incident (CI) Portal

- Log in: https://criticalincident.hsd.state.nm.us/
- The person who is designated to submit Critical Incident Reports must have an active username and password to log in
- Requests for logging into or requesting a password reset for the HCA MAD CI Portal must be sent to HCA-QB-CIR@HCA.nm.gov
- If request for log in is not received in a timely manner, check your spam/junk folder prior to resubmitting request

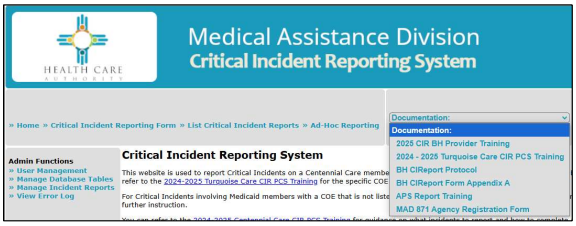


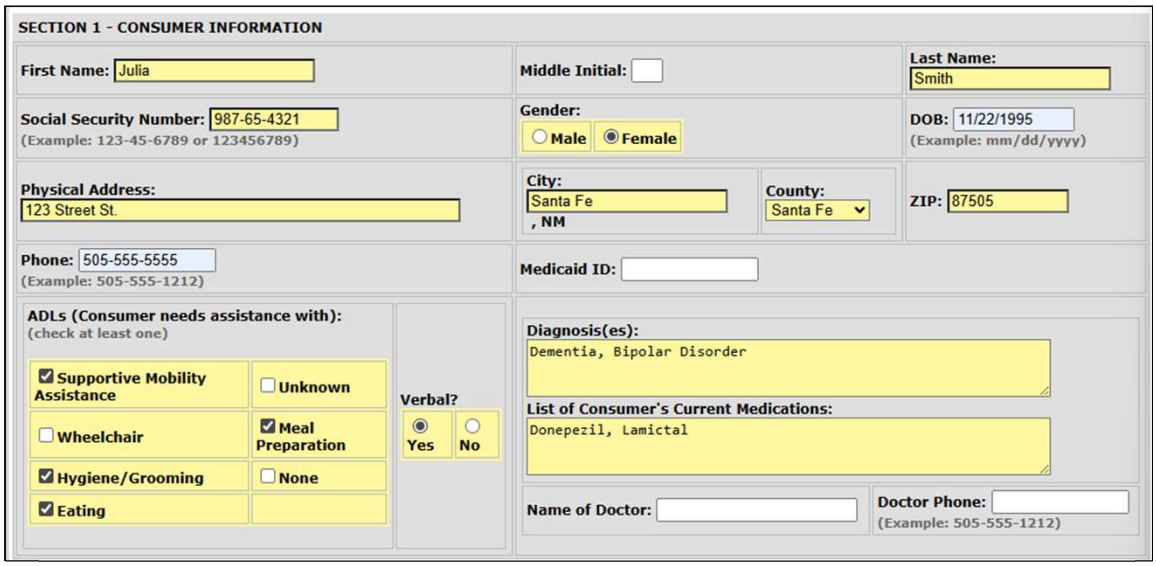
HCA MAD CI Portal

Main menu: used to navigate

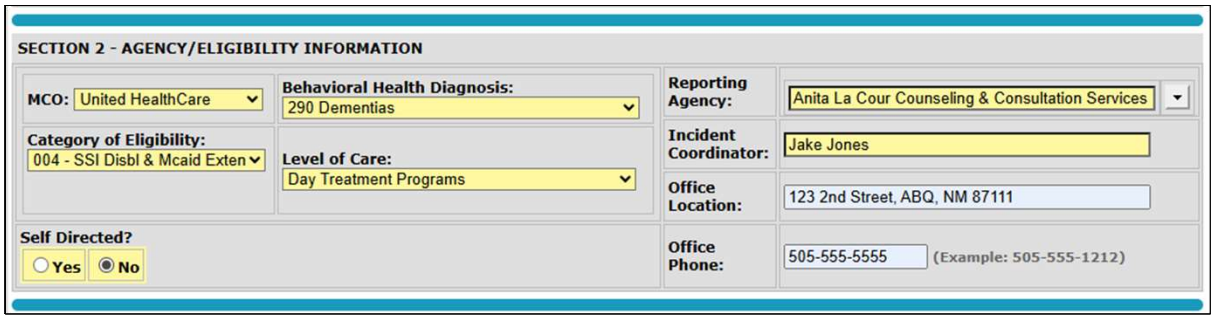


Documentation: resources



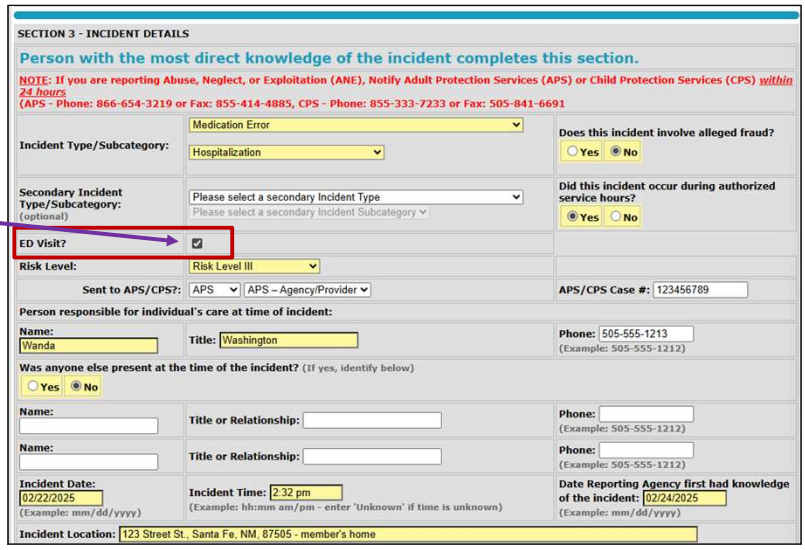


SECTION 1 – CONSUMER INFORMATION



SECTION 2 – AGENCY/ELIGIBILITY INFORMATION

New: ensure ED Visit box is checked if the incident involved an ED visit



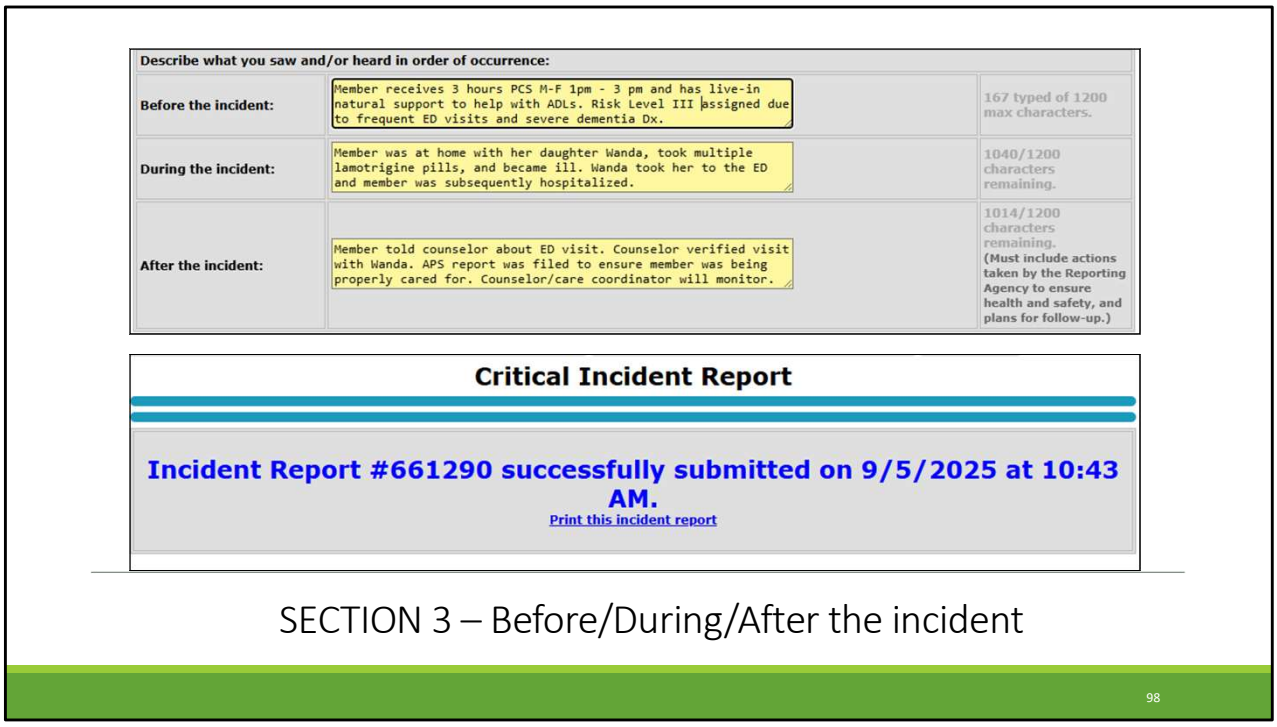
SECTION 3 - INCIDENT DETAILS

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

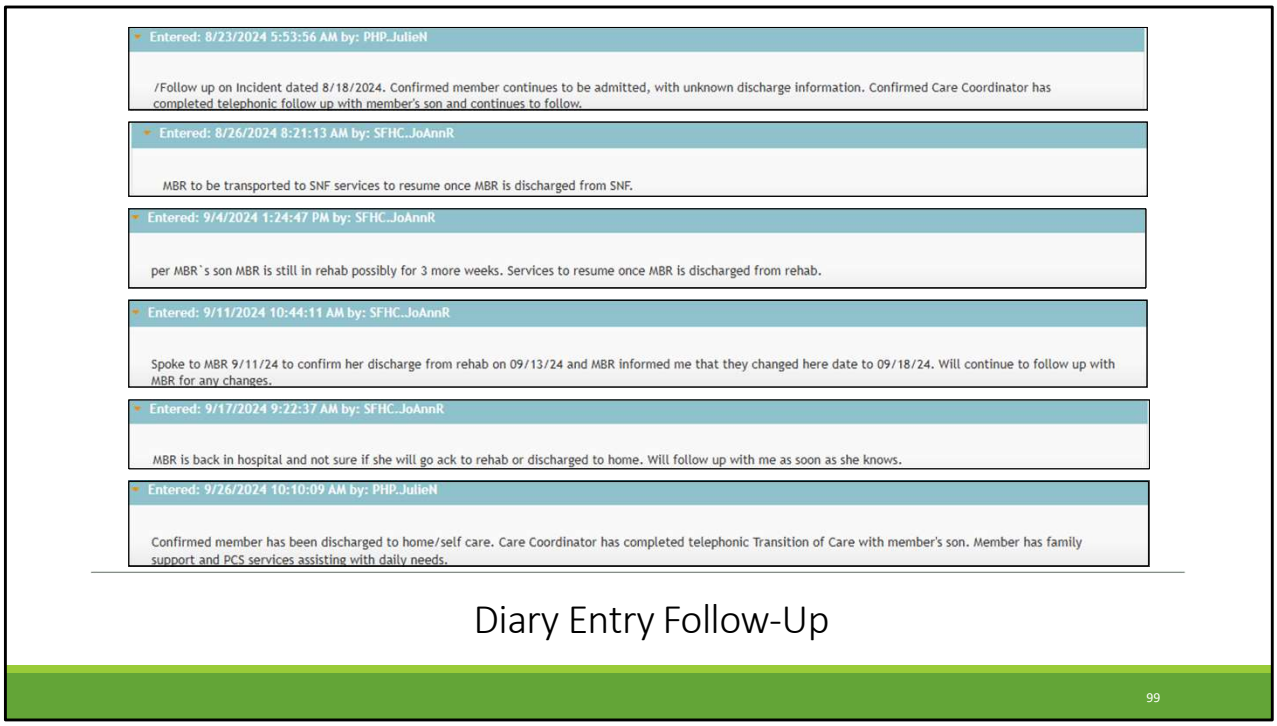
Incident Type/Subcategory: Medication Error / Hospitalization
Does this incident involve alleged fraud? Yes / No
Secondary Incident Type/Subcategory: (optional) Please select a secondary Incident Type / Please select a secondary Incident Subcategory
Did this incident occur during authorized service hours? Yes / No
ED Visit? ☑
Risk Level: Risk Level III
Sent to APS/CPS?: APS / APS – Agency/Provider
APS/CPS Case #: 123456789
Person responsible for individual's care at time of incident:
Name: Wanda
Title: Washington
Phone: 505-555-1213 (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: 02/22/2025 (Example: mm/dd/yyyy)
Incident Time: 2:32 pm (Example: hh:mm am/pm - enter 'Unknown' if time is unknown)
Date Reporting Agency first had knowledge of the incident: 02/24/2025 (Example: mm/dd/yyyy)
Incident Location: 123 Street St., Santa Fe, NM, 87505 - member's home

SECTION 3 – INCIDENT DETAILS



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 (HCA) 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.



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).

Web Links

Health Care Authority (HCA)

https://www.hsd.state.nm.us/providers/critical-incident-reporting/

Centers for Medicare and Medicaid Services (CMS) Rules

https://www.hsd.state.nm.us/centers-for-medicare-and-medicaid-home-and-community-based-services-settings-final-rule/

Web Links

HCA Behavioral Health Services Division (BHSD)
https://www.hsd.state.nm.us/about_the_department/behavioral_health_services_division/

Health Care Authority Division of Health Improvement (DHI)
https://www.hca.nm.gov/report-abuse-neglect-exploitation/

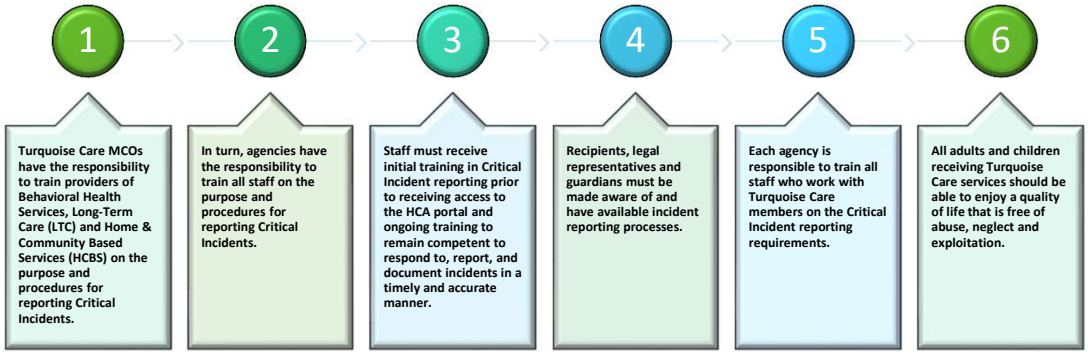
Adult Protective Services (APS)
https://www.aging.nm.gov/adult-protective-services/

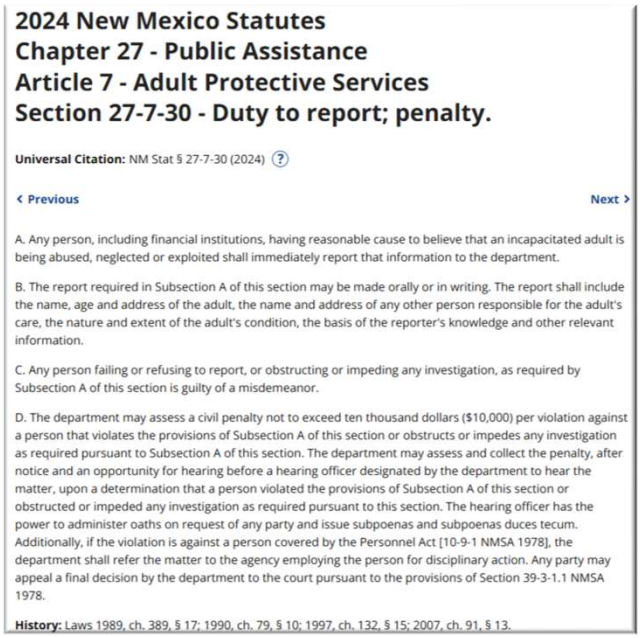
Child Protective Services (CPS)
https://www.cyfd.nm.gov/report-abuse-and-neglect/

Incident Management Guide for all Licensed Health Care Facilities
https://nmmedicaid.portal.conduent.com/static/index.htm

Critical Incident Reporting Updates Letter of Direction (LOD) #65
https://www.hca.nm.gov/wp-content/uploads/FINAL-LOD-65-CI-Reporting-Updates-1.pdf

Training Responsibilities





2024 New Mexico Statutes
Chapter 27 - Public Assistance
Article 7 - Adult Protective Services
Section 27-7-30 - Duty to report; penalty.

Universal Citation: NM Stat § 27-7-30 (2024)

‹ Previous Next ›

A. Any person, including financial institutions, having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to the department.

B. The report required in Subsection A of this section may be made orally or in writing. The report shall include the name, age and address of the adult, the name and address of any other person responsible for the adult's care, the nature and extent of the adult's condition, the basis of the reporter's knowledge and other relevant information.

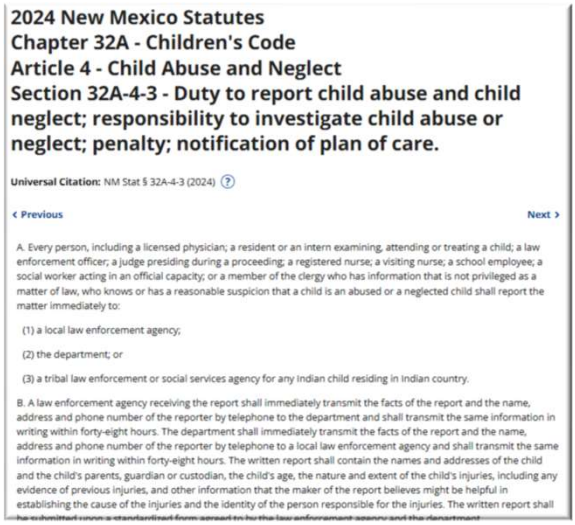
C. Any person failing or refusing to report, or obstructing or impeding any investigation, as required by Subsection A of this section is guilty of a misdemeanor.

D. The department may assess a civil penalty not to exceed ten thousand dollars ($10,000) per violation against a person that violates the provisions of Subsection A of this section or obstructs or impedes any investigation as required pursuant to Subsection A of this section. The department may assess and collect the penalty, after notice and an opportunity for hearing before a hearing officer designated by the department to hear the matter, upon a determination that a person violated the provisions of Subsection A of this section or obstructed or impeded any investigation as required pursuant to this section. The hearing officer has the power to administer oaths on request of any party and issue subpoenas and subpoenas duces tecum. Additionally, if the violation is against a person covered by the Personnel Act [10-9-1 NMSA 1978], the department shall refer the matter to the agency employing the person for disciplinary action. Any party may appeal a final decision by the department to the court pursuant to the provisions of Section 39-3-1.1 NMSA 1978.

History: Laws 1989, ch. 389, § 17; 1990, ch. 79, § 10; 1997, ch. 132, § 15; 2007, ch. 91, § 13.

APS REGULATIONS

- Adult Protective Service (APS)
  Telephone: (866) 654-3219
  Fax: (855) 414-4885
- NM Stat § 27-7-30 (2023)
  https://law.justia.com/codes/new-mexico/chapter-27/article-7/section-27-7-30/



2024 New Mexico Statutes
Chapter 32A - Children's Code
Article 4 - Child Abuse and Neglect
Section 32A-4-3 - Duty to report child abuse and child neglect; responsibility to investigate child abuse or neglect; penalty; notification of plan of care.

Universal Citation: NM Stat § 32A-4-3 (2024)

‹ Previous Next ›

A. Every person, including a licensed physician; a resident or an intern examining, attending or treating a child; a law enforcement officer; a judge presiding during a proceeding; a registered nurse; a visiting nurse; a school employee; a social worker acting in an official capacity; or a member of the clergy who has information that is not privileged as a matter of law, who knows or has a reasonable suspicion that a child is an abused or a neglected child shall report the matter immediately to:

(1) a local law enforcement agency;

(2) the department; or

(3) a tribal law enforcement or social services agency for any Indian child residing in Indian country.

B. A law enforcement agency receiving the report shall immediately transmit the facts of the report and the name, address and phone number of the reporter by telephone to the department and shall transmit the same information in writing within forty-eight hours. The department shall immediately transmit the facts of the report and the name, address and phone number of the reporter by telephone to a local law enforcement agency and shall transmit the same information in writing within forty-eight hours. The written report shall contain the names and addresses of the child and the child's parents, guardian or custodian, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and other information that the maker of the report believes might be helpful in establishing the cause of the injuries and the identity of the person responsible for the injuries. The written report shall

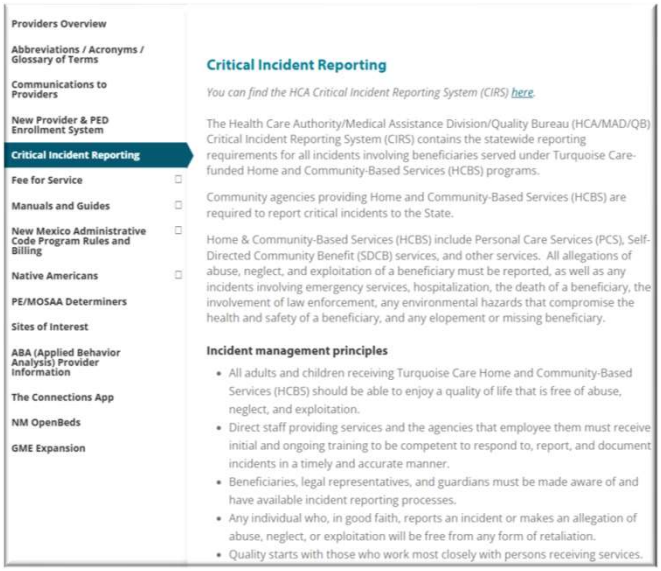
CYFD/CPS REGULATIONS

- Child Protective Service (CPS)
  Telephone: (855) 333-7233
  Fax: (505) 841-6691

- NM Stat § 32A-4-3 (2023)

  https://law.justia.com/codes/new-mexico/chapter-32a/article-4/section-32a-4-3/

Critical Incident Reporting Resources



https://www.HSD.state.nm.us/providers/critical-incident-reporting/

NM ADMINISTRATIVE CODE CIR REGULATIONS

REVISION

TITLE 8 SOCIAL SERVICES
CHAPTER 308 MANAGED CARE PROGRAM
PART 21 QUALITY MANAGEMENT

8.308.21.13 INCIDENT MANAGEMENT: Critical incident reporting and management is considered part of ongoing quality management. Critical incident reporting and analysis of critical incident data helps to identify causes of adverse events in critical care and areas of focus for implementation of preventative strategies.

A. MCO incident management principles: The implementation of incident management practices and effective incident reporting processes as described in the Medicaid managed care services agreement or the managed care policy manual are based on the following MAD MCO principles:

(1) a member is expected to receive home and community based services free of abuse, neglect, and exploitation;

(2) training addresses the response to and the report of to include the documentation of a critical incident;

(3) a member and their authorized representative will receive information on their MCO incident reporting process; and

(4) good faith incident reporting of or the allegation of abuse, neglect or exploitation is free from any form of retaliation.

B. Reportable incidents:

(1) The MCO shall ensure that any person having reasonable cause to believe an incapacitated adult member is being abused, neglected, or exploited must immediately report that information.

(2) The MCO shall develop and provide training covering the MCO's procedures for reporting a critical incident to all subcontracted individual providers, provider agencies, and its members who are receiving self-directed services, to include their employees.

(3) The MCO shall comply with all statewide reporting requirements for any incident involving a member receiving a MAD covered home and community based service.

(4) A community agency providing home and community based services is required to report critical incident involving a MCO member, including:

(a) the abuse of the member;

(b) the neglect of the member;

(c) the exploitation of the member;

(d) The misuse or unauthorized use of restrictive interventions or seclusion on a member;

(e) a medication error by a provider resulting in a telephone call to or consultation with a poison control center by or on behalf of the member, an emergency department visit, urgent care visit, a hospitalization, or death of the member; and

(f) the death of the member.

(5) The MCO shall provide, coordinate, or both, intervention and shall follow-up upon the receipt of an incident report that demonstrates the health and safety of its member is in jeopardy.

https://www.srca.nm.gov/parts/title08/08.308.0021.html

LICENSED HEALTH FACILITY NMAC CIR REGULATIONS

TITLE 8 SOCIAL SERVICES
CHAPTER 370 OVERSIGHT OF LICENSED HEALTHCARE FACILITIES AND COMMUNITY BASED WAIVER PROGRAMS
PART 9 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS

8.370.9.1 ISSUING AGENCY: New Mexico Health Care Authority.
[8.370.9.1 NMAC - N, 07/01/2024]

8.370.9.8 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR LICENSED HEALTH CARE FACILITIES:

A. Duty to report:

(1) All licensed health care facilities shall immediately report abuse, neglect or exploitation to the adult protective services division.

(2) All licensed health care facilities shall report abuse, neglect, exploitation, and injuries of unknown origin or other reportable incidents to the bureau within a 24 hour period, or the next business day when the incident occurs on a weekend or holiday.

(3) All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access to the bureau incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner.

B. Notification:

(1) Incident reporting: Any person may report an incident to the bureau by utilizing the DHI toll free complaint hotline at 1-800-752-8649. Any consumer, employee, family member or legal guardian may also report an incident to the bureau directly or through the licensed health care facility by written correspondence or by utilizing the bureau's incident report form. The incident report form and instructions for the completion and filing are available at the division's website or may be obtained from the authority by calling the toll free number at 1-800-752-8649.

(2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within 24 hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form.

C. Incident policies: All licensed health care facilities shall maintain policies and procedures which describe the licensed health care facility's immediate response to all reported allegations of abuse, neglect, exploitation, injuries of unknown origin, and deaths, as applicable.

D. Retaliation: Any individual who, without false intent, reports an incident or makes an allegation of abuse, neglect or exploitation will be free of any form of retaliation.

E. Quality improvement system for licensed health care facilities: The licensed health care facility shall establish and implement a quality improvement system for reviewing alleged complaints and incidents. The incident management system shall include written documentation of corrective actions taken. The provider shall maintain documented evidence that all alleged violations are thoroughly investigated, and shall take all reasonable steps to prevent further incidents.
[8.370.9.8 NMAC - N, 07/01/2024]

https://www.srca.nm.gov/parts/title08/08.370.0009.html

For questions prior to the training contact one of the MCOs:

BlueCross BlueShield of New Mexico	MOLINA HEALTHCARE	PRESBYTERIAN	UnitedHealthcare Community Plan
Karen Lubertazzo 505-816-3192	Kim Dixon 505-226-4729	Lindsey Grazier 505-923-7073 Catherine Matthews 505-923-6268	Nancy Parson 505-796-3317