APPENDIX A – Turquoise Care Behavioral Health Critical Incident Report Form - Updated December 2024

Turquoise Care Behavioral Health Critical Incident Report Form

You must report an incident within 24 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 Centennial Care Category of Eligibility ☐

The HCA web portal accepts COEs
001, 003, 004, 081, 083, 084, 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 8.321.2 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):			

Type of Incident

- ☐ Severe Harm
  - ☐ Permanent Harm
  - ☐ Severe Temporary Harm
  - ☐ Consumer towards other, not involving law enforcement
- ☐ Missing Recipients
  - ☐ Abduction of any individual served receiving care, treatment, or services.
  - ☐ Elopement from a staffed around the clock care setting (including the ED) leading to death or severe harm.
- ☐ Sexual Incidents
  - ☐ Sexual abuse/assault (including rape) - non consensual sexual contact involving a consumer and another consumer, staff member, or other perpetrator while being treated or on the premises of the organization.
  - ☐ Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization.
  - ☐ Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any individual served receiving care, treatment, or services wile receiving services at the organization.
- ☐ Flame or unanticipated smoke, heat or flashes occurring during an episode of patient care.
- ☐ Death
  - ☐ Unknown requiring follow up with Office of Medical Examiner
  - ☐ Suicide
  - ☐ Medication/treatment error
  - ☐ Natural causes
  - ☐ Accident
  - ☐ Secondary to use of restraints
  - ☐ Member Death by Homicide

Incident Description:

Follow up and Disposition of the Incident:

Actions to Reduce the Re-Occurrence:

Funding Source:			
☐ Medicaid	☐ FFS	☐ CYFD	☐ 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:		