October 2025
Turquoise Care - Critical Incident Reporting Updates Training

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.

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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?



A message from the Health Care Authority (HCA)

Medical Assistance Division (MAD)

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 and Issues
  - 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

What is a Critical Incident?

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.

Why Do We Report Critical Incidents?

Why File a Critical Incident Report?

- Ensures the safety and well-being of the member
- Can decrease the potential for future incidents of abuse, neglect, and exploitation
- Identifies potential risks and gaps in care
- Ensures everyone involved has access to the latest information, facilitating better coordination of care
- It is mandated by HCA, the New Mexico Administrative Code (NMAC), and the Centers for Medicare and Medicaid Services (CMS) to ensure compliance and accountability

Who Reports Critical Incidents?

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
- Turquoise Care Children in State Custody (CISC)

We are all mandatory reporters

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

Personal Care Services (PCS)

- Individual Caregivers
- PCS agencies
- 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

Where are Critical Incident Reports Filed?

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

MCO Contact Information – Children in State Custody (CISC)

BlueCross BlueShield of New Mexico

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UnitedHealthcare Community Plan

Nancy Parson

505-796-3317

Critical_incidents@uhc.com

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

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

BlueCross BlueShield of New Mexico

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BHQI_SPHI@bcbstx.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

What are the Types of Critical Incidents?

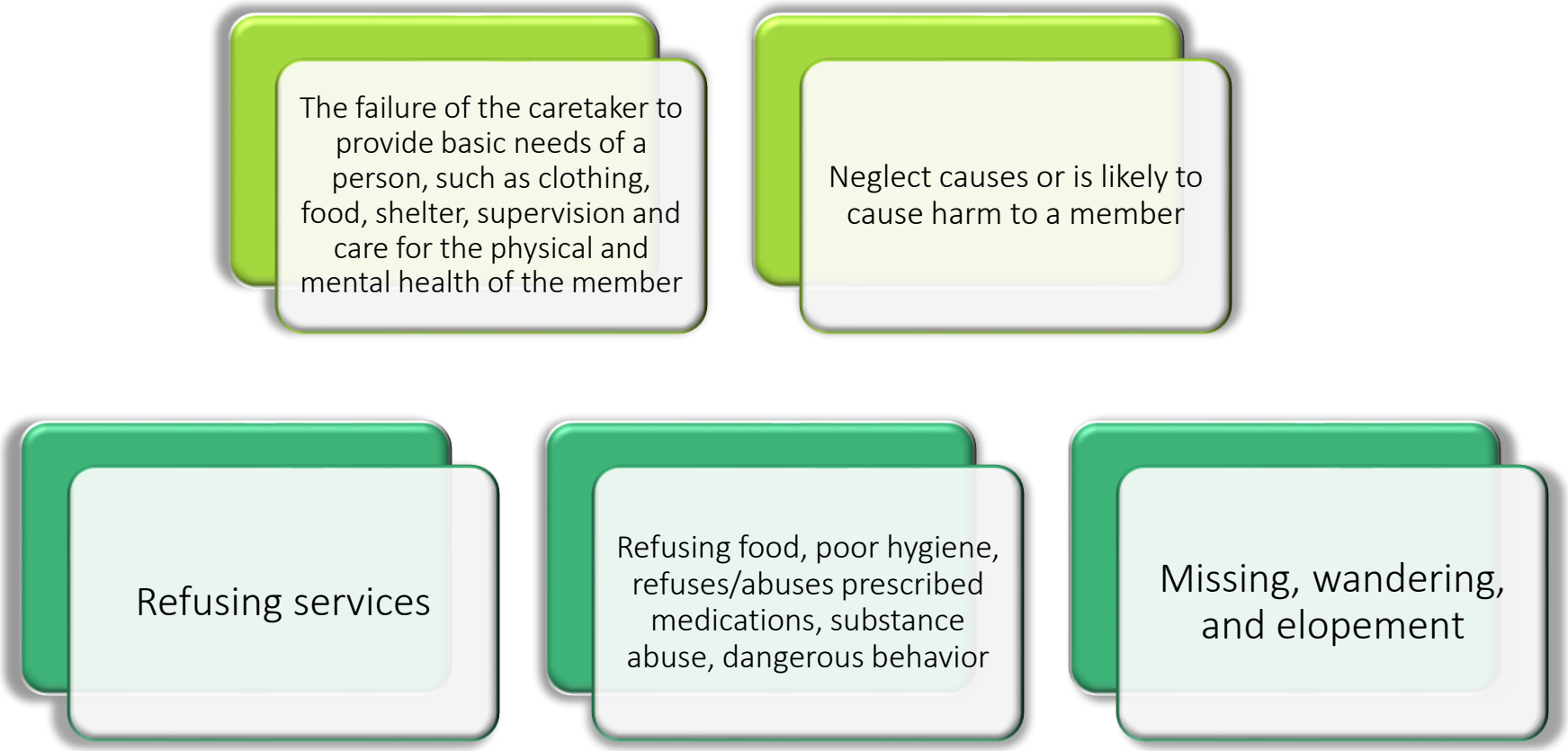
Death

- Natural/Expected
- Unexpected
- Suicide
- Homicide

Abuse/ Self-Abuse

- Knowingly, intentionally and without justifiable cause inflicting physical pain, injury or mental anguish
- Intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person
- Sexual abuse, including criminal sexual contact, incest and criminal sexual penetration
- Verbal abuse, including profane, threatening, derogatory, or demeaning language, spoken or conveyed with the intent to cause mental anguish
- Attempted suicide

Neglect/Self-Neglect



Exploitation

Taking advantage of a member for personal gain through manipulation, intimidation, threats, or coercion

The wrongful use of a member's belongings (including medications) or money without their consent

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

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

Hierarchy of Primary Incident Types

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

When Should a Critical Incident Report be Filed?

Key Critical Incident Reporting Dates

Incident Date

- Date incident occurred
- First date services not received
- Date of death

Date Agency First had Knowledge

- Date agency/provider was first aware of the incident
- Caregiver is an extension of the agency/provider

Date Reported

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

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.

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 AM by: [redacted]

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

Reporting Non-Portal Behavioral Health CIs

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

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):			

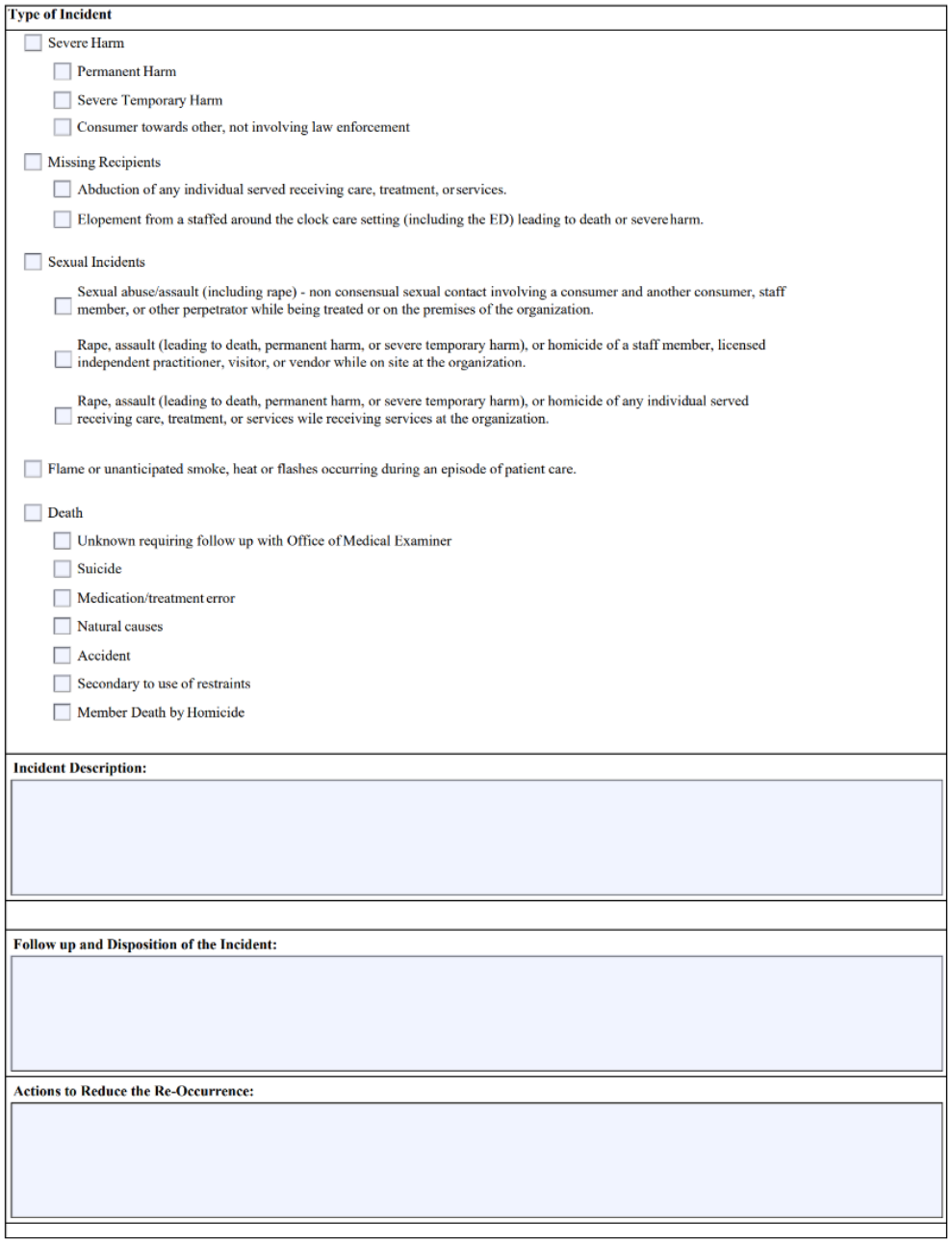
Appendix A – Page 1

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



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:

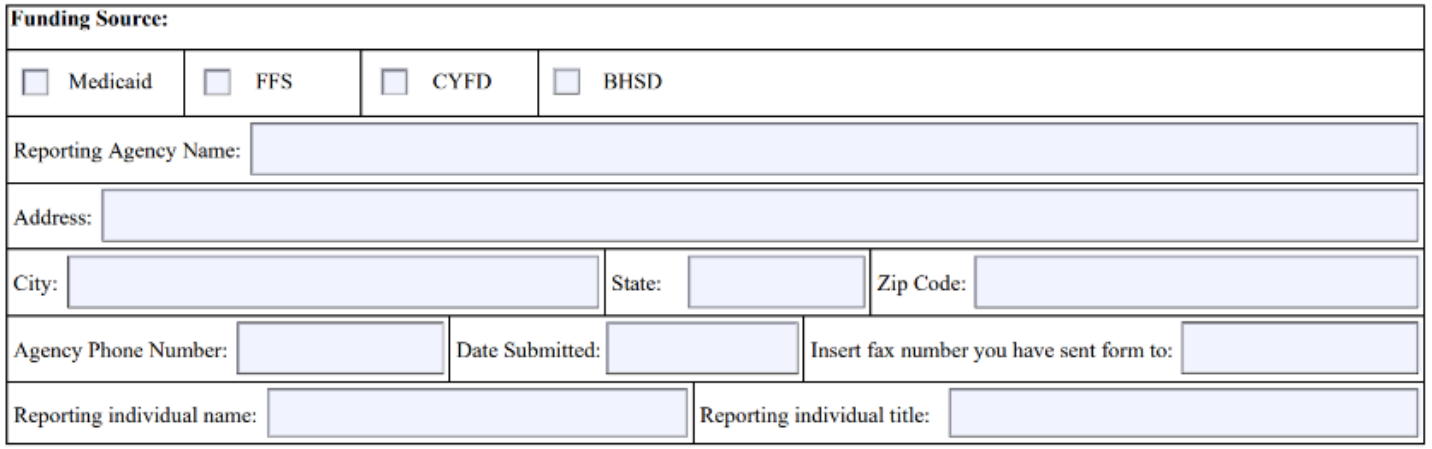
Follow up and Disposition of the Incident:

Actions to Reduce the Re-Occurrence:

Appendix A – Page 2

- Abuse, Neglect, Exploitation, and Death are the primary incident types that require a Critical Incident Report
- Provide a brief description of the incident including how staff learned of the incident and what supervision they sought in response
- Document any actions taken on behalf of the member

Appendix A – Page 3



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:		

- 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

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

HCA MAD CI Portal Process:

Overview

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

Use the **New Mexico Medicaid Portal** to verify a member's name, date of birth, SSN, and category of eligibility: https://nmmedicaid.portal.Conduent.com/static/index.htm

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

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

Risk Level Assessment and Follow-Up

Risk Level I - Low	Risk Level II – Medium	Risk Level III – High
• Members receiving PCS: 10 hours or fewer allocated per week with natural support • Members not receiving PCS with low health risk factors • Monthly follow-up/diary entry	• Members receiving PCS: 11-25 hours allocated per week • Members not receiving PCS with moderate health risk factors • Every other week follow-up/diary entry	• Members receiving PCS: 26 or more hours allocated per week • Members not receiving PCS with high health risk factors • Weekly follow-up/diary entry

What is Follow-Up?

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

Actions

Outreach	Outreach to the member
Evaluate	Conduct an evaluation to assure the member's health, safety, and welfare by assessing: •Durable Medical Equipment (DME) •Natural support in the home
Communicate	Communicate and collaborate with the member's care coordinator
Contact	Contact with external protective agencies

Reporting to Adult Protective Services (APS)

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.

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?

APS/CPS Assessment Tool
R.E.A.R.

R=Recognize

Recognize possible signs of abuse, neglect, or exploitation

E=Evaluate

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

A=Act

Take action-is the member safe? Actions could include a welfare check, call to law enforcement, completing a home visit, filing a CIR (within 24 business hours)

R=Report

Report to APS/CPS:

- Call immediately to report urgent cases and/or an emergency; choose the drop-down "by phone" option
- For non-urgent cases, choose the drop-down "by agency/provider" option to report to APS through the CIR

Children in State Custody (CISC)

- Reports are required for members in foster care (COE 066/086)
- All CISC members must be categorized as a Risk Level III (High) which requires weekly diary entries in the HCA MAD CI Portal
- If a CISC member is residing in a CYFD office, the report must include documentation of the name and location of the office
- If a CISC member is residing in an out-of-state facility, the report must include documentation of the name and location of the facility
- MCO care coordinators must complete monthly in-person visits for CISC members residing in an out-of-state facility

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

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)

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
  - Secondary incident type of Issue with hiring and firing of caregivers is used to support the primary incident type, if applicable
  - One CIR filed due to interruption of services related to insufficient staffing or refusal of services
  - Follow-up is documented in accordance with Risk level: include follow-up activity and the agency/provider's status of finding a caregiver

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
  - 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

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?

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.

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

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

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

Consumer Delegated Model

The consumer delegated model allows the Member to select their Personal Care Services (PCS) agency/provider to perform all PCS employer-related tasks. This agency/provider is responsible for ensuring all PCS are delivered to the Member.

Consumer Directed Model

The consumer-directed model allows the Member to oversee his or her own PCS delivery and requires that the Member work with his or her PCS agency/provider who then acts as a fiscal intermediary agency/provider to process all financial paperwork to be submitted to the MCO.

Agency-Based Community Benefit (ABCB)

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.

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 and Issues
  - 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



Questions

Thank you for attending!

Resources

Acronyms

ANE:	Abuse, Neglect and Exploitation
APS:	Adult Protective Services
BHSD:	Behavioral Health Services Division
CI:	Critical Incident
CIR:	Critical Incident Report
CISC:	Child(ren) in State Custody
COE:	Category of Eligibility
CPS:	Child Protective Services
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

NM Medicaid Portal

- Website: https://nmmedicaid.portal.conduent.com/static/index.htm
- Under Providers, click on link "Log in to:"



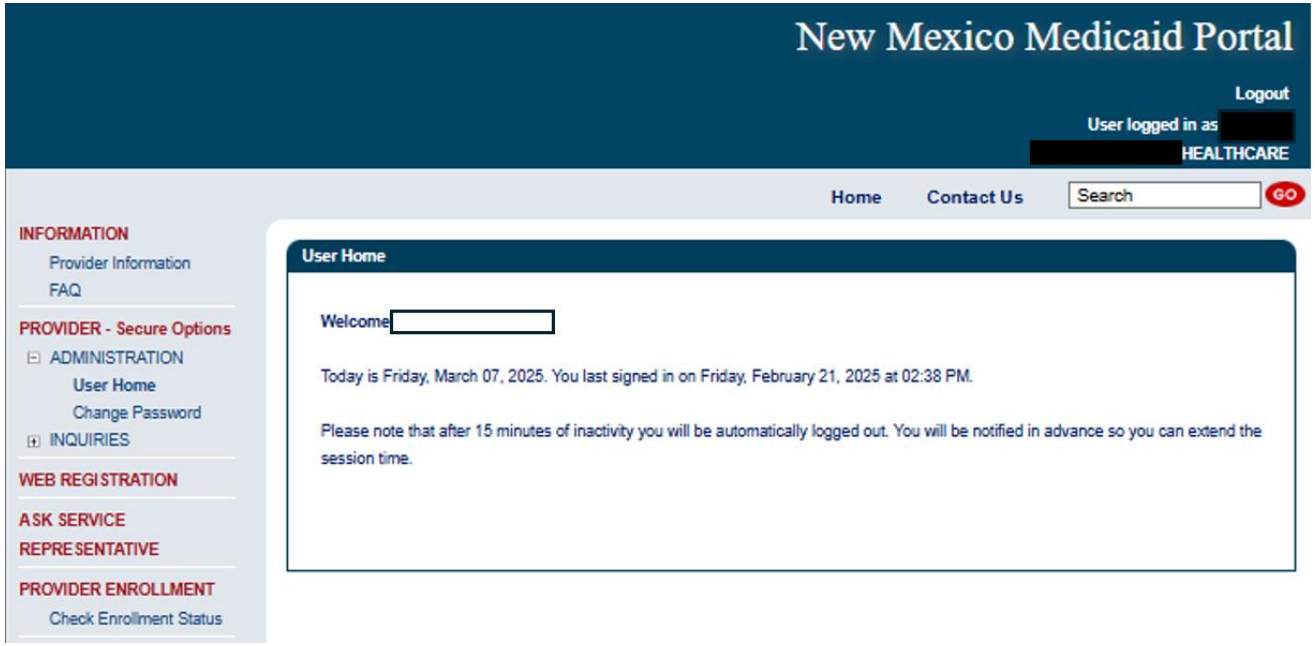
NM Medicaid Portal

- In the Provider Login section:
  - User ID: enter your ID
  - Password: enter your password
  - Provider Id/NPI: enter the ID provided by State of NM
- Select “Log In”



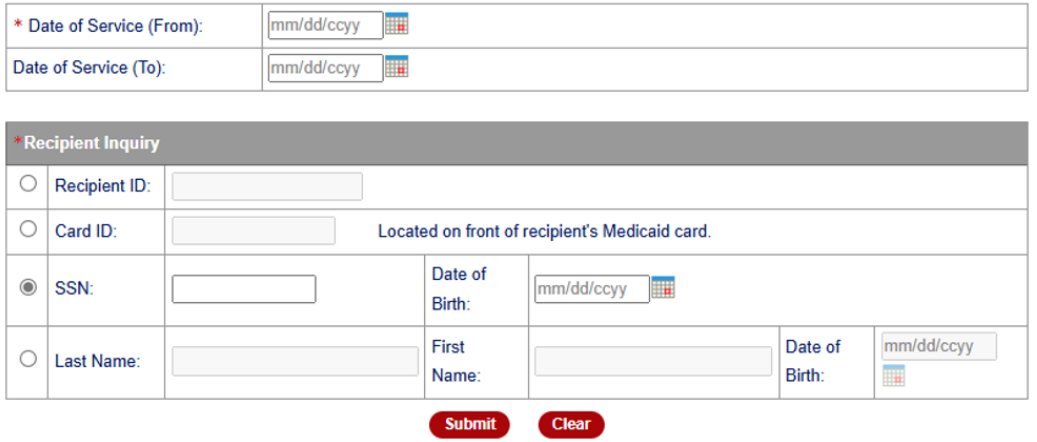
NM Medicaid Portal

- Log in as instructed on previous slide
- To start the member search, select the “+” icon next to “INQUIRIES”
- Select ‘Eligibility”



NM Medicaid Portal

- Enter the Date of Service (use the Date of Incident)
- There are four options to locate a member under Recipient Inquiry:
  - Recipient ID
  - Card ID
  - SSN & DOB
  - Last Name, First Name & DOB
- Select a radio button and enter the criteria in the grey box
- Select “Submit”



NM Medicaid Portal: Verify Member Demographics

03/07/2025 12:12 PM MST

Inquiry Criteria			
Date of Service :	01/09/2025	Provider ID:	[redacted]
SSN:	[redacted]	Date of Birth:	[redacted]

For the requested date(s) of service, your inquiry returned the following eligibility information.

Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility beyond the date and time of this inquiry.

Recipient Information			
Recipient ID:	[redacted]	Recipient Name:	[redacted]
Date of Birth:	[redacted]	Sex:	[redacted]
Medicaid Card ID:	[redacted]	Recertification Date:	
Date of Death:		Race:	[redacted]
Residential Address:	[redacted]		
Mailing Address:	[redacted]		

NM Medicaid Portal: Verify Member Demographics

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

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
004	Full Medicaid benefits	01/01/2019	12/31/9999	08/18/2016	

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
001	Full Medicaid benefits	08/01/2024	12/31/9999	10/08/2024	
044	Medicaid benefits are limited to paying for Medicare coinsurance, deductible and copayments only, unless this client has other overlapping Medicaid coverage	10/01/2024	12/31/9999	10/08/2024	

NM Medicaid Portal: Verify Member Demographics

- Once you find the member and enter the service date range, scroll down to “Lock-In Information”
- The MCO is listed under Provider Name
- Look at the “Begin Date” and “End Date” to validate the Date of Incident falls within that same date period

Lock-In Information			
Lock In Type	Provider Name	Begin Date	End Date
TURQUOISE CARE		07/01/2024	12/31/9999

NM Medicaid Portal: Verify Member Demographics

- Once you find the member and enter the service date range, scroll down to “Long Term Care Information”
- If the member has NF LOC, it will be listed under “LOC” (Level of Care)
- In the examples, the member does have NFLOC
- Look at the “Add Date” to confirm the date of incident occurs on or after the date listed
- Agency Directed vs. Self-Directed Level of Care:
  - Once you find the member and enter the service date, scroll down to “Long Term Care Information”
  - If the member has a Self-Directed waiver, it will be listed under “Setting of Care” (in the 2nd example, the member is Self-Directed)
  - Look at the “Add Date” to confirm the Date of Incident occurs on or after the date listed



Long Term Care Information What's This?

Level of Care

Begin Date	End Date	LOC	Setting of Care	Add Date
09/01/2024	08/31/2025	NURSING FACILITY LEVEL	AGENCY DIRECTED NO WAIVER	08/23/2024



Long Term Care Information What's This?

Level of Care

Begin Date	End Date	LOC	Setting of Care	Add Date
07/01/2024	06/30/2025	NURSING FACILITY LEVEL	SELF DIRECTED WAIVER	04/26/2023

Patient Liability

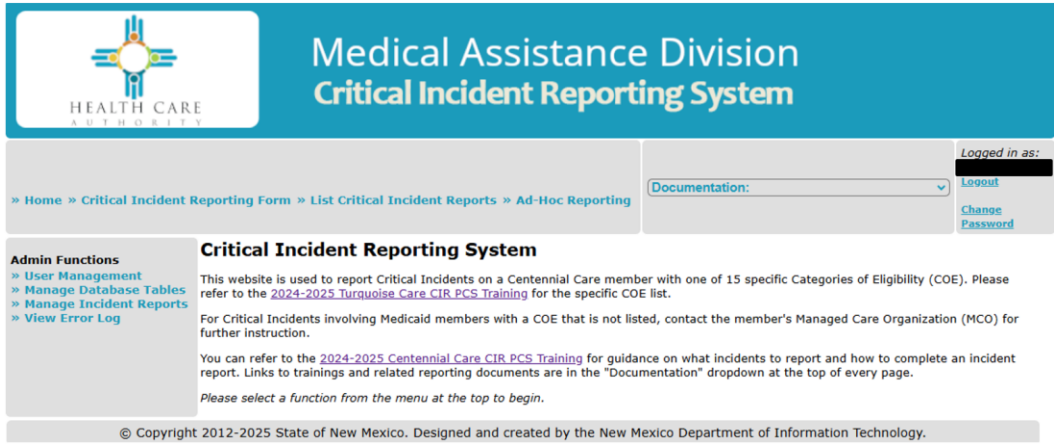
HCA MAD Critical Incident (CI) Portal

- 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

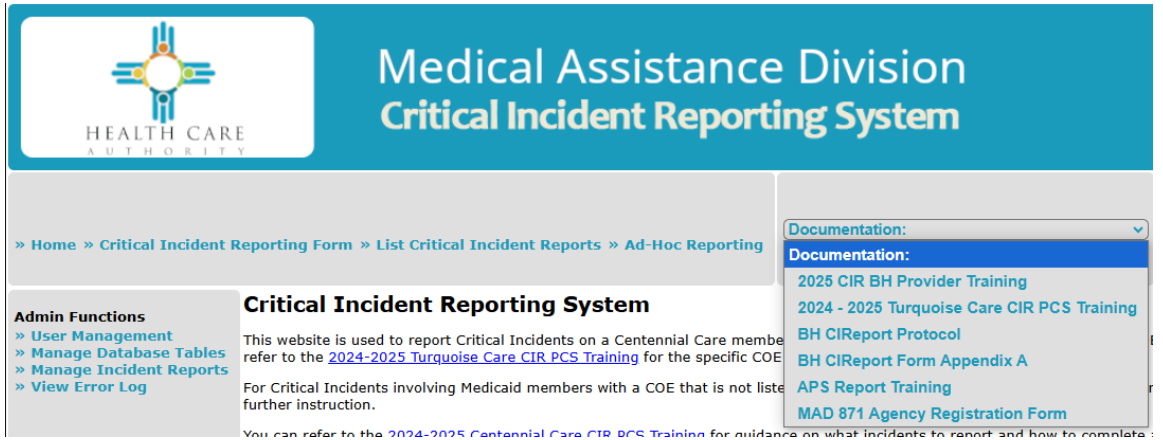


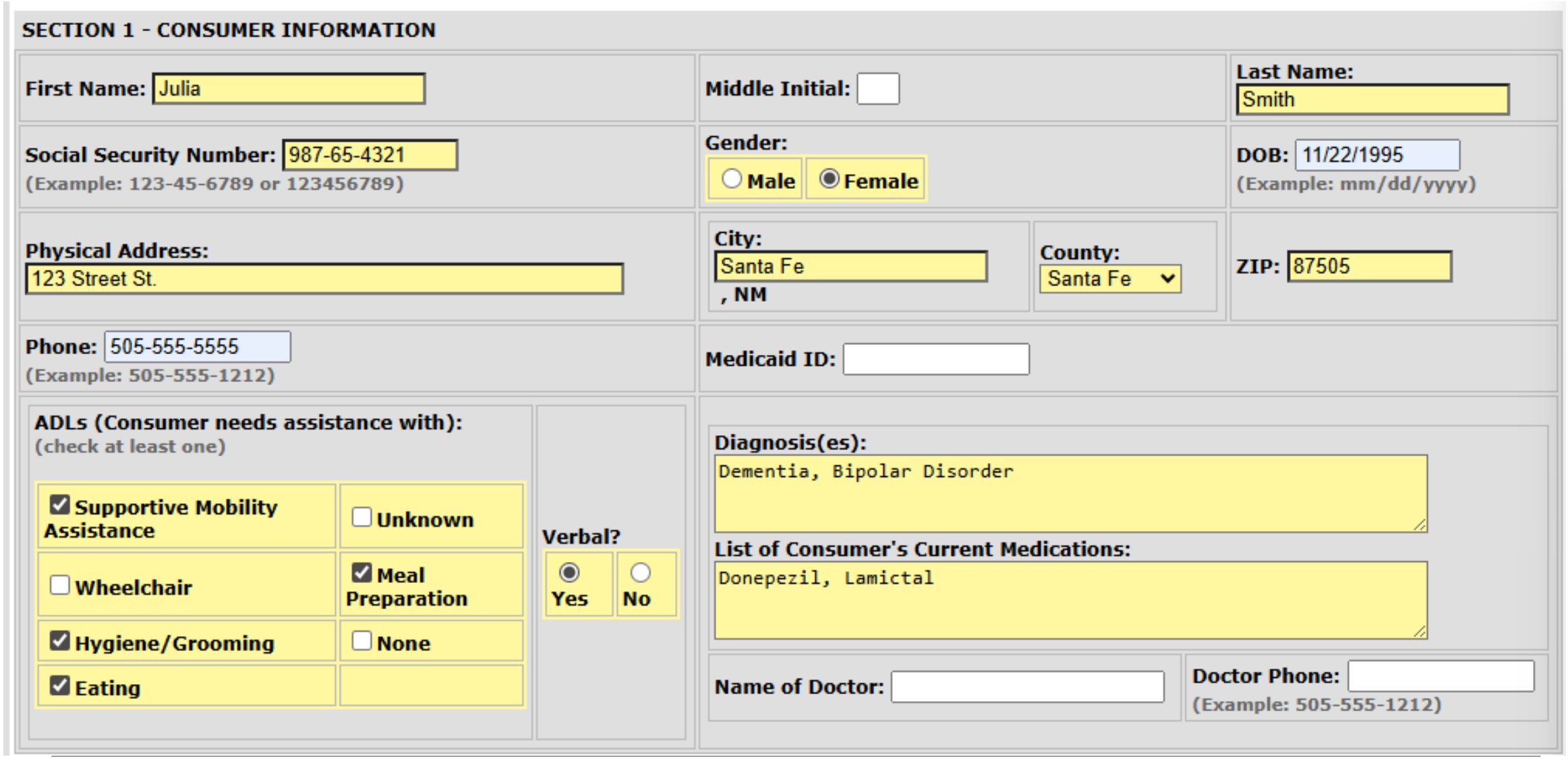
HCA MAD CI Portal

Main menu: used to navigate

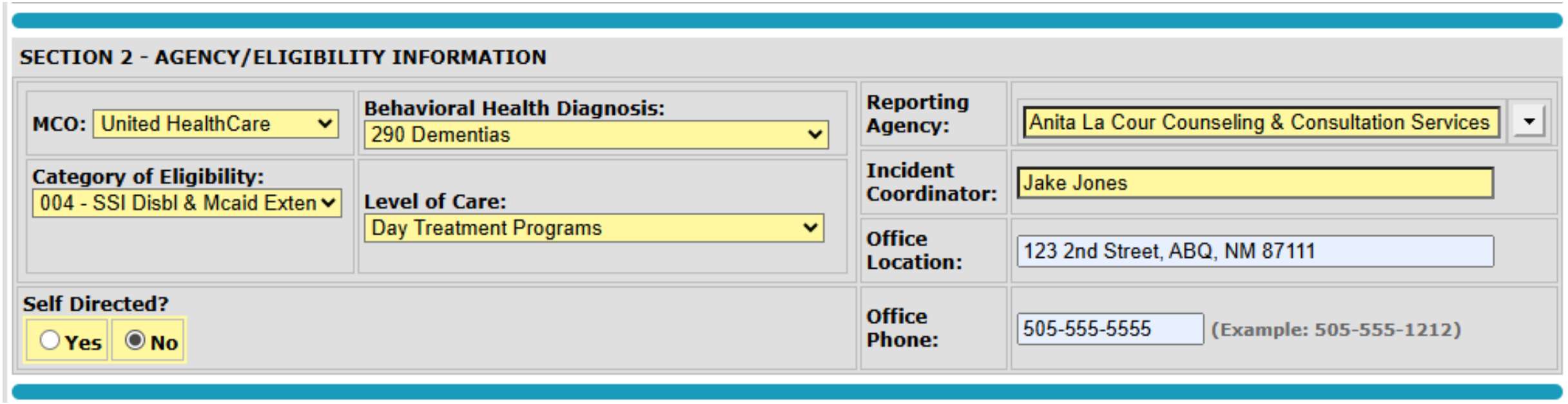


Documentation: resources



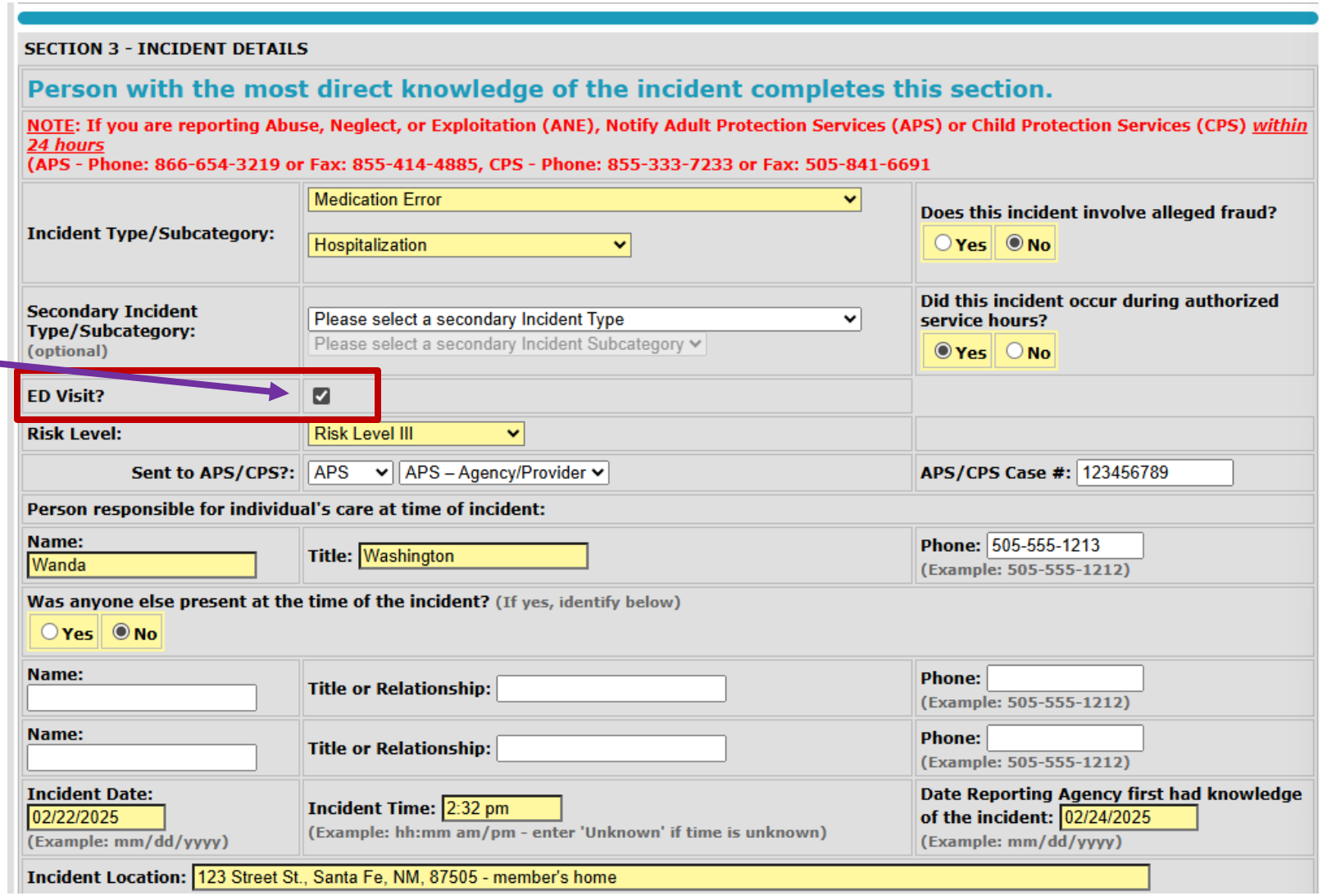


SECTION 1 – CONSUMER INFORMATION



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

Describe what you saw and/or heard in order of occurrence:		
Before the incident:	Member receives 3 hours PCS M-F 1pm - 3 pm and has live-in natural support to help with ADLs. Risk Level III assigned due to frequent ED visits and severe dementia Dx.	167 typed of 1200 max characters.
During the incident:	Member was at home with her daughter Wanda, took multiple lamotrigine pills, and became ill. Wanda took her to the ED and member was subsequently hospitalized.	1040/1200 characters remaining.
After the incident:	Member told counselor about ED visit. Counselor verified visit with Wanda. APS report was filed to ensure member was being properly cared for. Counselor/care coordinator will monitor.	1014/1200 characters remaining. (Must include actions taken by the Reporting Agency to ensure health and safety, and plans for follow-up.)

Critical Incident Report

Incident Report #661290 successfully submitted on 9/5/2025 at 10:43 AM.

Print this incident report

SECTION 3 – Before/During/After the incident

Entered: 8/23/2024 5:53:56 AM by: PHP.JulieN

/Follow up on Incident dated 8/18/2024. Confirmed member continues to be admitted, with unknown discharge information. Confirmed Care Coordinator has completed telephonic follow up with member's son and continues to follow.

Entered: 8/26/2024 8:21:13 AM by: SFHC.JoAnnR

MBR to be transported to SNF services to resume once MBR is discharged from SNF.

Entered: 9/4/2024 1:24:47 PM by: SFHC.JoAnnR

per MBR`s son MBR is still in rehab possibly for 3 more weeks. Services to resume once MBR is discharged from rehab.

Entered: 9/11/2024 10:44:11 AM by: SFHC.JoAnnR

Spoke to MBR 9/11/24 to confirm her discharge from rehab on 09/13/24 and MBR informed me that they changed here date to 09/18/24. Will continue to follow up with MBR for any changes.

Entered: 9/17/2024 9:22:37 AM by: SFHC.JoAnnR

MBR is back in hospital and not sure if she will go ack to rehab or discharged to home. Will follow up with me as soon as she knows.

Entered: 9/26/2024 10:10:09 AM by: PHP.JulieN

Confirmed member has been discharged to home/self care. Care Coordinator has completed telephonic Transition of Care with member's son. Member has family support and PCS services assisting with daily needs.

Diary Entry Follow-Up

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/

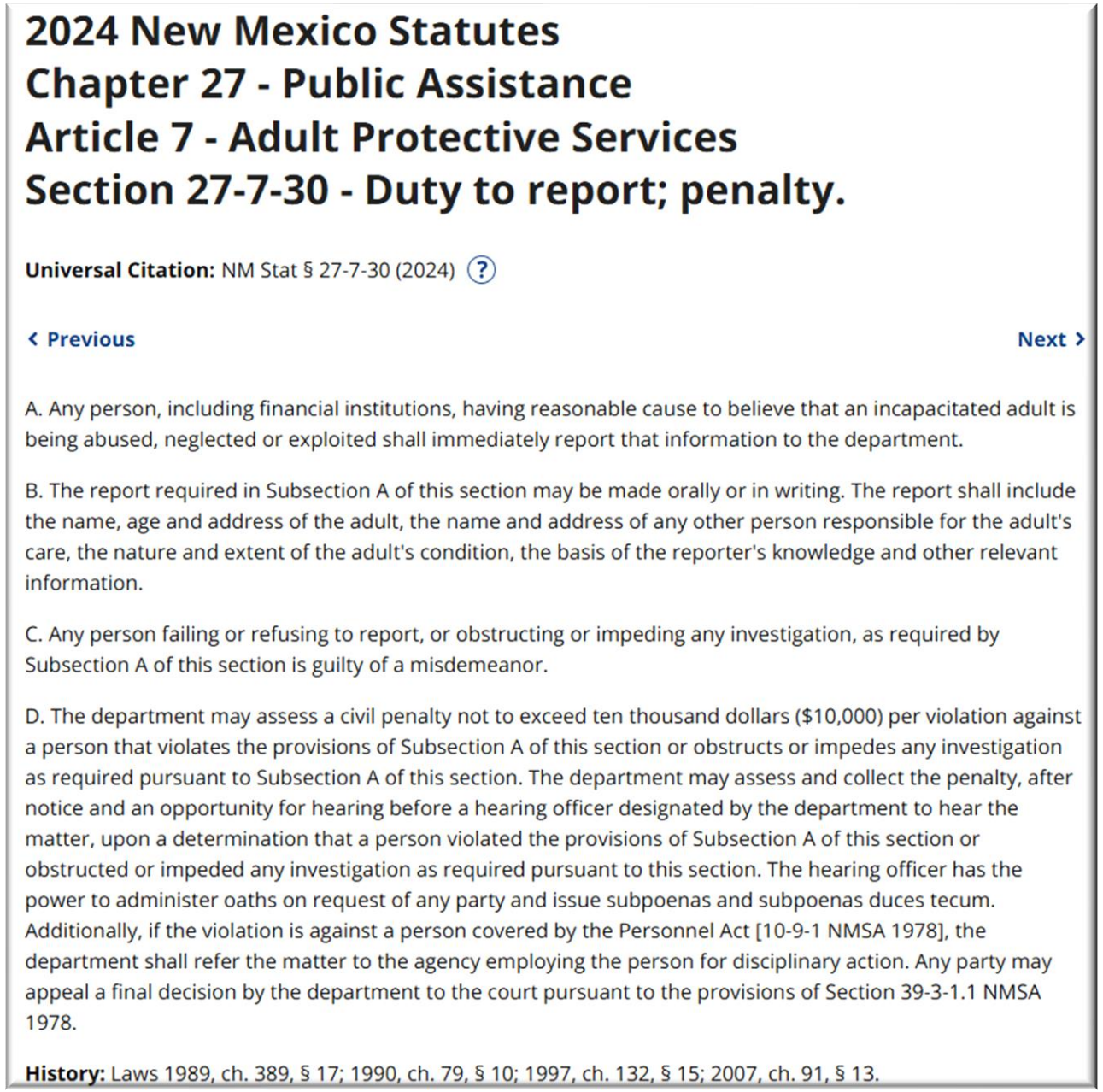
Child Protective Services (CPS)
https://www.cyfd.nm.gov/report-abuse-and-neglect/

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.

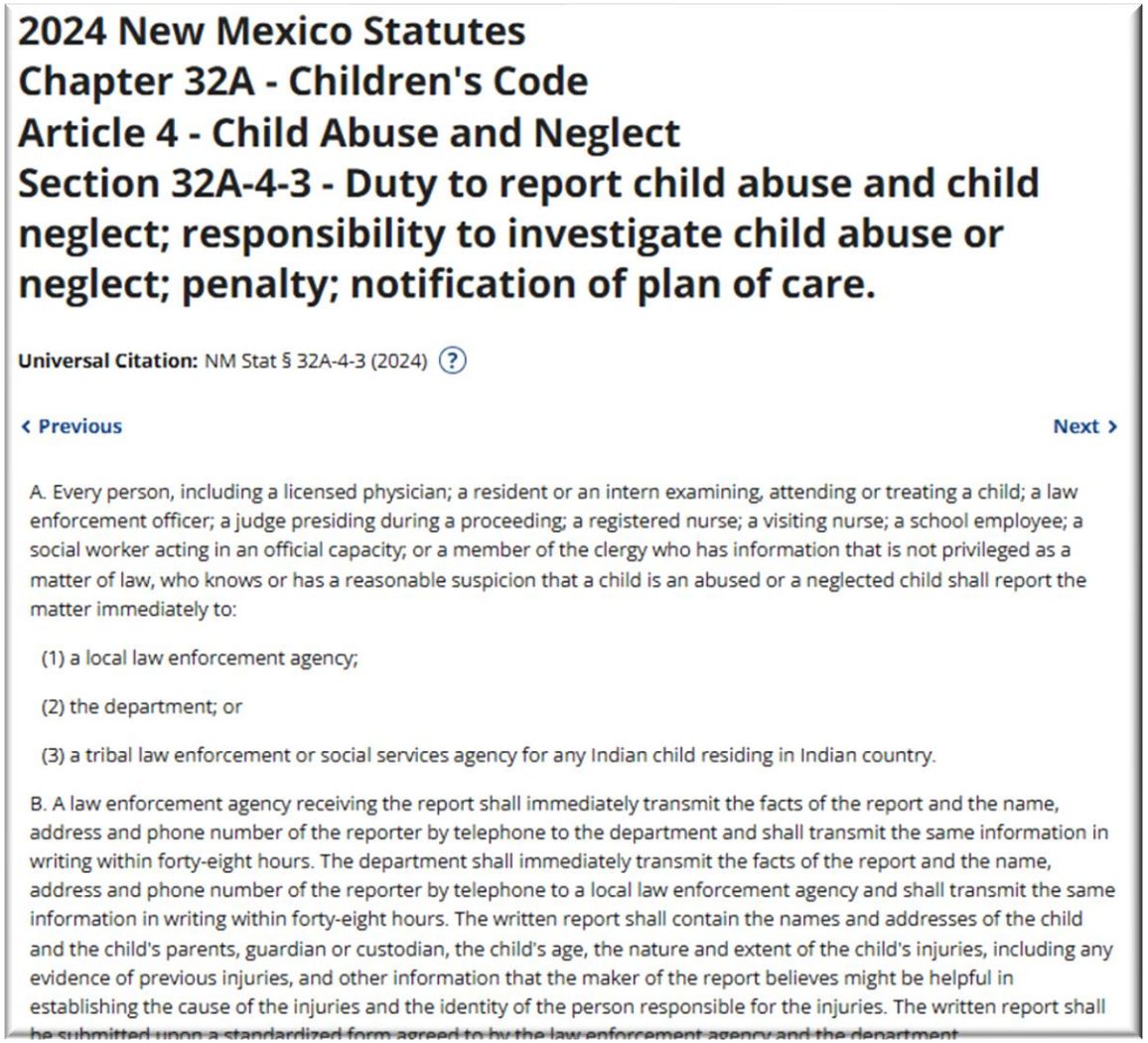
D. The department may assess a civil penalty not to exceed ten thousand dollars ($10,000) per violation against a person that violates the provisions of Subsection A of this section or obstructs or impedes any investigation as required pursuant to Subsection A of this section. The department may assess 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.

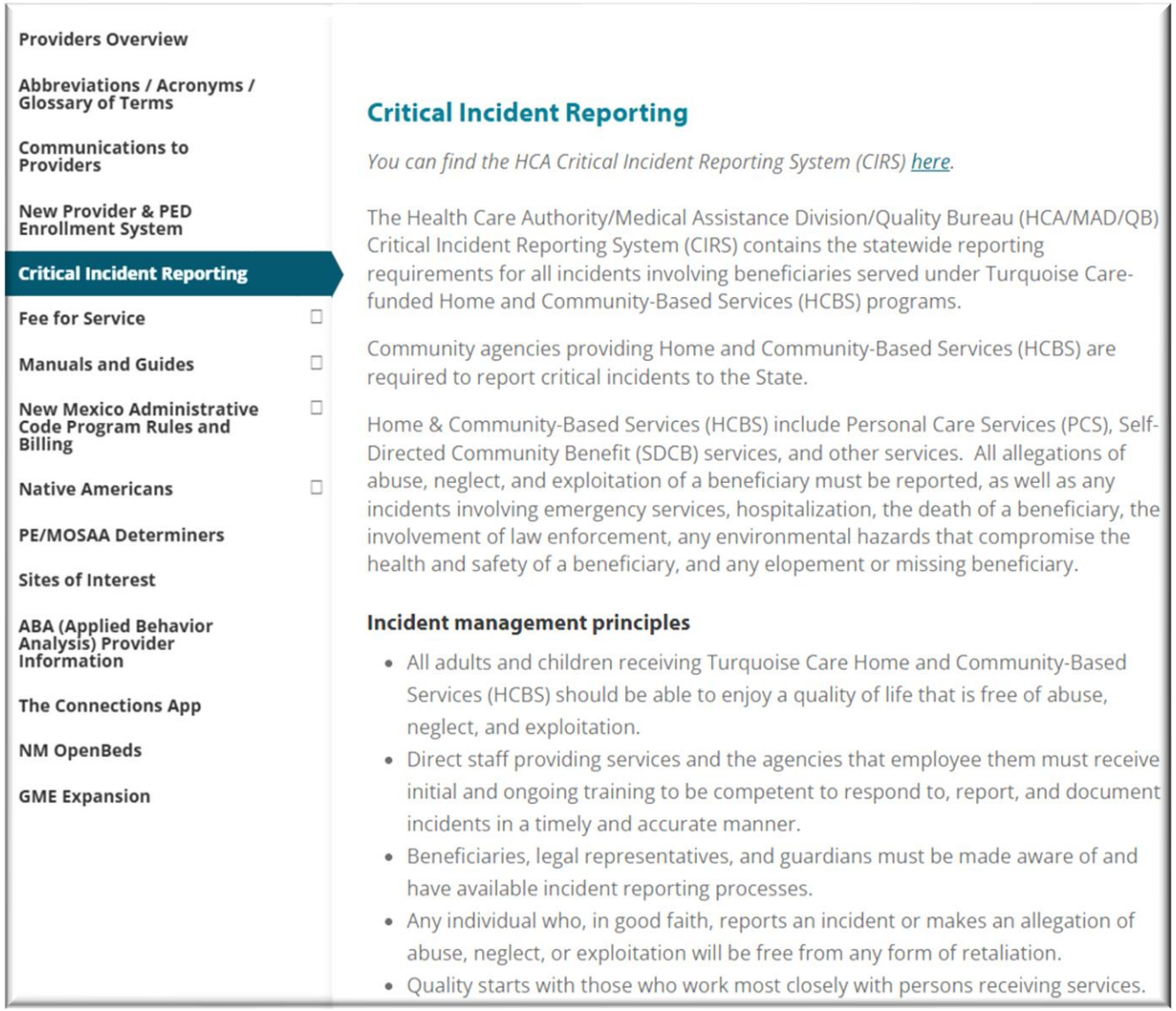
B. A law enforcement agency receiving the report shall immediately transmit the facts of the report and the name, address and phone number of the reporter by telephone to the department and shall transmit the same information in writing within forty-eight hours. The department shall immediately transmit 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 be submitted upon a standardized form agreed to by the law enforcement agency and the department

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/



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

Critical Incident Reporting Resources

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:









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