2024 – 2025 Annual Training for Critical Incident Reporting

Personal Care and Self-Directed Broker Services

For the Best Training Experience

- Please ensure your phone or computer is muted.

- Please do not have audio connected via both phone and computer in the same room, as there will be an echo that impedes the audio quality for all participants.

- Please wait for set points within the presentation for discussion and use the chat feature to communicate with the presenters.

Presenters

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Registration Materials

There were some training materials sent out with the invitation to attend this training.

Those materials contain basic information about critical incident reporting.

That basic information will not be covered today.

Are there any questions about the registration materials?

Training Objectives

What is a critical incident?

Why do we file a critical incident?

When do you need to report a critical incident?

Understand how to report a critical incident.

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

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

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

Understand the frequency of reporting certain Critical Incidents.

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

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What is a Critical Incident

- A critical incident is any occurrence that represents actual or potential serious harm to the well-being of a member or others that occurs during the delivery of services or as a result of the failure to deliver services. Incidents may include but are not limited to abuse, neglect, exploitation, death, emergency services, environmental hazard, law enforcement, and missing.

~ CFR § 441.302 (i) (A)
~ CFR § 441.302 (i) (C)

Why File a Critical Incident

- Critical incident reporting assists with identifying a possible adverse event and provides the opportunity to implement preventive strategies and mitigate poor member outcomes.

- A critical incident helps:

  - ensure that everyone assisting the member has the most current information;

  - address potential gaps in the member's care;

  - expedite actions to help meet the member's needs.

When to file a critical incident

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

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

If a critical incident is filed late, document the cause for untimely filing in the Narrative or Diary Entry.

- HCA CI Reporting System: 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

- Narrative documentation must include:
  - Risk Level
  - Whether the member is delegated or directed
  - Number of PCS hours authorized per week
  - Days per week the services are provided
  - Hours for each day services are scheduled
  - Last date services were provided
  - Number of missed visits

- Be accurate, comprehensive, and factual with the narrative.

- Document that the member's health and safety have been addressed.

How to file a critical incident

HCA Portal Reporting

HCA Portal Incident Types and Categories of Eligibility
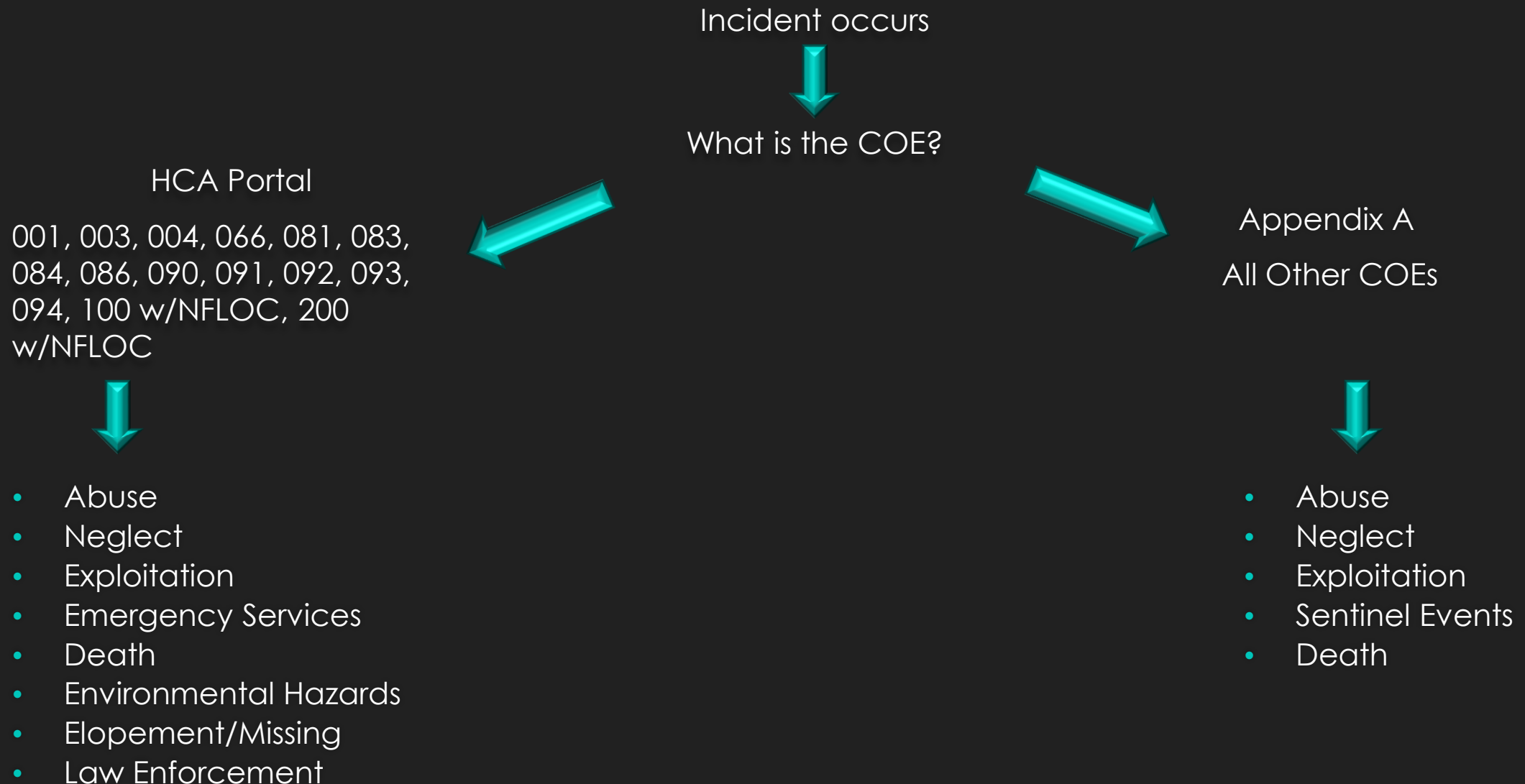
HCA Portal Incident Types:

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

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

HCA Portal Categories of Eligibility:

- 001
- 003
- 004
- 066
- 081
- 083
- 084
- 086

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

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MCO Contact information – CISC

BlueCross BlueShield of New Mexico | MOLINA HEALTHCARE | PRESBYTERIAN | United Healthcare Community Plan

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Joshua Hoffman
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QUESTIONS

Non-Portal Critical Incidents

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

HCA Portal Incident Types:

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

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

All Other COEs

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

Complete and fax/email BH Appendix A form to the member's MCO rather than using the HCA portal. https://www.hca.nm.gov/wp-content/uploads/BH-CI-Report-Form-Appendix-A-2024.pdf

Process Flow Map

Incident occurs

What is the COE?

HCA Portal

001, 003, 004, 066, 081, 083, 084, 086, 090, 091, 092, 093, 094, 100 w/NFLOC, 200 w/NFLOC

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

Appendix A

All Other COEs

- Abuse
- Neglect
- Exploitation
- Sentinel Events
- Death

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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:

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

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Kim Dixon

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criticalincident@phs.org

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Joshua Hoffman

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QUESTIONS

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Community Benefits

Agency Based Community Benefit - ABCB

- Consumer Delegated Model
  - The consumer delegated model allows the Member to select his or her Personal Care Services (PCS) agency to perform all PCS employer-related tasks. This agency 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 who then acts as a fiscal intermediary agency to process all financial paperwork to be submitted to the MCO.

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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.

- Abuse
- Neglect-emergent risk
- Exploitation

Use R.E.A.R. to determine member's level of risk.

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

In the reference section, see slides for examples of concerns that would be reported to APS.

APS/CPS Reporting Indicators

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

R=Recognize

Recognize possible signs of abuse, neglect, or exploitation.

E=Evaluate

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

A=Act

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

CIR Form Documentation

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

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

- APS- By Agency/Provider
    - Non-emergent
    - Agency must be comfortable with the member's health and safety
    - CIR will be "reported" to APS by APS finding the marked CIR in the HCA portal up to one week following CIR submission.

- APS- By MCO
    - MCO use only for non-emergent **NOT** to be used by an agency.
    - CIR will be "reported" to APS by APS finding the marked CIR in the HCA portal up to one week following CIR submission.

Important Reminders when Reporting to APS

Do Not Report by Email

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

QUESTIONS

Guidelines for Reporting Critical Incident Reports

- One Critical Incident report will be filed:

    o Daily critical incident reports for insufficient staffing and refusing services are not required.

    o Follow-up with the member will be conducted by agency according to the member "Risk Level".

    o Documentation of follow-up conducted will be entered into the CIR diary entry according to "Risk Level".

    o If a Critical Incident Report has been closed, please do not add Diary Entries to the closed report.

        ▪ Submit a new CIR.

Guidelines

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- One Critical Incident report will be filed:

  o Staffing concerns that have:

    ▪ one date of origin.

    ▪ an unresolved cause.

  o Emergency Department Visits

    ▪ A member is transferred from one to another ED.

  o Environmental Hazards that have:

    ▪ one date of origin.

    ▪ an unresolved cause.

Guidelines Ongoing CIRs

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- Individual Critical Incident reports will be filed:

  o A single episode of a missed visit

  o Separate ED visits.

  o A member goes to the ED

    ▪ Member is admitted or not.

    ▪ Member dies the next day.

  o Law Enforcement encounters.

  o Each instance of missed medication.

Guidelines Individual CIRs

- Is the member safe?

- Agency caregivers will conduct an evaluation to assure the member's health, safety, and welfare by assessing:

  o Natural support in the home

    ▪ The natural support shall be responsible and of legal age

    ▪ Natural support is not a substitute for paid caregiver services.

  o Durable Medical Equipment (DME)

  o Risk level –

    ▪ The number of PCS hours allocated per week

    ▪ 'Other factors' that impact risk level

  o When an APS referral should be submitted

Member's Health, Safety, and Welfare

- A Critical Incident report is required to document the absence of paid caregiving services.
  - o When the caregiver is out for a day.
  - o When the caregiver is out, and the member declines a substitute caregiver offered by the agency.
  - o When the caregiver is out and the member under the Consumer Directed model, or the Self-Directed benefits has not hired back-up caregivers to cover absences.
  - o When the agency is unable to staff all authorized hours as described in the IPOC.
  - o When caregiving services have been discontinued by an agency; however, authorization has not been terminated by the MCO.
  - o Whether a member has natural support or not.
  - o This list is not all inclusive.

A Critical Incident Report IS Required

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Risk Level

Factors that determine a member's risk level:

- The number of PCS hours allocated per week

  - Risk Level I – Low

    - 10 hours or less per week with natural support

  - Risk Level II – Medium

    - 11 – 25 hours per week

  - Risk Level III – High

    - 26 or more hours of PCS services allocated

Risk Level

Other factors to consider:

- Member's hospitalization and/or ER visit

- Member's change in condition

- Member's chronic conditions

- Member's imminent risk or threat to self and others due to lack of caregiver supervision

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

- Method of contact with the member:

    o How was your contact with the member made:

    ▪ Ex: Telephonic, in-person, letter, email, text

    o With whom was contact made when you conducted your follow-up:

    ▪ Ex: Member, POA, guardian, son, daughter, spouse

- Develop a process for CIR follow-up and documentation.

- Follow-up documentation needs to directly address the incident reported and be individualized to the follow-up action.

- Please avoid identical 'copy/paste' between CIRs.

Follow-up

True or False?

During follow-up, the agency is required to contact the member, assess his/her well-being, and document follow-up in the CIR.

True

QUESTIONS

Abuse/Self-Abuse

Abuse/Self-Abuse

ABUSE is defined by the DHI as:

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

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

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

Abuse/Self-Abuse

SEXUAL ABUSE is defined by the 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.

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

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Abuse/Self-Abuse

VERBAL ABUSE is defined by the DHI as:

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

MENTAL ANGUISH is defined by the 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.

Reporting Abuse

File a CIR when incidents of abuse occur.

Communicate with the member and the care coordinator.

Documentation of follow-up activity is required in the CIR Diary.
- Frequency of documentation is in accordance with member's Risk Level.

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

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Follow-up and Documentation

Risk Level Assessment

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

Follow-up Documentation

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

Neglect/Self-Neglect

NEGLECT 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.

Neglect/Self-Neglect

Neglect/Insufficient Staffing

Insufficient Staffing Process

1

Identify the reason/cause for the staffing concerns.

2

File one CIR the first date services are missed.

3

Communicate with the member and MCO care coordinator.

4

Document the concerns in the CIR.

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

Insufficient Staffing Process

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

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

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

Incident Narrative

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

INSUFFICIENT STAFFING EXAMPLE

Delegated Model
After Services Have Begun

Consumer Delegated Model of Care

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

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

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

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

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

Insufficient Staffing

Follow-up and Documentation

Risk Level Assessment

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

Follow-up Documentation

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

QUESTIONS

NEGLECT
ISSUES WITH HIRING/FIRING OF CAREGIVERS

Delay in Start of Services Process

The member has free choice to select an agency to provide care to them.

Adequate staffing is important to identify prior to accepting new members.

Communicate with the member's MCO care coordinator if staffing is identified as a potential concern.

Follow-up with the person requesting services to advise them that staffing shortages may cause a delay in care.

Document your actions and follow-up in a diary entry.

When Services Have Not Begun

The agency will file the CIR as Neglect - Issue with hiring/firing of caregivers.

Document in Section 3 – Incident Details – 'Before' narrative:
- Date that services were authorized to start.
- Number of PCS hours authorized.

For both Delegated and Directed models of care:
- Follow-up must be documented weekly as a Diary Entry
- This documentation/follow-up is weekly regardless of risk level.

True or False?

For Delegated, Directed, and Self-Directed members – A CIR is required when there is a delay in the start of caregiver services.

True

True or False?

For Delegated, Directed, and Self-Directed members – Follow-up on a member who has a delay in the start of caregiver services must be completed and documented in the CIR weekly.

True

True or False?

For Delegated, Directed, and Self-Directed members – The Incident Type used to report a delay in the start of caregiver services is Neglect – Issues with Hiring/Firing of Caregivers.

True

Directed Model
After Services Have Begun

Consumer Directed Model of Care and Self-Directed members

- Primary incident type is Neglect - Issue with hiring/firing of caregivers.

- One CIR filed due to interruption of services related to hiring/firing of caregivers for members under the directed model of care.

- Follow-up is documented in accordance with risk level:

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

Member Has Lost Caregiver

Follow-up and Documentation

Risk Level Assessment

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

Follow-up Documentation

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

QUESTIONS

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NEGLECT
REFUSING SERVICES

NEGLECT/Refusing Services is when:

- The member refuses to allow services to be rendered.

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

Neglect/Refusing Services

Refusing Services Process

Identify the reason/cause for the member's refusal of services.

File a CIR when the member refuses services.
• Is there abuse, exploitation, or environmental hazards causing the member to refuse care?

Communicate with the member and the MCO care coordinator.

Documentation of follow-up activity is required in the CIR Diary.
• Frequency of documentation is in accordance with member's Risk Level.

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

A standard response in the narrative shall be noted as follows:

- Before

  o Risk Level of the member

  o Whether the member is Delegated or Directed.

  o Number of approved hours for PCS services – total for the week

  o Days of the week services are scheduled to be rendered

  o Hours of service authorized for each day

  o Last date services were provided

  o Number of missed visits

  o Document if the member has natural support

Insufficient Staffing and Refusing Services – Required Narrative Elements

- During

  - Document a detailed explanation of the circumstances surrounding the situation.

  - Document what happened to the member.

  - Be aware of the 1,000-character limitation within each of the narrative text fields.

- After

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

Insufficient Staffing and Refusing Services – Required Narrative Elements

True or False?

It is acceptable to complete the Before, During, and After fields of the CIR narrative with "N/A".

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False

True or False?

It is acceptable to copy and paste identical text in the Before, During, and After fields of the CIR narrative, and in the CIR Diary Entries.

False

QUESTIONS

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 members 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.

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

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

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

  o after a reassessment of approved hours, and

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

Reduction in PCS hours

- The member will sign a new Community Benefit Member Agreement (CBMA).

- In this agreement, the specified number of reduced hours would be documented with any additional comments about the reduction.

- Both the agency and the member can collaboratively revise the member's Individual Plan of Care (IPOC) to reflect reduction in PCS hours.

- A member must understand the request for reduced hours will be for the remainder of their budget/care plan year.

- It is essential that members willingly agree to and sign the CBMA for the reduced PCS hours.

Reduction in PCS hours

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

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

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

True or False?

A member can be discharged from services by the agency without MCO authorization.

False

True or False?

A member's days per week of services can be reduced and/or condensed without MCO authorization.

False

True or False?

A Member Driven Reduction in Services can be initiated without MCO authorization.

False

NEGLECT
Staff Not Performing Assigned Tasks

Neglect Staff Not Performing Assigned Tasks

When a caregiver doesn't show-up to provide member services as scheduled.

When a caregiver does not clock in/out as expected.

When a caregiver does not inform the agency of Critical Incidents experienced by the member.

When the caregiver goes to the member's home and does not provide the expected services.

The examples are not all inclusive.

QUESTIONS

Exploitation

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.

Exploitation

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

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Reporting Exploitation

File a CIR when incidents of exploitation occur.

Communicate with the member and the care coordinator.

Documentation of follow-up activity is required in the CIR Diary.
- Frequency of documentation is in accordance with member's Risk Level.

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

Follow-up and Documentation

Risk Level Assessment

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

Follow-up Documentation

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

Environmental Hazard

ENVIRONMENTAL HAZARD is defined by DHI as:

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

Environmental Hazard

Reporting Environmental Hazard

File a CIR when incidents of environmental hazard occur.

Communicate with the member and the care coordinator.

Documentation of follow-up activity is required in the CIR Diary.
• Frequency of documentation is in accordance with member's Risk Level.

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

Follow-up and Documentation

Risk Level Assessment

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

Follow-up Documentation

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

Death

- File a CIR when an incident of death occurs. Death can be:
  - Natural or Expected
  - Unexpected
  - Homicide
  - Suicide

Reporting Death

File a CIR when a member dies.

Communicate with the member's Care Coordinator.

Document all known details.

Document known Law Enforcement and Emergency Services involvement.

- Emergency Service is the provision of medical care to a member that was not planned or anticipated.

- Emergency Service is care that would not routinely be provided by a primary care physician.

- Emergency Service is provided in times of crisis.

- Include in the CIR narrative:

  - Member's Risk Level

  - Mode of transport to the ER

Emergency Services

Reporting Emergency Services

File a CIR when the member utilizes Emergency Services.

Communicate with the member and the Care Coordinator.

Documentation of follow-up activity is required in the CIR Diary.
- Frequency of documentation is in accordance with member's Risk Level.

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

Follow-up and Documentation

Risk Level Assessment

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

Follow-up Documentation

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

Law Enforcement

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

- Include in the CIR narrative:
  - Member's Risk Level
  - Law Enforcement Case number, if one exists

Reporting Law Enforcement

File a CIR when Law Enforcement becomes involved with a member.

Communicate with the member and the Care Coordinator.

Documentation of follow-up activity is required in the CIR Diary.
- Frequency of documentation is in accordance with member's Risk Level.

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

Follow-up and Documentation

Risk Level Assessment

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

Follow-up Documentation

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

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

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

Missing

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

Reporting Missing

File a CIR when a member is missing.

Communicate with the member and the care coordinator.

Documentation of follow-up activity is required in the CIR Diary.
- Frequency of documentation is in accordance with member's Risk Level.

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

Follow-up and Documentation

Risk Level Assessment

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

Follow-up Documentation

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

Hierarchy of Primary Incident Types

Death

Abuse

Neglect

Exploitation

Environmental Hazard

Missing

Emergency Services

Law Enforcement

MCO Contact information

BlueCross BlueShield of New Mexico

MOLINA HEALTHCARE

PRESBYTERIAN

United Healthcare Community Plan

Karen Lubertazzo
505-816-3192

Karen_P_Lubertazzo@bcbsnm.com

Kim Dixon
505-226-4729

MolinaNewMexicoCIR@molinahealthcare.com
Fax: 833-813-4567

Lindsey Grazier
505-923-7073

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

Joshua Hoffman
651-414-8415

Critical_incidents@uhc.com

Survey

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

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

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

The link to the survey is in the body of the 2024-2025 Annual Critical Incident Post-Training Survey email.

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

FINAL QUESTIONS

Thank you for attending!

References to Follow

NM Medicaid Portal

- Go to web site: https://nmmedicaid.portal.conduent.com/static/index.htm

- Under Providers, click on link Log in to:

NM Medicaid Portal

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

Member Eligibility

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

Member Eligibility

* denotes required fields

* Date of Service (From):	mm/dd/ccyy
Date of Service (To):	mm/dd/ccyy

*Recipient Inquiry

○	Recipient ID:			
○	Card ID:		Located on front of recipient's Medicaid card.	
○	SSN:		Date of Birth:	mm/dd/ccyy
○	Last Name:	First Name:	Date of Birth:	mm/dd/ccyy

Submit   Clear

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

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Verify Member Demographics

Verify Category of Eligibility (COE)

- To verify COE, scroll down the screen to section "Category of Eligibility Information":

  o Refer to the codes listed under COE Code.

  o 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 CIR Portal:

  o refer to the Date of Incident and use (input) the COE listed with most recent date in the COE Add Date field.

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
004	Full Medicaid benefits	01/01/2019	12/31/9999	03/21/2016	

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
081	Full Medicaid benefits	01/01/2023	12/31/9999	01/18/2023	
041	Medicaid benefits are limited to paying for Medicare coinsurance, deductible and copayments only, unless this client has other overlapping Medicaid coverage	01/01/2023	12/31/9999	01/18/2023	

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Verify MCO

- Once you find the member and enter the service date range, scroll down to section (Lock-In) Information.

- The MCO is listed under Provider Name (in this example, the MCO is BCBSNM).

- Look at the "Begin Date" and "End Date" to validate the Date of Incident falls within that same date period.

Lock-In Information Based on system configuration, Lock-in dates prior to 7/1/2024 will show Turquoise Care MCO. This will not impact claims or eligibility.

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

Verify NFLOC & Self-Directed

NFLOC:

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

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

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

Agency Directed vs. Self-Directed Level of Care:

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

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

3. Look at the "Add Date" to confirm the Date of Incident occurs on or after the date listed.
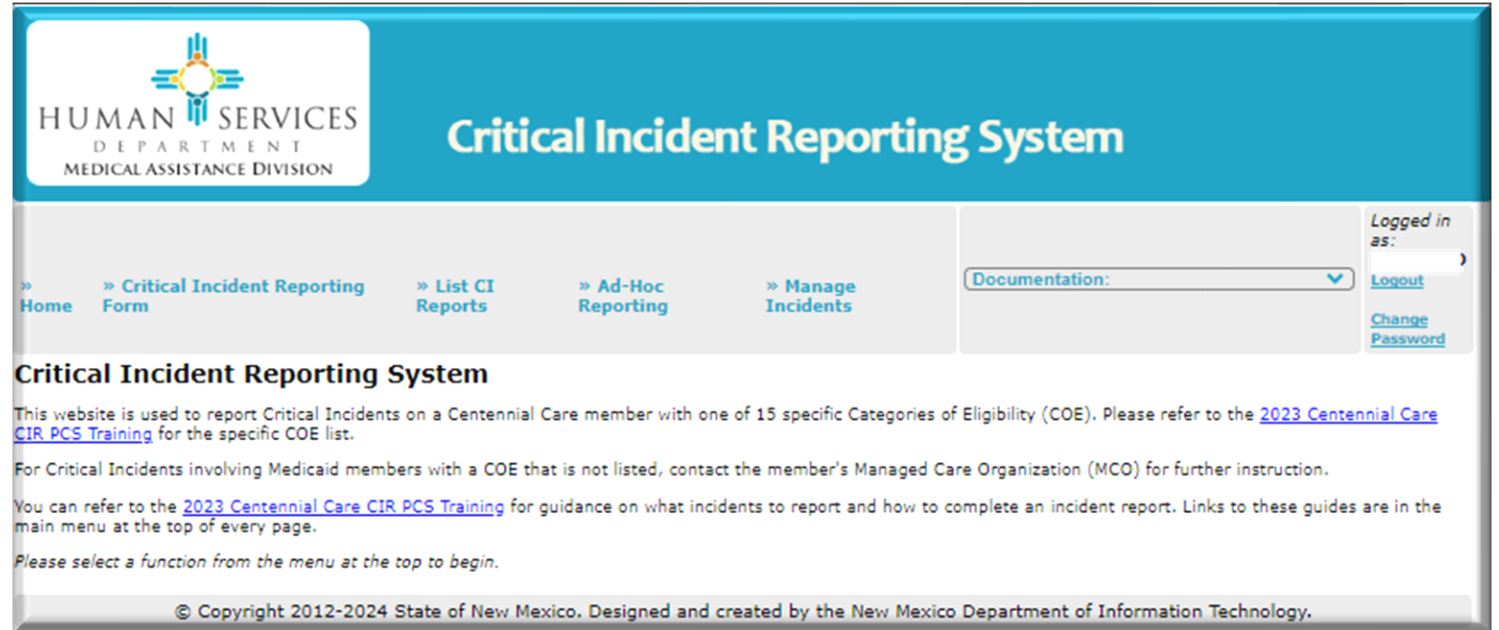
HCA Critical Incident Reporting Portal

- Log In

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

- Requests for logging into the HCA CI Reporting System 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.

Menu Bar

- Used to navigate through the HCA Portal

Documentation Dropdown

- Used to access a resource when you have questions about filing a CIR.

Critical Incident Report

- Section 1
- Member information

Critical Incident Report

- Section 2

- Agency/MCO/Eligibility Information

SECTION 2 – AGENCY/ELIGIBILITY INFORMATION

MCO: [▼]   Behavioral Health Diagnosis: [▼]   Reporting Agency: [▼]

Category of Eligibility: (select) [▼]   Level of Care: [▼]   Incident Coordinator: [   ]

Office Location: [   ]

Self Directed?   ○ Yes ● No   Office Phone: [   ] (Example: 505-555-1212)

Critical Incident Report

- Section 3

- Incident Details

CIR SUBMISSION

- When the data entry is complete on the blank CIR, select the button "Submit Report" at the bottom left, one time only and wait; (please do not select this button more than once).

- Once you select the button there is no going back.

Critical Incident Report

Incident Report #614721 successfully submitted on 9/29/2024 at 3:03 PM.

Print this incident report

DIARY ENTRIES

○ The "Diary Entry" is a text field that is used to enter more information, to indicate a correction to the data entry or for MCOs to enter updates on the incident reported.

Reporting to APS via Phone Examples

1. Member is bedridden or compromised ability to move, with no natural support, unable to perform their ADL's involving bathing, meal preparation, assistance with medications and agency 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
2. Member has reported to you 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
3. 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
4. Members' 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
5. 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
6. Member reports friends of family moved into members 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 of this happening in her home.
   [call APS as member has expressed a safety concern
7. 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.

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Reporting to APS via the Portal Examples

1. 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

2. Members' 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

3. 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

4. Members 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

5. Agency reported during a home visit that members home conditions were unlivable. The member has over 25 dogs in the home and was covered with dog feces. The members' 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

6. 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?

Insufficient Staffing Examples

Diary Entries

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

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

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

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

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

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

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

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

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

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

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

Diary Entries

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Critical Incident Report

Tracking Information

| Incident Report #: 533564 | Filed on: | 10/16/2023 15:30:13 | Filed by: | Agency | Incident Status: Under Review | Followed Up: Yes |

Consumer Information

Name:	Nelson, Tony		Gender:	Male	DOB:	10/10/1943
Physical Address:	1234 Jeanie Lane Albuquerque, Bernalillo County, NM 87109		Phone #:	505-002-0003	SSN:	000-00-0000

ADLs (Consumer needs assistance with):

- ☐ Supportive Mobility Assistance
- ☐ Eating
- ☐ Wheelchair
- ☐ Unknown
- ☑ Hygiene/Grooming
- ☑ Meal Preparation

Verbal? Yes

Diagnoses: Aerophobia

Doctor's Name:	Doctor's Phone #:		Medications:	Unknown, non-medical services provided

Incident Information

Incident Type / Subcategory:	Neglect / Insufficient Staffing	Does this incident involve alleged fraud? No
Secondary Incident Type / Subcategory:		Was this incident during authorized service hours? No
		Were there any witnesses to the incident? No

Sent to APS/CPS?		Case Number:	

Person responsible for individual's care at time of incident:		Title or Relationship:		Phone #:	
Incident Date/Time:	10/10/2023 8:00am	Date Reporting Agency first knew of incident:	10/13/2023	Incident Location:	Member's home

Incident Narrative

Before:	Member is a Risk level III and does not have natural support to assist with ADL's. Member Delegated and is authorized for 34 hours per week. 7-day schedule; Monday through Friday 4.5 hours per day; Saturday 6.5 hours per day; and Sunday 5 hours per day. 3 missed visits since last date of service 10/09/23.
During:	Agency had no staff available to work with member on 10/13/23. Agency discussed safety and member communicated concerns with performing ADL's. Member's basic needs will not be met today. Agency had reminded the member to take medications.
After:	Agency will remain in contact with the member and continue to search for a caregiver.

Agency & Eligibility Information

Reporting Agency:	Agency	Office Location/Phone:	Albuquerque, NM 87109	Incident Coordinator:	Agency Coordinator
MCO:	MCO	**Category of Eligibility:**	001- SSI Aged & Mcaid Ext-Aged	**Self Directed?**	No

Diary Entries

Entered 11/21/2023 10:53:18 by Care Coordinator

CC spoke to member via phone this morning. Member reports that he has had no falls in the last week and that his caregiver has assisted him during the week. Member reports speaking to the agency about their efforts to cover the weekends. His weekday caregiver makes extra meals to help him through the weekend. Member states he is comfortable with the use of his durable medical equipment and his current caregiving arrangements. CC advised member that outreach planned again for next week.

Entered 11/20/2023 17:27:37 by Agency

Agency continues to look for a weekend caregiver to fill shifts. Member expressed the assistance provided during the week has been beneficial and will manage ADL's during weekend. The agency will continue to keep in contact with member and look for a weekend caregiver.

Entered 11/14/2023 08:00:06 by Care Coordinator

CC spoke with member via phone this morning. Member reports that he received a shower chair and that an agency caregiver came to assist him in the shower last evening. Member stated that the caregiver told him she would be back today to help. CC will contact member for follow-up next week.

Entered 11/13/2023 19:09:41 by Agency

Agency has found a caregiver to attend Monday through Friday shifts. Agency will continue to look for a weekend caregiver. Member expressed ability to manage ADL's on weekends. Agency will continue to keep in contact and work to staff member.

Entered 11/7/2023 14:14:21 by Quality

Narrative supports DOI was 10/10/2023. CIR updated.

Entered 11/7/2023 14:13:36 by Quality

Changed data:
IncidentDate changed from '10/13/2023' to '10/10/2023'

Entered 11/7/2023 07:50:59 by Care Coordinator

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

Entered 11/6/2023 16:25:37 by Agency

Member had a fall and was transported via ambulance to Presbyterian emergency room. Member was treated and released same day (CIR #000000). Agency remains unsuccessful with hiring a caregiver for the member. The agency sent personnel to observe and assist member in their home. Personnel stated member was safe and reminder them to contact office when in need. Agency will send personnel three times per week to check in on member and continue to work on staffing member.

Entered 10/31/2023 10:34:03 by Care Coordinator

CC spoke with member via phone this morning. Member has 22 missed visits as of today. Member reports receiving a call from the agency and has taken medicines today. CC has verified Meals-on-Wheels scheduled to deliver meals for member. CC spoke with agency who reports struggles with caregiver recruitment efforts. CC to make outreach to member again in one week.

Entered 10/30/2023 14:32:43 by Agency

Agency remains unsuccessful with finding a caregiver for member. The member expressed he does not have concerns with taking his medication and performing ADL's. Agency will continue to search for a caregiver and keep in contact with member.

Entered 10/23/2023 15:34:09 by Agency

Agency continues to search for a caregiver to staff member. Agency calls daily to remind member to take medications and ensure member is safe. Member expressed he does not feel there's concern with performing ADL's. Agency will discuss showering and remain in contact.

Entered 10/20/2023 09:58:02 by Care Coordinator

In person follow-up conducted with member. CC observed clutter throughout the home. Agency reports that all current caregivers have full caseloads. Attempts to staff partial hours have been unsuccessful. Agency reports telephone calls placed to member daily to provide medication reminders. Member states he would really like to have a shower. CC discussed options to make a change to an agency that may be better staffed. Member declined at this time.

Entered 10/16/2023 16:53:49 by Quality

COE 001 PHP eligibility effective 01/01/2021 verified per Medicaid portal. Member is Risk Level III and requires weekly follow-up and documentation. Spoke with agency. Last date of service 10/09/2023. Clarification of 'Before' Narrative: Member has four missed visits. No previous CIR filed. CIR has been forwarded for follow up to PHP care coordination.

Entered 10/16/2023 16:47:01 by Quality

Changed data:
IncidentStatus changed from 'Open' to 'Under Review'
FollowUp changed from 'No' to 'Yes'
Diagnosis changed from 'Illness Unspecified' to 'Aerophobia'

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Issues w/Hiring/Firing of Caregivers (Directed/Self-Directed) Example

Critical Incident Report

HUMAN SERVICES DEPARTMENT — MEDICAL ASSISTANCE DIVISION

Tracking Information

Incident Report #: 533603	Filed on:	10/16/2023 15:41:45	Filed by:	Agency	Incident Status: Closed on 11/21/2023	Followed Up: Yes

Consumer Information

Name:	Meyers, Michael	Gender:	Male	DOB:	7/3/1938

Physical Address:	1234 Scary Lane Albuquerque, Bernalillo County, NM 87109	Phone #:	505-000-0000	SSN:	000-00-0000

ADLs (Consumer needs assistance with):

- ☐ Supportive Mobility Assistance
- ☐ Eating
- ☐ Wheelchair
- ☐ Unknown
- ☑ Hygiene/Grooming
- ☑ Meal Preparation

Verbal? Yes

Diagnoses: Phobias

Doctor's Name:	Doctor's Phone #:	Medications:	Unknown, non-medical services provided

Incident Information

Incident Type / Subcategory:	Neglect / Issue with hiring/firing of caregivers	Does this incident involve alleged fraud? No

Secondary Incident Type / Subcategory:		Was this incident during authorized service hours? No
		Were there any witnesses to the incident? No

Sent to APS/CPS?	Case Number:

Person responsible for individual's care at time of incident:		Title or Relationship:		Phone #:	

Incident Date/Time:	10/16/2023 8:00am	Date Reporting Agency first knew of incident:	10/16/2023	Incident Location:	Member's home

Incident Narrative

Before:	Member is a Risk level I and does not have natural support to assist with ADL's. Member is Directed and approved for 10 hours per week. 5 days per week; Monday through Friday 2 hours per day. Member's services have not yet begun.
During:	Member had made caregiving arrangements prior to signing on with the agency. That original caregiver is no longer available to provide care to the member. Member has asked his nephew to apply for the position. Agency discussed safety and member communicated no concerns with performing ADL's.
After:	Agency will keep in contact with member on an update regarding nephew applying for caregiver position.

Agency & Eligibility Information

Reporting Agency:	Agency	Office Location/Phone:	Albuquerque, NM 87109	Incident Coordinator:	Agency Coordinator
MCO:	MCO	**Category of Eligibility:**	001- SSI Aged & Mcaid Ext-Aged	**Self Directed?**	No

Diary Entries

Entered 11/21/2023 13:41:45 by Quality

Changed data:
IncidentStatus changed from 'Under Review' to 'Closed'
DateClosed changed from '12/31/9999' to '11/21/2023'

Entered 11/21/2023 13:41:20 by Quality

Member services have been initiated. CIR closed after follow-up by Care Coordination.

Entered 11/21/2023 13:38:30 by Care Coordinator

CC spoke with member via phone this morning. Member reports that his nephew began working with him as his caregiver on Monday, 11/20/2023. Member reports that his nephew is available to cover all caregiving hours. CC reminded member of CC contact information. CC advised member of follow-up planned at the next quarterly touchpoint. Member verbalized understanding and confirmed CC contact info information.

Entered 11/20/2023 17:35:03 by Agency

Agency contacted member to follow up on nephew starting to provide services. Member stated, yes, his nephew had begun working. The agency will follow up next week to ensure all is well with nephew providing services.

Entered 11/14/2023 07:55:06 by Care Coordinator

CC spoke with member via phone this morning. Member stated that he received a call from the agency and that his nephew will begin working next Monday. Member stated that his nephew called him to let him know that the hiring paperwork is complete. Member reports that is nephew will help him get some groceries today. CC will contact member next week to ensure services have started.

Entered 11/13/2023 19:12:22 by Agency

Member's nephew has completed the onboarding classes with the agency. Nephew will start services on 11/20/23. Agency will contact member to ensure services start with Nephew on 11/20/23.

Entered 11/7/2023 07:39:10 by Care Coordinator

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Spoke with member via phone. Member reports that his nephew has started the hiring process as a caregiver. Member reports that he spoke with the agency to set up a time to discuss how to clock in for work and "other stuff". CC to follow-up with member next week.

Entered 11/6/2023 16:36:08 by Agency

Member' nephew has started the onboarding classes with the agency. The agency will discuss next steps with member after the nephew completes the caregiving courses.

Entered 10/31/2023 10:42:48 by Care Coordinator

CC spoke with member via phone this morning. Member reports discussion with the agency and options to facilitate nephew's transportation to complete the caregiver onboarding process. Member's nephew is currently unavailable for collaborative discussion; however, member stated that he will speak with his nephew, today. Next CC outreach planned for one week.

Entered 10/30/2023 14:52:23 by Agency

Agency followed-up with member regarding nephew attending caregiver training. Member stated nephew does not have transportation. Agency discussed public transportation and stops nearby the office. Member stated they would discuss options with nephew.

Entered 10/27/2023 15:28:43 by Agency

Member's nephew has applied for the caregiver position. Nephew will be attending the next scheduled caregiver training.

Entered 10/20/2023 09:49:09 by Care Coordinator

In person follow-up with the member was conducted by CC. Member is able to perform self-care. He needs help errands and housekeeping. Member reports that his nephew helps with errands. Nephew has been unable to start the hiring process because he does not have transportation. CC offered member the option to receive agency caregivers. Member has declined agency caregivers at this time.

Entered 10/16/2023 16:40:10 by Quality

COE 001 PHP eligibility effective 01/01/2021 verified per Medicaid portal. Member's initial caregiver of choice is no longer available for member to hire. CIR has been forwarded for follow up to Care Coordination. Delay in the start of caregiver services has been identified. Follow-up and documentation required on a weekly basis.

Entered 10/16/2023 16:35:06 by Quality

Changed data:
IncidentStatus changed from 'Open' to 'Under Review'
FollowUp changed from 'No' to 'Yes'
Diagnosis changed from 'Illness unspecified' to 'Phobias'

Issues w/Hiring/Firing of Caregivers (Delay) Example

Critical Incident Report

Tracking Information						
Incident Report #: 533620	**Filed on:**	10/16/2023 15:46:09	**Filed by:**	Agency	**Incident Status:** Under Review	**Followed Up:** Yes

Consumer Information					
Name:	Stephens, Samantha	**Gender:**	Female	**DOB:**	8/5/1953
Physical Address:	1234 Bewitched Lane Albuquerque, Bernalillo County, NM 87109	**Phone #:**	505-004-0005	**SSN:**	000-00-0000

ADLs (Consumer needs assistance with):

- ☐ Supportive Mobility Assistance
- ☐ Eating
- ☐ Wheelchair
- ☐ Unknown
- ☑ Hygiene/Grooming
- ☑ Meal Preparation

Verbal? Yes

Diagnoses: Allergic rhinitis

Doctor's Name:	**Doctor's Phone #:**	**Medications:**	Unknown, non-medical services provided

Incident Information		
Incident Type / Subcategory:	Neglect / Issue with hiring/firing of caregivers	**Does this incident involve alleged fraud?** No
Secondary Incident Type / Subcategory:		**Was this incident during authorized service hours?** No **Were there any witnesses to the incident?** No

Sent to APS/CPS?		**Case Number:**	

Person responsible for individual's care at time of incident:		**Title or Relationship:**		**Phone #:**	
Incident Date/Time:	10/16/2023 8:00am	**Date Reporting Agency first knew of incident:**	10/16/2023	**Incident Location:**	Member's home

Incident Narrative

Before:	Member is a level I risk and has natural support to assist with daily ADL's. Member is Delegated and approved for 8 hours per week. 5 days per week; Monday through Thursday 1.5 hours per day; Friday 2 hours per day. Member's services have not yet begun.
During:	Member was admitted onto services and agency does not have staff that meet their needs. Agency discussed safety and member communicated no concerns with performing ADL's. The agency will communicate on the status of a potential caregiver.
After:	Agency will keep in contact with member and update the MCO care coordinator on the caregiver staffing issue.

Agency & Eligibility Information

Reporting Agency:	Agency	Office Location/Phone:	Albuquerque, NM 87109	Incident Coordinator:	Agency Coordinator
MCO:	MCO	Category of Eligibility:	100 w/NFLOC	Self Directed?	No

Diary Entries

Entered 11/21/2023 13:51:59 by Care Coordinator

CC spoke with member's daughter via phone this afternoon. Daughter reports the family is arriving from out of town and there is a lot of activity in the member's home at this time. Daughter reports the member is safe. The family continues to render her care and discuss long term care options for the member. CC verified that the daughter had CC contact information and advised planned outreach for next week. Daughter verbalized understanding.

Entered 11/20/2023 17:37:30 by Agency

Agency contacted member to ensure member is safe and that family members are rotating care. Member stated they were safe and family members would be visiting for the holidays. Agency will follow up with the family after the holiday to discuss care options.

Entered 11/14/2023 08:08:05 by Care Coordinator

CC spoke with daughter via phone this morning. Agency unable to staff member. Member's family provides assistance with ADLs. Daughter reports that the member is safe and the family will discuss next steps in her mom's care next week. CC to follow-up with daughter next week.

Entered 11/13/2023 19:13:39 by Agency

Agency contacted member to follow up on the discussion with the family. There are still plans to discuss the situation for the holiday. Family members continue to rotate care for member. Agency will follow up in a week to ensure member is safe and family had discussion.

Entered 11/7/2023 08:02:34 by Care Coordinator

CC spoke with member's daughter via phone. Daughter reports that the family is making the caregiving schedule work for now. Daughter reports speaking with the agency about options to switch to an agency that might be better staffed. She would like to consult the rest of the family over the holidays when they gather. CC will follow-up in one week.

Entered 11/6/2023 16:41:07 by Agency

CC spoke with member's daughter via phone this morning. Daughter reports family members are taking turns providing for members ADL needs; however, family member job schedules are intermittently interrupting the support the family can give. CC discussed alternative agency options with the daughter, today. Daughter stated she will discuss with the rest of the family. CC follow-up planned for one week.

Entered 10/30/2023 15:06:59 by Agency

Agency contacted member and family to discuss the issues of meeting member needs. Family members have been assisting with most needs. Member's daughter discussed the potential of finding another agency that has more staff available. Agency will follow up with member at end of week.

Entered 10/27/2023 15:30:08 by Agency

Agency has not been successful in finding a caregiver for member needs. The MCO care coordinator has been contacted to discuss the issues of meeting member needs. The member has been contacted to address the issue of hiring a caregiver. Safety concerns have been discussed and member states there are no concerns.

Entered 10/20/2023 10:03:25 by Care Coordinator

Telephonic contact made with member's daughter. Daughter reports that family is able to assist member with most needs at this time. Daughter encouraged to reach out to CC and the agency with any concerns during this waiting period. List of options for personal care agencies given and process to change to an agency that may have more staff available was discussed. Daughter states that she will discuss with the family. CC to follow-up in one month.

Entered 10/16/2023 16:57:14 by Quality

COE 100 w/NFLOC PHP eligibility effective 01/01/2021 verified per Medicaid portal. Member is Risk Level 1. Delay in the start of caregiver services identified and requires weekly follow-up and documentation. CIR has been forwarded for follow up to PHP care coordination.

Entered 10/16/2023 16:55:37 by Quality

Changed data:
IncidentStatus changed from 'Open' to 'Under Review'
FollowUp changed from 'No' to 'Yes'
Diagnosis changed from 'Illness unspecified' to 'Allergic rhinitis'

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Refusing Services Example

Critical Incident Report

Tracking Information						
Incident Report #: 533589	Filed on:	10/16/2023 15:37:10	Filed by:	Agency	Incident Status: Under Review	Followed Up: Yes

Consumer Information					
Name:	Adams, Wednesday		Gender:	Female	DOB: 8/5/1963
Physical Address:	1234 Spook Lane Albuquerque, Bernalillo County, NM 87109		Phone #:	505-001-0004	SSN: 000-00-0000

ADLs (Consumer needs assistance with):

- ☐ Supportive Mobility Assistance
- ☐ Eating
- ☐ Wheelchair
- ☐ Unknown
- ☑ Hygiene/Grooming
- ☑ Meal Preparation

Verbal? Yes

Diagnoses: Pallor

Doctor's Name:	Doctor's Phone #:	Medications:	Unknown, non-medical services provided

Incident Information

Incident Type / Subcategory:	Neglect / Self Neglect (refusing services)		Does this incident involve alleged fraud? No
Secondary Incident Type / Subcategory:			Was this incident during authorized service hours? No
			Were there any witnesses to the incident? No

Sent to APS/CPS?			Case Number:		
Person responsible for individual's care at time of incident:		Title or Relationship:		Phone #:	
Incident Date/Time:	10/13/2023 8:00am	Date Reporting Agency first knew of incident:	10/13/2023	Incident Location:	Member's home

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Incident Narrative

Before:	Member is a level III risk and does not have natural support to assist with ADL's. Member is Delegated and approved for 20 hours per week. 7 days per week; Monday, Wednesday, Friday 3 hours per day; and Tuesday, Thursday, Saturday, and Sunday 2.75 hours per day. Five missed visits since last date of service 10/08/23.
During:	Member refused services on 10/13/23, stating they did not like the previous caregiver agency offered. Agency discussed safety and member communicated concerns with performing ADLs. Member is combative with staff and agency is working with MCO on recurring issues with hiring and firing of caregivers.
After:	Agency will remain in contact with member and work through issues to find a caregiver.

Agency & Eligibility Information

Reporting Agency:	Agency	Office Location/Phone:	Albuquerque, NM 87109	Incident Coordinator:	Agency Coordinator
MCO:	MCO	**Category of Eligibility:**	100 w/NFLOC	**Self Directed?**	No

Diary Entries

Entered 11/21/2023 09:03:52 by Care Coordinator

CC made aware of additional hours scheduled for member. CC follow-up was due next week; however, spoke with member via phone this morning to follow-up on member's comfort level with caregiver. Member reports caregiver scheduled to help her Monday through Friday, now. Discussed caregiver role and member verbalized understanding of the caregiver scope of services. Member states she is comfortable with her current caregiver. CC spoke with agency who reports ongoing recruitment efforts to find a weekend caregiver for member. Member is Risk level II. Next CC follow-up planned for week of 12/01/2023.

Entered 11/20/2023 17:32:24 by Agency

Members caregiver has agreed to work all weekday shifts. Member is in agreement with current caregiver attending the weekday schedule. Member states they would perform ADL's on weekends. Agency will look for an additional caregiver to cover the weekend shifts and keep in member.

Entered 11/14/2023 07:43:35 by Care Coordinator

CC spoke with member via phone this morning. Member reports feeling comfortable with new caregiver. She reports new caregiver assisted her with a shower and groceries, yesterday. Member states she is managing ok on days when her caregiver cannot attend and verbalizes understanding of how to use her Emergency Response System if she has an emergency. Member verbalized understanding that the agency is actively seeking other caregivers to provide assistance. Advised member that CC will contact her again in two weeks and verified member had CC contact information. Member encouraged to reach out to CC if she needs assistance before our next contact.

Entered 11/13/2023 19:10:58 by Agency

Caregiver continues to attend two days of the schedule and has been successful with member. Member stated they could attend to their ADL's. Agency will continue to look for a caregiver and keep in contact with member.

Entered 11/6/2023 16:32:25 by Agency

Agency found a caregiver to attend two days of the schedule. Caregiver is unable to attend other shifts and has been successful with the member. Member stated they could attend to their ADL's and enjoyed the assistance provided on both days. Agency will continue to look for a caregiver and follow up with member.

Entered 10/31/2023 10:46:03 by Care Coordinator

Member is risk level II. Next CC outreach planned for week of 11/12/2023.

Entered 10/31/2023 10:37:38 by Care Coordinator

CC spoke with member via phone this morning. Member reports discussing staffing options with the agency verbalizing her caregiver preferences. Provided education to the member on the scope of the caregiver's duties. Member verbalized understanding.

Entered 10/30/2023 14:46:06 by Agency

Agency discussed caregiver responsibilities with member. Member voiced understanding and the possibility of accepting a caregiver. Agency will work with MCO care coordinator and member for caregiver. Member stated they did not have natural support and would manager ADL's. Agency will continue to follow up with member.

OEntered 10/23/2023 15:50:36 by Agency

Agency is working with the MCO care coordinator regarding member's behavior towards caregivers. Agency will keep in contact with member on their safety and ability to perform ADL's. Update will be added every other week.

Entered 10/23/2023 14:40:47 by Care Coordinator

Care coordinator conducted in-person visit with member. Observed member's home is cluttered; however, member able to safely navigate short distances with walker/chair. Member able to place prepared food into microwave and can toilet independently. Member is unable to shower/bath independently and relies on others for transportation and errands. Member verbalizes hope to regain some of her independence and she feels grouchy. Updating member to Risk level II. Risk level II follow-up and documentation required every other week.

Entered 10/20/2023 09:36:39 by Care Coordinator

Telephonic outreach conducted by Care Coordination. Member reports caregiver would not clean up after her animals. Re-education provided to member regarding the caregiver's scope of duties and non-utilization of benefit concerns. Caregiver preferences discussed. CC will reach out to agency.

Entered 10/16/2023 16:05:01 by Quality

COE 100 w/NFLOC PHP eligibility effective 01/01/2021 verified per Medicaid portal. Member is Risk Level III and requires weekly follow-up and documentation. Related to CIR 000010 for abuse/consumer towards others. CIR has been forwarded for follow up to PHP care coordination.

Entered 10/16/2023 16:01:06 by Quality

Changed data:
IncidentStatus changed from 'Open' to 'Under Review'
FollowUp changed from 'No' to 'Yes'
Diagnosis changed from 'Illness unspecified' to 'Pallor'

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