



# Behavioral Health Critical Incident Report

## APPENDIX A - Centennial Care Behavioral Health Critical Incident Report Form.

**You must report an incident with 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

OHNM Fax: (877) 950-9545

### Member Centennial Care Category of Eligibility#:

The HSD web portal accepts COEs 001, 003, 004, 081, 090, 091, 092, 093, 094 100x/NFLOC 200w/NFLOC

095\* Starting 01/01/2016

Not applicable for OHNM

*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 current DSM as relevant*

Consumer Demographic Information			
First Name	Last Name	Middle Initial	DOB
SSN#	Telephone	Cellular	Gender ___ Male ___ Female
Address	City	State	Zip
Clinical Information/Diagnosis:			

BH Treatment Setting/LOC and as identified in 8.321.2 NMAC SPECIALIZED BEHAVIORAL HEALTH SERVICES. Check all that are applicable.				
___ ARTC	___ TFCI	___ MST	___ Rural Health Centers	___ Outpatient (specify)
___ RTC	___ TFCII	___ ACT	___ Indian NS	___ Acute Inpatient Hospitalization
___ Group Home	___ CMHC	___ IOP	___ Other(specify	
___ TLS	___ CSA	___ BMS		
___ Methadone	___ BNA	___ CCSS		
___ Day Treatment				

Incident Information		
Date of Incident:	Time of Incident ___ AM ___ PM	Incident Location ___ Home ___ Facility ___ Other(specify)
Transportation required: ___ Yes ___ No	Provided By: ___ Provider/Staff member ___ Self ___ Emergency Service ___ Other (specify):	
Date provider first aware of incident:	Date reported to APS:	Date reported to CPS:

**Type of Incident****\_\_\_ ABUSE**

- \_\_\_ Towards consumer by staff person
- \_\_\_ Towards consumer by Other (N/A for OHNM CI reporting)
- \_\_\_ Consumer towards other, not involving law enforcement (N/A for OHNM CI reporting)

**\_\_\_ Neglect**

- \_\_\_ Towards consumer by staff person
- \_\_\_ Towards consumer by Other (N/A for OHNM CI reporting)
- \_\_\_ Consumer towards other, not involving law enforcement (N/A for OHNM CI reporting)

**\_\_\_ Exploitation**

- \_\_\_ Towards consumer by staff person
- \_\_\_ Towards consumer by Other (N/A for OHNM CI reporting)

**\_\_\_ Elopement and Missing Recipients (for a period longer than 24 hours)**

- \_\_\_ Home (N/A for OHNM CI reporting)
- \_\_\_ Facility

**\_\_\_ Self-injurious Behaviors**

- \_\_\_ Consumer's behavior that results Emergency Room (ER) visits
- \_\_\_ Consumer's behavior that results law enforcement intervention (N/A for OHNM CI reporting)
- \_\_\_ Attempted suicide- not requiring emergency services

**\_\_\_ 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

**\_\_\_ Emergency Services/Crisis Intervention**

- \_\_\_ Attempted suicide
- \_\_\_ Attempted homicide
- \_\_\_ Law Enforcement (N/A for OHNM CI reporting)
- \_\_\_ Protective Custody
- \_\_\_ Medication/Treatment Errors
- \_\_\_ Member committed homicide

**\_\_\_ Sexual Behaviors**

- \_\_\_ Member to member sexual contact while in treatment setting
- \_\_\_ Any non-consensual sexual contact
- \_\_\_ Sexual assault/abuse/rape
- \_\_\_ Indecent exposure

**\_\_\_ Environmental Hazard (N/A for OHNM CI reporting)**

Specify:

**Incident Description:**

Follow up and Disposition of the Incident:

- 

Future Actions:

- 

Funding Source:    \_\_\_ Medicaid    \_\_\_ FFS    \_\_\_ CYFD    \_\_\_ BHS

Reporting Agency Name: Red Mountain Family Services	Address/City State/Zip Code: 2001 Spring Dr SE Rio Rancho, NM 87124	Telephone: (505) 994-0364
Reporting individual name and title:		Date submitted:
Submitted to: 1. 2. LCA-Jonathan Sparks 3. CYFD Child Placement- Sarah Real		Fax #/Email: 1. 2. <a href="mailto:CYFD.LCA@state.nm.us">CYFD.LCA@state.nm.us</a> 3. <a href="mailto:ps.cpa@state.nm.us">ps.cpa@state.nm.us</a>

**Please see find fax information below.**

Where to send a completed Critical Incident Report when submitting directly to the members MCO:

Blue Cross Blue Shield	Email: <a href="mailto:HCSC_BCBS_SPHI@bcbstx.com">HCSC_BCBS_SPHI@bcbstx.com</a> Fax: (972) 766-3320
Western Sky Community Care	Email: <a href="mailto:nmci@westernskycommunitycare.com">nmci@westernskycommunitycare.com</a> Fax: (833) 225-1168
Presbyterian Health Plan	Email: <a href="mailto:criticalincident@phs.org">criticalincident@phs.org</a> Fax: (505) 843-3011
HSD/MAD Fee for Service/Comagine	Fax:(505) 476-9272

Reviewed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date