

SOUTHWEST FAMILY
GUIDANCE CENTER & INSTITUTE

INSTRUCTIONS FOR CRITICAL INCIDENT REPORTING

NOTE TO SWFGC THERAPIST

Prior to using this form, confirm with Dr. Craig Pierce (505-604-4589) and/or Raana Azad (505-205-5641) as to whether or not the situation is “critical.”

Once you have received a green light to report a Critical Incident, please check if your client has a Category of Eligibility code: **001, 003, 004, 081, 083, 084, 090, 091, 092, 093, 094, 095, 100w/NFLOC, or 200w/NFLOC.**

If your client is designated with any of the above codes, please call Raana Azad (505-205-5641) to assist you—these CIRs need to be submitted via the following website:

<https://criticalincident.hsd.state.nm.us>

FROM:

FAX: (505) 273-7770 **PHONE:** (505) 830-1871

Check the appropriate funding source and fax completed form to the proper MCO:

HSD/MAD	FAX (505) 827 3126	Fee for Service (ACS Clients)
BCBS CC NM	FAX (972) 766 3320	hcsc_bcbs_sphi@bcbstx.com
PRESMAG CC NM	FAX (505) 213-0686	criticalincident@phs.org
UNITED CC NM	FAX (866) 751 2449	qm-nm@uhc.com
OHNM	FAX (788) 950 9545	For Non Medicaid
Molina CC NM	FAX (855) 260 8737	molinanewmexicocir@molinahealthcare.com

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.

Providers must report Abuse, Neglect and Exploitation to:

ADULT PROTECTIVE SERVICE (APS)	(866) 654-3219	FAX (505) 476-4913
CHILD PROTECTIVE SERVICE (CPS)	(855) 333-7233	FAX (505) 841-6691
OPTUM HEALTH OF NEW MEXICO		FAX (877) 950-9545

Member Centennial Care Category of Eligibility (COE) #:

HSD accepts COEs: 001, 003, 004, 081, 083, 084, 090, 091, 092, 093, 094, 100w/NFLOC 200w/NFLOC. 095

Self-Directed Community Benefits (SDCB)? Yes No N/A
(NOT APPLICABLE FOR OPTUM HEALTH OF NEW MEXICO)

Form On Next Page: *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.*

FIRST NAME	LAST NAME	M.I.	DOB
SS#	TELEPHONE	CELLULAR	MALE FEMALE
ADDRESS	CITY	STATE	ZIP

CLINICAL INFORMATION/DIAGNOSIS

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V (GAF)
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BEHAVIORAL HEALTH TREATMENT SETTING/LOCATION

AS IDENTIFIED IN 8.321.2 NMAC SPECIALIZED BEHAVIORAL HEALTH SERVICES (CHECK ALL APPLICABLE)

ARTC	TFCI	ACT	RURAL HEALTH CENTERS	OUTPATIENT (SPECIFY)
RTC	TFCII	IOP	INDIAN HEALTH CENTERS	
GROUP HOME	CMHC	BMS	DAY TREATMENT	OTHER (SPECIFY)
TLS	CSA	CCSS	ACUTE INPATIENT HOSPITALIZATION	
METHADONE	BHA	MST		

INCIDENT INFORMATION

DATE	TIME OF INCIDENT	INCIDENT LOCATION	
		HOME	FACILITY (SPECIFY)
			OTHER (SPECIFY)

TRANSPORTATION REQUIRED?	TRANSPORTATION PROVIDE BY:		
YES	PROVIDER/STAFF	EMERGENCY SERVICE	N/A
NO	SELF	OTHER:	

DATE PROVIDER FIRST AWARE OF INCIDENT	DATE REPORTED TO APS	DATE REPORTED TO CPS
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TYPE OF INCIDENT

ABUSE

Towards consumer by staff person

Towards consumer by Other (N/A for OHNM CI reporting)

By 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)

Self-neglect (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) visit(s)

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

TYPE OF INCIDENT (CONTINUED)

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

