



2026 Annual Training for Critical Incident Reporting

Personal Care, Behavioral Health Providers, and Self-Directed Broker Services

Pre-training Materials

Critical Incident
Reporting
Personal Care
Services Training
2026 Pre-Training
Materials

This pre-training material has been made available via email attached to your invitation to attend the annual training confirmation email.

The Turquoise Care MCOs provide training annually and offer our assistance when you have questions about Critical Incident Reporting.

The annual training is in collaboration with HCA/MAD Quality Bureau staff.

Training Responsibilities



- ANE: Abuse, Neglect and Exploitation
- APS: Adult Protective Services
- BHCA: Behavioral Health Services Division
- CI: Critical Incident
- CIR: Critical Incident Report
- CISC: Children 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 MAD
- SB: Support Broker

Acronyms

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

Protecting the privacy of members' personal health information is a core responsibility that the NM Health Care Authority (HCA) takes very seriously. HCA is committed to complying with all federal and state laws regarding the privacy and security of members' protected health information (PHI) and electronic protected health information (ePHI) as outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rules and Security Rule.

All end users of the Critical Incident Reporting database are required to comply with the federal and state information security and privacy regulations as directed through the HCA contract with the Managed Care Organizations (MCOs). The MCOs and their subcontractors, consultants, representatives, providers and agents must comply with all applicable statutes, rules and regulations regarding information security. HCA expects that agencies contracted as Turquoise Care providers will comply with the federal and state information security regulations as outlined in their contracts with the MCOs. New Mexico State employees accessing the CIR database will comply with federal and state information security regulations in accordance with the New Mexico State employee required HIPAA training.

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/>

2023 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 (2023) [?](#)

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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.

Health Care Authority

Requirements

Providers Overview

Communications to Providers

Turquoise Claims

Provider & PED Enrollment System

Critical Incident Reporting

Fee for Service

Pharmacy

Manuals and Guides

New Mexico Administrative Code Program Rules and Billing

Native Americans

Presumptive Eligibility Determiners

Sites of Interest

ABA (Applied Behavior Analysis) Provider Information

The Connections App

NM OpenBeds

GME Expansion

Critical Incident Reporting

You can find the HCA Medical Assistance Division (MAD) Critical Incident Portal [here](#).

The HCA MAD Critical Incident Portal contains the statewide reporting requirements for all incidents involving beneficiaries served under Turquoise Care-funded Home and Community-Based Services (HCBS) programs. Community agencies providing HCBS are required to report critical incidents to the State.

HCBS includes Personal Care Services (PCS), Self-Directed Community Benefit (SDCB) services, and other services. All allegations of abuse, neglect, and exploitation of a beneficiary must be reported, as well as a 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; the misuse or unauthorized use restrictive interventions or seclusion; and the death of a beneficiary.

Incident management principles

- All adults and children receiving Turquoise Care HCBS should be able to enjoy a quality of life that is free of abuse, neglect, and exploitation.
- Direct staff providing services and the agencies that employ them must receive initial and ongoing training to be competent to respond to, report, and document incidents in a timely and accurate manner.
- Beneficiaries, legal representatives, and guardians must be made aware of and have available incident reporting processes.
- Any individual who, in good faith, reports an incident or makes an allegation of abuse, neglect, or exploitation will be free from any form of retaliation.
- Quality starts with those who work most closely with persons receiving services.

For questions email HCA-QB-CIR@hca.nm.gov

CRITICAL INCIDENT REPORTING
Critical Incident Reporting -
<https://www.HSD.state.nm.us/providers/critical-incident-reporting/>

- 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, his or her authorized representative will receive information on his or her 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 his or her 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 him or her;
 - (b) the neglect of him or her;
 - (c) the exploitation of him or her;
 - (d) any incident involving his or her utilization of emergency services;
 - (e) the hospitalization of him or her;
 - (f) his or her involvement with law enforcement;
 - (g) his or her exposure to or the potential of exposure to environmental hazards that compromise his or her health and safety; and
 - (h) 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.
- [8.308.21.13 NMAC - Rp, 8.308.21.13 NMAC, 5/1/2018]

Quality Management

- <https://www.srca.nm.gov/parts/title08/08.308.0021.html>

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]

INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS

- <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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Thank you

See you at the training