CRITICAL INCIDENT REPORT FOR BRAIN INJURY SERVICES FUND PROGRAM
New Mexico Human Services Department

To complete this form, please follow the instructions on page 2 and FAX to:
Brain Injury Services Program Manager, NM Human Services Department: 505-827-3138

SECTION 1 – CONSUMER INFORMATION

Name of Consumer	First: Click here to enter text.	Middle: Click here to enter text.	Last: Click here to enter text.	
Social Security #	Click here to enter text.	Gender: ☐ Male ☐ Female	DOB:Click here to enter text.	
Residence Address	Street Address: Click here to enter text.	City: Click here to enter text.	Zip: Click here to enter text.	Phone: Click here to enter text.

Diagnoses (Brain Injury Type and other Known Health Conditions): Click here to enter text.

Competency Level: ☐High ☐Medium ☐Low ☐Concerning ADL Issues (List): Click here to enter text.

Current Medications: Click here to enter text.

SECTION 2 – DESCRIPTION OF INCIDENT

***TYPE OF ALLEGED INCIDENT**
Abuse, Neglect and Exploitation must be reported to APS via Fax (505) 476-4913 or Phone (866) 654-3219

☐**ABUSE**	☐**NEGLECT**	☐**EXPLOITATION**

☐Natural/Expected Death ☐Unexpected Death ☐Emergency Services ☐Law Enforcement Involvement ☐Environmental Hazard

Person responsible for individual's care at time of incident: Click here to enter text.
Name: Click here to enter text. Relationship: Click here to enter text. Phone: Click here to enter text.

If this person is employed by a provider agency, which agency: Click here to enter text.

Did this incident occur during authorized service hours? ☐Yes☐ No ☐Unknown	Was provider agency notified of incident? ☐Yes ☐No
*Date of Incident:	*Time of Incident: Click here to enter text. ☐AM ☐PM ☐Unknown

*Location of Incident: Click here to enter text.

Was Hospital Admission Required?☐Yes ☐No ☐Discharged ☐Unknown Planned Discharge Date:

Describe what you saw and/or what you heard in order of occurrence:

(Expandable section)

SECTION 3 – INFORMATION OF AGENCY REPORTING THE INCIDENT

Reporting Agency: Click here to enter text.	Incident Coordinator:
Medicaid Provider Number:	Office Location (Address, County) and Phone:

Actions taken by the agency (including but not limited to notification of Legal Guardian and Participant's Medical Doctor with contact information):
(Expandable section)

Are services currently provided? ☐Yes ☐No	Is the consumer still with the agency? ☐Yes ☐No

Person Completing Sections 1, 2 and 3

Name:	Title/Role:	Phone:	Date Completed:
Was APS/CPS contacted? ☐ Yes ☐No		Participant's MCO:	

SECTION 4 – FOR COMPLETION BY HSD BRAIN INJURY PROGRAM MANAGER

Name:	Date of Receipt: Click here to enter text.

Follow-up by Agency:

(Expandable section)

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HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION

New Mexico Human Services Department – Medical Assistance Division

Critical Incident Reporting for Brain Injury Services Fund (BISF) Program

Form Instructions

PURPOSE: This form is for use by the Contracted Agencies of the Brain Injury Services Fund (BISF) for the purpose of reporting certain critical incidents, due to the fact that the HSD Critical Incident Management Portal is set up to capture only incidents involving certain Medicaid recipients. All information captured on the form is to be considered confidential. The provider with the most firsthand knowledge of an incident involving abuse, neglect, or exploitation of a program participant is to complete Sections 1-3 of the form, following the instructions provided below. Certain fields are expandable to allow for the entry of narrative to detail the incident.

INSTRUCTIONS:

1. If the participant is a Medicaid recipient with an MCO, but does not fit into one of the Categories of Eligibility listed within the HSD Critical Incident Management Portal, then the "Critical Incident Report for Brain Injury Services Fund" form is to be completed and faxed to the HSD Brain Injury Program Manager at 505-827-3138.
2. When reporting on the HSD Critical Incident Management Portal with regard to participants who have Medicaid but do NOT have a Centennial Care MCO, the MCO field identified should be "HSD/MAD BI", and the "Critical Incident Report for Brain Injury Services Fund" form is to be completed and faxed to the Brain Injury Program Manager at 505-827-3138.
3. If the participant is NOT a Medicaid recipient, the incident cannot be reported on the HSD Critical incident Management Portal. In these cases, only the "Critical Incident Report for Brain Injury" form is to be completed and faxed to the Brain Injury Program Manager at 505-827-3138.
4. Any Critical Incidents concerning Abuse, Neglect, or Exploitation must also be filed with NM Adult Protective Services (APS) via telephone (866-654-3219) or fax (505-476-4913).
   If the individual is under 18 years of age, the incident must be reported to Child Protective Services (CPS) via telephone to 855-333-SAFE [7233] or "#SAFE" from a cell phone or via fax to 505-847-6691.
5. The Provider is to indicate on the last line of Section 3 whether APS or CPS have been contacted and also identify the name of the participant's MCO, if applicable; if no MCO, enter "N/A".

ROUTING:

Once the HSD Brain Injury Program Manager has received the "Critical Incident Reporting for Brain Injury Services" form, follow-up and technical assistance will be provided to the BISF Provider, as warranted. If the participant is MCO-enrolled, the BIPM shall notify the MCO Contract Manager for appropriate MCO follow-up concerning their member.

FORM RETENTION: Permanent.

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