Centennial Care Behavioral Health Critical Incident Report Form

Important: Use this form ONLY if the Member *DOES NOT* have one of the following Categories of Eligibility (COE)
001, 003, 004, 081, 083, 084, 091, 092, 093, 094, 100 w/exemption &NFLOC and 200 NFLOC

You must notify the MCO within 24 hours of learning of incident.
In the event that an incident occurs on a weekend or holiday, report the incident on the 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 or Fax: (505) 841-6691

Centennial Care MCO: Molina Healthcare NM

Members Centennial Care Category of Eligibility #: _____

Self-Directed Community Benefits (SDCB)? Circle YES or NO

Consumer Demographic Information				
First Name	Last Name	Middle Initial	DOB	SSN#
Address	City	Telephone	Cellular	Gender
Clinical Information				
Axis I	Axis II	Axis III	Axis IV	Axis V (GAF)
Level of Care				
___ Acute Inpatient Hospitalization ___ PHP ___ ARTC ___ RTC	___ TFCI ___ TFCII ___ Group Home ___ TLS	___ Day Treatment ___ BMS ___ CCSS ___ PSR	___ MST ___ ACT ___ IOP ___ Respite	___ Outpatient (specify) _____ ___ Other (specify) _____
Incident Information				
Date of Incident:	Time of Incident AM/PM:	Date provider first aware of incident:	Incident Location:	
Date reported to APS :		Date reported to CPS:		

This form was created by the 4 NM Centennial Care MCOs: Blue Cross Blue Shield NM, Molina Healthcare, Presbyterian, United Healthcare Community Plan
Services are funded in part under contract with the State of New Mexico.

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Type of Incident	
___ Attempted Suicide ___ Completed Suicide ___ Abuse ___ Neglect ___ Exploitation ___ Attempted Homicide ___ Completed Homicide ___ Death Unexpected ___ Death Expected ___ Damage to Property ___ Environmental Hazard ___ Elopement/Missing ___ Injuries	___ Emergency Services___ ___ Medications ___ Treatment Errors ___ Self-Injurious Behavior (non-lethal) ___ Detention for Protective Custody ___ Detention for Criminal Activity (non-lethal intent) ___ Detention for Criminal Activity (lethal intent) ___ Assault ___ Law Enforcement ___ Sexual Behavior ___ Alleged Fraud (misuse of Medicaid Funds) ___ Other

Incident Description:
Follow up and Disposition of the Incident:
Future Actions:

Reporting Agency Name:	Address/City State/ Zip Code:	Telephone:	Reporting individual name and title:	Date submitted:

Please submit this form to Molina HealthCare at:

E-Mail: **MolinaNewMexicoCIR@Molinahealthcare.com**

If you do not have access to email, you may Fax: 855-260-8737

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