

ARKANSAS PASSE Incident Report Form

Type of Report

☐ Initial Written

Date/Time: _____

☐ Follow-Up

Date: _____

☐ Final

Date: _____

- ☐ APC LLC (DBA Summit) 1-844-462-0022 ArkansasQuality@anthem.com
- ☐ Empower 866-261-1286 Incident.Reporting@EmpowerArkansas.com
- ☐ Arkansas Total Care 866-282-6280 Incident@ArkansasTotalCare.com
- ☐ CareSource PASSE 833-230-2005 Incident.Reporting@CareSourcePASSE.com

Incident Date: _____ Incident Time: _____

Injured Person's Name: _____

Address: _____

Phone Number(s): _____

Date of Birth: _____ Age: _____

Gender: _____ Race: _____

Legal Status: _____ Medicaid#: _____ Member ID#: _____

Incident Type:☐ Death; Suspected Cause? _____☐ Suicidal Behaviors ☐ Rape☐ Maltreatment/Abuse/Exploitation:☐ Neglect ☐ Verbal ☐ Physical ☐ Sexual ☐ Other; _____☐ Missing Client ☐ Injury ☐ Disturbance ☐ Property Destruction ☐ Theft ☐ Arrest☐ Other; _____**Does Incident/Injury Require Medical Attention?** ☐ Yes ☐ No

Physician/Hospital Name: _____

Address: _____

Phone Numbers: _____

Designation of Incident:☐ Member to Member ☐ Member to Staff ☐ Self-inflicted ☐ Member to Public ☐ Public to Member☐ Other; _____**Roles (Relationship to Subject) and Names of Others Involved:**

Role	Name	Address and Phone
_____	_____	_____
_____	_____	_____

Role	Name	Address and Phone
_____	_____	_____

(Continue, if needed, in the Additional Information as Needed section. on the next page.)

Notifications (Enter method, date and time when communicated as appropriate.)☐ Adult Protective Services Hotline (1-800-482-8049): _____☐ Child Abuse Hotline (1-800-482-5964): _____☐ DHS PASSE Incident report line (501-371-1329 Fax 501-371-1474): _____☐ DHS PASSE Ombudsman: _____☐ Next of Kin: _____☐ Responsible Party (if different from above): _____☐ Law Enforcement: _____☐ Other: _____

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☐ Final

Place of Incident: _____

Clear, Concise Description of Incident:

Should/Could Incident Have Been Prevented/Anticipated? ☐ Yes ☐ No (If yes, please explain.):

Findings/Outcome/Disposition (When appropriate include corrective action or preventive plans for future.)

☐ Pending Investigation☐ Investigated with Appropriate Action/Preventive Plan Attached

Additional Information as Needed:

Person Submitting Form: _____ Title: _____

PASSE: _____ Phone Number: _____ Email: _____

HCBS Provider: _____ Contact: _____

Phone Number: _____ Email: _____