

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

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 (501-910-7828 Fax 501-682-8380): _____
- ☐ DHS PASSE Ombudsman: _____
- ☐ Next of Kin: _____
- ☐ Responsible Party (if different from above): _____
- ☐ Law Enforcement: _____
- ☐ Other: _____

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☐ Initial Written☐ Follow-Up☐ Final

Date of Incident: _____

Time of Incident: _____

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: _____