

HCW Incident Report

Please be advised that completing this form does not result in immediate termination of HCW's credentials. HCWs may request a hearing, if their provider number is proposed for termination due to a rule violation. CMs may consider removing the HCW from the consumer's care plans. If immediate termination or action is needed, please consult with the HCW Program Coordinator.

* Required

Date*

Name of person completing this form and Position title*

Your Phone # (10 digits) *

HCW's Provider # (6 digits)*

HCW's Name (Last, First MI)*

Case Manager's Name*

Case Manager's Branch #*

Client's Name (Last, First MI)*

Client's Prime #*

Date(s) of Incident*

Location of Incident

Type of Incident*

- ☐ Fiscal improprieties (includes voucher fraud)
- ☐ Violation of APS rules
- ☐ Violation of requirement to maintain a drug-free workplace
- ☐ Lack of skills, knowledge and ability to adequately or safely perform the required work
- ☐ Failure to provide services as required
- ☐ Demonstration of a lack of ability or unwillingness to maintain consumer-employer confidentiality
- ☐ Introduction of an unwelcome nuisance to the workplace
- ☐ Failure to adhere to an established work schedule
- ☐ The homecare worker has been sanctioned or convicted of a criminal offense related to that individual's involvement in any public assistance program
- ☐ Failure to perform the duties of a mandatory reporter
- ☐ Failure to inform the Department or consumer-employer within 14 days of being arrested, cited for, or convicted of a crime
- ☐ Exertion of undue influence over a consumer-employer
- ☐ Other:

Please describe the incident or provide APS CAM case #. (DO NOT include health or domestic violence information, as this document will be uploaded into EDMS.) *

Please describe how the incident was resolved, if applicable.

Was an APS referral made? (If abuse is suspected or has occurred, you must make an APS referral.) *

- ☐ Yes
- ☐ No

Has contact been made with the HCW regarding this incident? *

- ☐ Yes
- ☐ No

Outcome, after contact with the HCW:

Has this incident been staffed with a supervisor?*

- ☐ Yes
- ☐ No

Does this HCW work for other clients, to your knowledge? *

- ☐ Yes
- ☐ No

Your recommendation or supervisor's: *

- ☐ Refer for termination
- ☐ For records only