

Incident Form Script

Home and Community Support Services Agencies (HCSSA)

From the Consumer Rights and Services toll-free (800) 458-9858 main menu, press 5 and then option 2 to access this incident form mailbox.

- 1 You have selected the incident script for reporting home health agency and hospice incidents. The script will begin after the tone. Please talk slowly and clearly and answer in complete sentences. Once you have provided a response, press # to move to the next query.

Please state and spell your name and state your title.
- 2 What is the agency name, physical address and license number?
- 3 What is the agency's phone number, including area code?
- 4 What is an alternate number where you can be reached?
- 5 What was the date and time agency staff first learned of the incident?
- 6 State and spell the name of the client involved and indicate if their payment source is Medicare, Medicaid, or private pay.
- 7 What is the client's address, phone number, and date of birth, social security number and Medicaid/Medicare number?
- 8 Briefly describe the client's primary medical condition and what services the client receives, including the number of hours per week, and whether they are in a program such as CBA, CLASS, PHC.
- 9 Provide a brief narrative of the incident, including injuries or treatment required and the name of any alleged staff member.
- 10 Indicate who was notified about the incident. Example: physician, police, DFPS. Please include the DFPS or police report number.
- 11 State if the client is still receiving services and summarize what immediate actions the agency has taken as a result of the incident.

- 12 At this time you may provide any additional information you believe to be relevant to this report or add to the information already recorded. When you are finished, press #.
- 13¹ An Intake Specialist will call back and will provide the intake ID number for this incident report to be referenced on your provider investigation report form.

Remember to fax the facility's completed investigation report to Consumer Rights and Services toll free fax number (877) 438-5827. Backup fax numbers are (512) 438-2722 or (512) 438-2724. Or mail to Complaint Intake Unit Post Office Box 149030, Mail code E (for east) 249, Austin, Texas 78714 dash 9030. Do not mail a copy if a copy is faxed.

Thank you for using the incident form reporting system.

When you hang up your report will be submitted.

¹ Exit Mailbox Announcement <2099>