



---

## MFP Participant Information

---

**Participant Name:** Click or tap here to enter text.      **Medicaid ID:** Click or tap to enter a date.

**Date of Transition:** Click or tap here to enter text.

**Transition Coordinator Name:** Click or tap here to enter text.

**Transitioning Entity:** Click or tap here to enter text.

---

## Incident Notification

---

**SAMPLE**

**Reported By:** Click or tap here to enter text.      **Date of Report:** Click or tap to enter a date.

**Date you became aware of Incident(s):** Click or tap to enter a date.

**FOR RFP**

**How did you hear about the incident(s):** Click or tap here to enter text.

---

## Incident Description

---

**Date(s) of Incident(s) (separate by comma):** Click or tap here to enter text.

**Location of Incident(s):** Click or tap here to enter text.

**Describe the Incident(s):** Click or tap here to enter text.

**Nature/Type of Incident(s) (check all that apply):**

**Level I**

- ER Visit
- Hospitalization
- Falls
- Failure to take medication as ordered

**Level II**

**Abuse Incident Types:**

- Alleged or actual abuse by others
- Alleged or actual self-abuse by the participant

**Neglect Incident Types:**

- Neglect by service provider(s)
- Neglected by informal caregivers
- Participant self-neglect
- Participant left unattended when 24-hour care is required
- Wandering/elopement by participant while in care of provider
- Unsafe home environment
- Unsafe interruption in services
- Unsafe provision of services

**Exploitation Incident Types:**

- Misappropriation of consumer-directed funds
- Theft of participant's/informal caregivers' household possessions/money
- Theft of medications or supplies
- Other forms of exploitation, other than the above

**Other Level II Incident Types:**

- Failure/Defect in physical residence threatening participant's health and safety
- Vandalism to participant's residence or property
- Care equipment malfunction
- Involvement in the criminal justice system leading to arrest, detainment, or incarceration
- Choking or other problem with ingestion
- Traumatic injury

**SAMPLE  
FOR RFP**

**Names/Roles of Parties Involved:**

<b>Name</b>	<b>Relationship/Role</b>
Enter Name	Enter Relationship

If ER visit(s) or Hospitalization(s) occurred, list date(s) of entry and discharge:

Date of Admission	Facility Name	Date of Discharge	Comments
Enter Date	Enter Facility Name	Enter Date	Enter Comments
Enter Date	Enter Facility Name	Enter Date	Enter Comments
Enter Date	Enter Facility Name	Enter Date	Enter Comments
Enter Date	Enter Facility Name	Enter Date	Enter Comments

Who was notified as a result of the incident(s)? Click or tap here to enter text.

Was APS Notified?  Yes  No  Unknown  N/A

Was law enforcement called?  Yes  No  Unknown  N/A

**SAMPLE**  
Incident Analysis

Was there a condition, situation, or event preceding the incident(s) that was a contributing factor?  Yes  No  Unknown  N/A

*If yes, describe:* Click or tap here to enter text.

**FOR RFP**

Was there a breakdown in the in-home oversight/delivery of services?  Yes  No  Unknown  N/A

*If yes, describe:* Click or tap here to enter text.

Did the incident result in a loss of or is the participant at risk of losing:

Formal or informal caregiver(s)?  Yes  No  Unknown  N/A

Waiver Services?  Yes  No  Unknown  N/A

Housing?  Yes  No  Unknown  N/A

*If yes to any of the above, describe:* Click or tap here to enter text.

---

## Incident Next Steps

---

### Risk Mitigation

What is the short-term stabilization plan? In your description include all those involved in the response and their roles. [Click or tap here to enter text.](#)

What is the long-term plan if a similar situation occurs again? In your description include all those involved in the response and their roles. [Click or tap here to enter text.](#)

---

## Signatures

---

MFP Transition Coordinator Signature

Date

**SAMPLE**

MFP Field Supervisor Signature

Date

**FOR RFP**