



# The Arc Central Chesapeake Region Self-Directed Services Employee Injury Reporting

FMS Phone: 1.866.252.6871 | FMS Fax: 1.888.272.2236

FMS Website: [thearcccr.org/fms/](http://thearcccr.org/fms/)

Open a Customer Service Ticket: [thearcccr.supportsystem.com/](http://thearcccr.supportsystem.com/)

## Worker Injury Reporting for Employees of Self-Directed Participants

**MACS Workers Compensation Self-Insurance Group** is the workers' compensation insurance provider for all participants self-directing with The Arc Central Chesapeake Region as their FMS provider. Fillable reporting forms are available on our website.

**PLEASE NOTE** - Accident investigation forms and statements should be filled out by the injured employee and supervisor/employer and accompanied by written documentation from any witness to the accident. Please try to conduct the preliminary investigation as soon as possible.

**IMPORTANT** - Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an accident ensures that you, the employer, have an accurate account of how the injury occurred. These completed statements are important in helping to correct hazards and prevent the accident from recurring. They also help to spot possible third-party liability as well as possible fraudulent claims.

### After I have the forms completed - what do I do with them?

Please submit the forms to [FMSEmployeeRelations@thearcccr.org](mailto:FMSEmployeeRelations@thearcccr.org) within 24 hours. Please keep the completed forms for future reference as an insurance adjuster may reach out to you requiring additional information. The completed forms are legal forms and contain valuable information in the claims investigation process of an injury and for building a case in the event of a workers compensation hearing.

### What if my injured employee is physically unable to fill out the Employee's Report of Injury?

Use common sense and good judgment. If the injury is severe - remember, your employee's health and care are first and foremost. If possible, have the form filled out at a later, more appropriate time when the employee is physically able to document the accident. However, please submit the supervisor's (employer's) report as well as any witness statements to [FMSEmployeeRelations@thearcccr.org](mailto:FMSEmployeeRelations@thearcccr.org) so the *First Report of Injury* can be submitted to our workers' compensation insurance carrier.

### What if my employee refuses to complete or sign an Employee's Report of Injury?

Of course, you cannot make an employee fill out the document. You can, however, stress the importance of getting their account of the accident to help prevent the injury from happening again. Also, you must still fill out the supervisor's (employer's) report as well as any witness statements and submit them to [FMSEmployeeRelations@thearcccr.org](mailto:FMSEmployeeRelations@thearcccr.org).

### What if my Employee has retained an attorney - Can I still ask the injured employee to fill out an Employee's Report of Injury?

Yes - you, the employer, as part of your company's accident management plan, can still ask the employee to fill out the report form. However, you may not talk to the attorney. Only the Workers' Compensation Insurance Adjuster should speak with the attorney.