

Case Management Agency (CMA)  
Incident Report Contact Information

**Abundant Solutions**

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Fax: (385) 316-8840  
mariah@abundantcma.com

**Adult Case Management**

Phone: (385) 273-1456  
Fax: (385) 273-1457  
randy@adultcasemanagement.com

**Advocates for Independence**

Phone: (801) 679-6461  
Fax: (801) 948-8001

**Care Advocates**

Phone: (801) 722-4229  
Fax: (801) 702-8002  
jbylund@careadvocatesofutah.com

**Davis County Health Department - Senior Services**

Phone: (801) 525-5050  
Fax: (801) 525-5071

**De Novo Services**

Phone: (801) 263-1056  
Fax: (801) 991-2903  
carol@denoservices.org

**EnVision Quality Supports**

Phone: (801) 209-1357  
Fax: (801) 874-1753  
info@envisionquality.com

**FlexCare (North)**

Phone: (801) 294-6747  
Fax: (801) 424-6250

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**FlexCare (South)**

Phone: (801) 273-6366  
Fax: (385) 388-8009

**Generations Case Management**

Phone: (801) 979-2436  
Fax: (385) 389-3632  
kara@generationscm.org

**MACS Plan**

Phone: (801) 625-3786  
Fax: (801) 778-6818  
lauraw@weberhs.org

**MAG**

Phone: (801) 229-3804  
Fax: (801) 229-3671

**Roads To Independence**

Phone: (801) 612-3215  
Fax: (801) 612-3732  
Roads@roadstoIndependence.org

**Salt Lake County Aging and Adult Services**

Phone: (385) 487-3270  
Fax: (801) 487-6353  
tnagahiro@slco.org

**Southeastern Utah Association of Local Governments**

Phone: (435) 613-0036  
Fax: (435) 637-5448

**Utah Case Management**

Phone: (801) 407-0047  
Fax: (888) 400-9232  
ucm@utahcasemanagement.com

# New Choices Waiver

## Incident Reporting Protocol

2024

**NCW Program Office**  
Cannon Health Building  
288 North 1460 West  
Salt Lake City, UT 84116  
Phone: 801-538-6155



Utah Department of  
**Health & Human**  
Services

## Why Reporting is Necessary!

### State Law

In accordance with Utah State Law, professionals and the public are required to report instances of abuse, neglect, and exploitation. All incidents of suspected abuse, neglect and exploitation shall be reported by the waiver coordinators and waiver providers to Adult Protective Services (APS) for investigation.

Adult Protective Services Intake Office: 1-800-371-7897

Submit an APS referral online at: <https://daas.utah.gov/adult-protective-services/>

### Required for Medicaid Funding

New Choices Waiver requires the service provider to notify the client's case manager within 24 hours of discovery of the negative event.

## Negative Events Reported to the CMA

All negative events experienced by NCW participants must be reported by service providers to the case management agency within 24 hours of discovery. Incident reports should be sent using the fax/email specified by each agency.

Negative events include, but are not limited to:

- Death, regardless of circumstances
- Changes in medical or functional status
- Falls, with or without injury
- ER treatment, for any reason
- Hospital admission, for any reason
- Mental health decline
- Start or stop of hospice or home health services
- A move to a skilled nursing facility
- Any negative event that occurs at the client's place of residence or that occurs while in the community
- Events described further in this brochure as possible Critical Incidents

CMA's must review all negative events experienced by their clients. CMA's must report to NCW Program Office within 24 hours of the incident or on the first business day after the incident.

## Possible Critical Incidents

1. **Death** (unexpected or accidental)
2. Suicide attempt (does not include threats)
3. **Incidents expected to receive media, legislative or public scrutiny**
4. **Compromised living environment** requiring evacuation
5. **Person missing** at least 24 hours or, regardless of the amount of time, under suspicious or unexplained circumstances
6. **Injury requiring medical treatment** (includes burns, choking, aspiration, brain trauma, fractures, self-injurious behavior etc.)
7. **Abuse** (physical or sexual)
8. **Neglect** (caregiver neglect or self-neglect)
9. **Exploitation** (includes exploitation of funds or property and theft of medications)
10. **Waste, fraud, or abuse of Medicaid funds** by client or provider
11. **Human rights violation** such as unauthorized use of restraints, seclusion, or infringement of personal privacy rights
12. **Medication/treatment error** requiring medical treatment (includes errors while the medication is in the control of the provider, client, or other individual)
13. **Substance abuse** requiring medical treatment
14. **Law enforcement involvement** resulting in charges being filed against the client or staff
15. **PHI/PII security breach**
16. **Other serious health and safety concern**