

372 - Annual Report on Home and Community-Based Services Waivers

State: UT
Waiver Base: 1029
Report Status: SUBMITTED
Begin Date: 10/01/2012
End Date: 09/30/2013
Initial Submission Date: 12/24/2014
Report Period Year: 2013
Waiver Year: 2013
Report Type: Year 1 Year 2 Year 3 Year 4 Year 5
Unduplicated Participants: Initial Report Lag Report TE Report
Days of Waiver Enrollment: 275
Average Length of Stay: 46,594
Total Waiver Expenditures: 169.4
APC Waiver Services (Factor D): \$2,255,801.00
APC for State Plan Services (D'): 8,203
APC Total (D + D'): 1,424
Factor G Value: \$9,627
Factor G' Value: 78,408
APC Total if no waiver (G + G'): 5,048
D + D' <= G + G': \$83,456
Level/s of Care: \$9,627 <= \$83,456
Additional Information (use if needed):
 ICF/IID
 NF
 Hospital

Note: Average Per Capita (APC)

Annual Number of Section 1915c Waiver Recipients and Expenditures:
 (Specify each service as in the approved waiver)

Service				
Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Financial Management Services	ICF/IID	\$23,374	104	
HCBS Taxonomy:				
Category 1:	Subcategory 1:			
Category 2:	Subcategory 2:			
Category 3:	Subcategory 3:			
Category 4:	Subcategory 4:			

Service				
Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Intensive Individual Support - Consultation	ICF/IID	\$758,541	268	
HCBS Taxonomy:				
Category 1:	Subcategory 1:			
Category 2:	Subcategory 2:			
Category 3:	Subcategory 3:			
Category 4:	Subcategory 4:			
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Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Intensive Individual Support - Direct Services	ICF/IID	\$1,408,853	255	
HCBS Taxonomy:				
Category 1:	Subcategory 1:			
Category 2:	Subcategory 2:			
Category 3:	Subcategory 3:			
Category 4:	Subcategory 4:			
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Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Respite Care Services	ICF/IID	\$65,032	86	
HCBS Taxonomy:				
Category 1:	Subcategory 1:			
Category 2:	Subcategory 2:			
Category 3:	Subcategory 3:			
Category 4:	Subcategory 4:			

Assurances:

1. Assurances were submitted with the initial report. (If you are submitting a lag report this item must be checked.)
2. All provider standards and health and welfare safeguards have been met and corrective actions have been taken where appropriate
3. All providers of waiver services were properly trained, supervised, and certified and/or licensed, and corrective actions have been taken where appropriate.

Documentation:

4. Provide a brief description of the process for monitoring the safeguards and standards under the waiver:
Evidence Summary

Findings of Monitoring:

5. No deficiencies were detected during the monitoring process;
6. Deficiencies were detected.

Provide a summary of the significant areas where deficiencies were detected, (Note: Individual reports or assessment forms for waiver individuals and/or providers disclosing deficiencies and which document the summary are not necessary):

Based in part due to the concerns raised by CMS following its review, the State has acknowledged an issue with how the samples were derived when auditing

7. Deficiencies have been, or are being corrected.

Provide an explanation of how these deficiencies have been, or are being corrected as well as an explanation of what steps have been taken to ensure the deficiencies do not recur:

The State has revised its sampling methodology to ensure reviews are completed in accordance with the approved Implementation Plan. Should issues be identified during the

Certification:

I, do certify that the information shown on the Form CMS-372(S) is correct to the best of my knowledge and belief:

Signature:

Michael Hales

Date: 12/24/2014**Contact Information
(optional):**

Contact Person:

Phone Number: