

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

State: UT
Waiver Base: 0247
Report Status: UNLOCKED
Begin Date: 07/01/2012
End Date: 06/30/2013
Initial Submission Date:
Report Period Year: 2013
Waiver Year:
Report Type: Year 1 Year 2 Year 3 Year 4 Year 5
Unduplicated Participants: Initial Report Lag Report TE Report
Days of Waiver Enrollment: 513
Average Length of Stay: 166,994
Total Waiver Expenditures: 325.5
APC Waiver Services (Factor D): \$4,206,128.00
APC for State Plan Services (D'): 8,199
APC Total (D + D'): 3,696
Factor G Value: \$11,895
Factor G' Value: 53,388
APC Total if no waiver (G + G'): 6,408
D + D' <= G + G': \$59,796
Level/s of Care: \$11,895 <= \$59,796
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: Adult Day Health Services	NF	\$121,462	23	
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: Homemaker Services	NF	\$1,516,063	414	

HCBS Taxonomy:

Category 1: Subcategory 1:
 Category 2: Subcategory 2:
 Category 3: Subcategory 3:
 Category 4: Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Respite Care Services	NF	\$132,626	33	

HCBS Taxonomy:

Category 1: Subcategory 1:
 Category 2: Subcategory 2:
 Category 3: Subcategory 3:
 Category 4: Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Respite Care Services LTC Facility	NF	\$30,358	7	

HCBS Taxonomy:

Category 1: Subcategory 1:
 Category 2: Subcategory 2:
 Category 3: Subcategory 3:
 Category 4: Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Waiver Case Management Services	NF	\$633,849	505	

HCBS Taxonomy:

Category 1: Subcategory 1:
 Category 2: Subcategory 2:
 Category 3: Subcategory 3:
 Category 4: Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Enhanced State Plan Supportive Maintenance Home Health Aide	NF	\$41,116	12	

HCBS Taxonomy:

Category 1: Subcategory 1:
 Category 2: Subcategory 2:
 Category 3: Subcategory 3:
 Category 4: Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Adult Companion Services	NF	\$448,706	244	

HCBS Taxonomy:

Category 1: Subcategory 1:

Service	
Category 2:	Subcategory 2:
Category 3:	Subcategory 3:
Category 4:	Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Chore Services	NF	\$12,693	19	

HCBS Taxonomy:

Category 1:	Subcategory 1:
Category 2:	Subcategory 2:
Category 3:	Subcategory 3:
Category 4:	Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Environmental Accessibility Adaptations	NF	\$9,174	27	

HCBS Taxonomy:

Category 1:	Subcategory 1:
Category 2:	Subcategory 2:
Category 3:	Subcategory 3:
Category 4:	Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Supplemental Meals - Home	NF	\$241,835	254	

HCBS Taxonomy:

Category 1:	Subcategory 1:
Category 2:	Subcategory 2:
Category 3:	Subcategory 3:
Category 4:	Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Medication Reminder Services	NF	\$33,058	55	

HCBS Taxonomy:

Category 1:	Subcategory 1:
Category 2:	Subcategory 2:
Category 3:	Subcategory 3:
Category 4:	Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Personal Attendant Services Participant employed	NF	\$609,493	71	

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: Personal Attendant Services Agency employed	NF	\$41,296	3	

HCBS Taxonomy:

Category 1: Subcategory 1:
 Category 2: Subcategory 2:
 Category 3: Subcategory 3:
 Category 4: Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Personal Attendant Training Services	NF	\$0	0	

HCBS Taxonomy:

Category 1: Subcategory 1:
 Category 2: Subcategory 2:
 Category 3: Subcategory 3:
 Category 4: Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Personal Emergency Response Systems Response Center Service	NF	\$92,480	300	

HCBS Taxonomy:

Category 1: Subcategory 1:
 Category 2: Subcategory 2:
 Category 3: Subcategory 3:
 Category 4: Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Personal Emergency Response Systems Purchase, Rental & Repair	NF	\$670	8	

HCBS Taxonomy:

Category 1: Subcategory 1:
 Category 2: Subcategory 2:
 Category 3: Subcategory 3:
 Category 4: Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Personal Emergency Response Installation, Testing & Removal	NF	\$1,524	28	

HCBS Taxonomy:

Category 1: Subcategory 1:
 Category 2: Subcategory 2:
 Category 3: Subcategory 3:
 Category 4: Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Specialized Medical Equipment Supplies, Assistive Technology	NF	\$24,455	148	

HCBS Taxonomy:

Category 1: Subcategory 1:

Service	
Category 2:	Subcategory 2:
Category 3:	Subcategory 3:
Category 4:	Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Transportation Services - nonmedical	NF	\$172,731	111	

HCBS Taxonomy:

Category 1:	Subcategory 1:
Category 2:	Subcategory 2:
Category 3:	Subcategory 3:
Category 4:	Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Financial Management Services	NF	\$34,978	82	

HCBS Taxonomy:

Category 1:	Subcategory 1:
Category 2:	Subcategory 2:
Category 3:	Subcategory 3:
Category 4:	Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Personal Budget Assistance	NF	\$6,951	10	

HCBS Taxonomy:

Category 1:	Subcategory 1:
Category 2:	Subcategory 2:
Category 3:	Subcategory 3:
Category 4:	Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Community Transition Services	NF	\$0	0	

HCBS Taxonomy:

Category 1:	Subcategory 1:
Category 2:	Subcategory 2:
Category 3:	Subcategory 3:
Category 4:	Subcategory 4:

Service Name (no longer a required field):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Supplemental Meals - Community	NF	\$609	5	

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:
Waiver Year Three Review

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):

The SMA will be presenting preliminary findings to the OA on its share of the sample reviewed for the WY3 audit within the next few weeks. The OA will then have the

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 SMA and OA will complete remediation activities associated with any noted deficiencies. In addition, for areas in which historical compliance has shown a need for

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:**Date:****Contact Information
(optional):**

Contact Person: _____

Phone Number: _____