

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

State: UT
Waiver Base: 0331
Report Status: SUBMITTED
Begin Date: 07/01/2012
End Date: 06/30/2013
Initial Submission Date: 12/23/2014
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: 128
Average Length of Stay: 43,771
Total Waiver Expenditures: 342.0
APC Waiver Services (Factor D): \$2,135,190.00
APC for State Plan Services (D'): 16,681
APC Total (D + D'): 11,603
Factor G Value: \$28,284
Factor G' Value: 57,144
APC Total if no waiver (G + G'): 6,988
D + D' <= G + G': \$64,132
Level/s of Care: \$28,284 <= \$64,132
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: Home Care Training to Client (Per 15 Min)	NF	\$96	4	
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: Emergency Response System (Purchase)	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: Emergency Response System (Per Month)	NF	\$12,364	57	

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: Supports Brokerage Self Directed (Per 15 Min)	NF	\$34,449	84	

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: Attendant Care Services (Per 15 Min)	NF	\$1,997,878	124	

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: Attendant Care Services (Daily)	NF	\$32,472	1	

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 Low (Per Month)	NF	\$0	0	

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):				
-- Other				
If Other, specify:				
Financial Management Services High (Per Month)				
Level of Care	NF	Expenses in \$	\$57,931	Participants
				128
Service Category Name				
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):				
-- Other				
If Other, specify:				
Personal Emergency Response Systems, Installation & Testing				
Level of Care	NF	Expenses in \$	\$0	Participants
				0
Service Category Name				
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):
 During the review of waiver years 1 & 2, the SMA and OA identified multiple areas where performance improvement is needed. The specific measures with demonstrated low
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 are currently designing and implementing performance improvement strategies for the areas identified. Training has been provided to the Administrate Nurse

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:
Contact Information
(optional):

Michael Hales

Date: 12/23/2014

Contact Person:

Phone Number: