

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

State: UT
Waiver Base: 40183
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: 124
Average Length of Stay: 39,107
Total Waiver Expenditures: 315.4
APC Waiver Services (Factor D): \$2,662,273.00
APC for State Plan Services (D'): 21,470
APC Total (D + D'): 70,918
Factor G Value: \$92,388
Factor G' Value: 144,152
APC Total if no waiver (G + G'): 49,748
D + D' <= G + G': \$193,900
Level/s of Care: \$92,388 <= \$193,900
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 Health Aide	NF	\$10,000	3	
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: Skilled Nursing Respite Care Agency	NF	\$2,423,617	121	

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: Skilled Nursing Respite Care Individual	NF	\$36,672	6	

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: Extended Private Duty Nursing	NF	\$130,646	6	

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: Family Directed Support	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: Financial Management Services	NF	\$4,032	9	

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: Family Support Services	NF	\$57,306	29	

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: In Home Feeding Therapy	NF	\$0	0	
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:
Baseline 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):
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:

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:** 12/23/2014
Contact Information (optional):

Contact Person: _____

Phone Number: