

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

State: UT
Waiver Base: 0158
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: 4,486
Average Length of Stay: 1,580,902
Total Waiver Expenditures: 352.4
APC Waiver Services (Factor D): \$164,892,051.00
APC for State Plan Services (D'): 36,757
APC Total (D + D'): 5,117
Factor G Value: \$41,874
Factor G' Value: 78,408
APC Total if no waiver (G + G'): 5,048
D + D' <= G + G': \$83,456
Level/s of Care: \$41,874 <= \$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: Non-medical transportation, one way trip	ICF/IID	\$18,520	70	
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: Professional Medication Monitoring, LPN	ICF/IID	\$154,397	253	

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 15 minute	ICF/IID	\$81,676	186	

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 Daily	ICF/IID	\$373,754	1,463	

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 System monthly	ICF/IID	\$7,989	47	

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 System installation	ICF/IID	\$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 System purchase	ICF/IID	\$6	1	

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: Residential Habilitation facility based-DCFS	ICF/IID	\$1,845,703	34	

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: Residential Habilitation facility based	ICF/IID	\$75,144,804	1,466	

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: Residential Habilitation Professional Parent/Host Home	ICF/IID	\$7,831,340	216	

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: Residential Habilitation Professional Parent DCFS	ICF/IID	\$4,341,832	127	

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 15 minute	ICF/IID	\$2,448,213	761	

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: Respite Care Daily	ICF/IID	\$1,161,215	509	
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-Group Daily	ICF/IID	\$128,625	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: Respite Care-Out of home/R&B included	ICF/IID	\$242,098	105	
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 Group/R&B included	ICF/IID	\$10,215	5	
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 Intensive 15 minute	ICF/IID	\$246,181	71	
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 Intensive Daily	ICF/IID	\$94,500	45	
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: Respite Care Intensive Out of home/R&B included Daily	ICF/IID	\$35,513	22	

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 Weekly	ICF/IID	\$935,786	371	

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 monthly	ICF/IID	\$150	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: Specialized Medical Equipment & Supplies purchase	ICF/IID	\$37,705	30	

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: Supported Employment 15 minute	ICF/IID	\$2,748,214	425	

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: Supported Employment Daily	ICF/IID	\$1,800,983	265	

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: Supported Living 15 Minute	ICF/IID	\$15,058,481	1,571	

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: Transportation Mileage	ICF/IID	\$138,137	80	

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: Transportation Daily	ICF/IID	\$4,225,721	2,451	

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: Transportation Bus pass purchase	ICF/IID	\$130,452	159	

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 Support Coordination	ICF/IID	\$10,635,766	4,485	

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: Behavior Consultation Services I	ICF/IID	\$338,942	540	

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: Behavior Consultation Services II	ICF/IID	\$1,273,503	1,032	

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: Behavior Consultation Services III	ICF/IID	\$695,426	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: Chore Services 15 minute	ICF/IID	\$121,108	63	

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: Companion Services 15 minute	ICF/IID	\$168,267	40	

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: Companion Services Daily	ICF/IID	\$133,756	22	

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: Day Supports (site/non-site)Daily	ICF/IID	\$26,392,949	2,373	

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 Adaptations (home)	ICF/IID	\$60,977	26	

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 Adaptations (vehicle)	ICF/IID	\$17,446	2	

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 Living Supports	ICF/IID	\$1,327,051	284	

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 Training and Preparation	ICF/IID	\$101	1	

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: Family and Individual Training and Preparation	ICF/IID	\$43	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 High Tier	ICF/IID	\$610,031	1,351	

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: Homemaker Services	ICF/IID	\$79,739	25	

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: Living Start up Costs	ICF/IID	\$2,576	5	

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: Massage Therapy	ICF/IID	\$410,180	202	

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 Care - 15 minute	ICF/IID	\$940,900	215	
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 Care - Daily	ICF/IID	\$237,363	45	
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: Professional Medication Monitoring, RN	ICF/IID	\$488,092	771	
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: Day Supports (Site/Non-Site) - 15 Minute	ICF/IID	\$1,697,104	142	
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: Transportation, Non-Medical-Daily, Utah Transit Authority provided	ICF/IID	\$18,520	70	
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:

5-year Waiver Renewal

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: