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

State:	UT
Waiver Base:	0439
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:	● Year 1 ● Year 2 ● Year 3 ● Year 4 ● Year 5
Report Type:	
Unduplicated Participants:	Initial Report  Quad Lag Report  TE Report
Days of Waiver Enrollment:	1,436
Average Length of Stay:	388,132
Total Waiver Expenditures:	270.3
APC Waiver Services (Factor D):	\$28,824,054.00
APC for State Plan Services (D'):	20,072
APC Total (D + D'):	3,190
Factor G Value:	\$23,262
Factor G' Value:	46,464
APC Total if no waiver (G + G'):	5,578
<b>D</b> + <b>D</b> ' <= <b>G</b> + <b>G</b> ':	\$52,042
Level/s of Care:	\$23,262 <= \$52,042
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 Care	NF	\$18,331	4		
HCBS Taxonomy:	· · · ·				
Category 1:	Subcategor	ry 1:			
Category 2:	Subcategor	ry 2:			
Category 3:	Subcategory 3:				
Category 4:	Subcategor	ry 4:			

Service						
Service Name (no longer a required field):		Level of Care	Ex	openses in \$	Participants	Service Category Name
Other		NF	\$20	,663,528	1,222	
If Other, specify: Adult Residential Services (Assisted Living Fa	cilities)					
HCBS Taxonomy:						
Category 1:	Subcategor	y 1:				
Category 2: Subcategory 2:						
Category 3: Subcategory 3:						
Category 4: Subcategory 4:						
		-				
Service Name (no longer a required field):			Level of Care	Expens	es in \$ Particip	ants Service Category
Other			NF	\$741,	748	31
If Other, specify: Adult Residential Services (Licensed Commun Facilities)	ity Residential Ca	re				
HCBS Taxonomy:						
Category 1:	Subcategor	y 1:				
Category 2:	Subcategor	y 2:				
Category 3:	Subcategor	y 3:				
Category 4:	Subcategor	y 4:				
			Level of			Service Category
Service Name (no longer a required field):			Care		in \$ Particip	
Other			NF	\$2,458,	823	183
If Other, specify: Adult Residential Services (Certified Commun	nity Residential Ca	re				
Facilities)						
HCBS Taxonomy:						
Category 1:	Subcategor	y 1:				
Category 2:	Subcategor	y 2:				
Category 3:	Subcategor	y 3:				
Category 4:	Subcategor	y 4:				
Service Name (no longer a required field):	Level of Care	Expe	enses in \$	Partici	pants Service	Category Name
Other	NF		\$2,000		1	
If Other, specify: Assistive Technology Services						
HCBS Taxonomy:						]
Category 1:	Subcategor	y 1:				
Category 2:	Subcategor	y 2:				
Category 3:	Subcategor	y 3:				
Category 4:	Subcategor	y 4:				
Service Name (no longer a required field):	Level of Care	Expen	ses in \$	Particip	ants Service (	Category Name
Other	NF	\$69	7,902	3	349	
If Other, specify:						
Attendant Care Services						
HCBS Taxonomy:	<u> </u>					
Category 1:	Subcategor	•				
Category 2:	Subcategor	•				
Category 3:	Subcategor					
Category 4:	Subcategor	y 4:				
Г <u></u>						
Service Name (no longer a required field):	Level of Care	Expen	ses in \$	Particip	ants Service (	Category Name

	Servio	ce				
Other	NF		\$0		D	
If Other, specify:			ψŪ			
Caregiver Training						
HCBS Taxonomy:						
Category 1:	Subcategor	ry 1:				
Category 2:	Subcatego	ry 2:				
Category 3:	Subcatego	ry 3:				
Category 4:	Subcatego	ry 4:				
Service Name (no longer a required field):	Level of Care	Ex	penses in \$	Participan	ts Service Ca	tegory Name
Other	NF	-	,742,033	1,40		
If Other, specify:		÷=	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,10		
Case Management Service						
HCBS Taxonomy:						
Category 1:	Subcatego	ry 1:				
Category 2:	Subcatego	ry 2:				
Category 3:	Subcatego	ry 3:				
Category 4:	Subcatego	ry 4:				
Service Name (no longer a required field):	Level of Care	Fv	penses in \$	Particinant	s Service Ca	tegory Name
Other	NF		\$22,613	1 1 1		
If Other, specify:	1.11		,013	1	·	
Chore Services						
HCBS Taxonomy:						
Category 1:	Subcatego	ry 1:				
Category 2:	Subcatego	ry 2:				
Category 3:	Subcatego	ry 3:				
Category 4:	Subcatego	ry 4:				
Service Name (no longer a required field):	Level of Care		Expenses in	Participa	ints Service (	Category Name
Other	NF		\$		0	
If Other, specify:						
Consumer Preparation Services						
HCBS Taxonomy:						
Category 1:	Subcatego	ry 1:				
Category 2:	Subcatego	•				
Category 3:	Subcatego	ry 3:				
Category 4:	Subcatego	ry 4:				
Service Name (no longer a required field):		Le	evel of Care	Expenses in \$	Participants	Service Category Name
Other		N		\$1,900	1	
If Other, specify:				. ,	-	
Environmental Accessibility Adaptations (He	ome Modifications)					
HCBS Taxonomy:						
Category 1:	Subcatego	ry 1:				
Category 2:	Subcatego					
Category 3:	Subcategor	ry 3:				
Category 4:	Subcatego	ry 4:				
Service Name (no longer a required field):		14	evel of Care	Expenses in \$	Particinante	Service Category Name
Other				\$0	1 ar ucipants	Set fice category maile
If Other, specify:			-	φυ	0	
Environmental Accessibility Adaptations (Ve	ehicle modification)					
HCBS Taxonomy:						
Category 1:	Subcatego	ry 1:				
Category 2:	Subcatego					
	6	-				

Category 3:       Subcategory 3:         Category 4:       Subcategory 4:         Service Name (no longer a required field):       Level of Care       Expenses in \$       Participants       Service Name (no longer a required field):         Other       If Other, specify:       NF       \$10,368       25       If Other, specify:         Financial Management Services       NF       \$10,368       25       If Other, specify:         HCBS Taxonomy:       Category 1:       Subcategory 1:       Subcategory 1:							
Service Name (no longer a required field):     Level of Care     Expenses in \$     Participants     Service       Other     If Other, specify:     NF     \$10,368     25       Financial Management Services     NF     \$10,368     25							
Other     NF     \$10,368     25       If Other, specify:     Financial Management Services     NF     \$10,368     25       HCBS Taxonomy:     Image: Comparison of the service of the ser							
Other     NF     \$10,368     25       If Other, specify:     Financial Management Services     NF     \$10,368     25       HCBS Taxonomy:     Image: Comparison of the service of the ser							
If Other, specify: Financial Management Services HCBS Taxonomy:	vice Category Name						
Financial Management Services       HCBS Taxonomy:							
HCBS Taxonomy:							
Category 1: Subcategory 1:							
	Subcategory 2:						
Category 3: Subcategory 3:							
Category 4: Subcategory 4:							
Service Name (no longer a required field): Level of Care Expenses in \$ Participants Service	C. A N						
	e Category Name						
Other         NF         \$70,406         41           If Other, specify:							
Habilitation Services							
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	e Category Name						
Home Delivered Meals NF \$70,371 44							
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	e Category Name						
Other NF \$244,030 60							
If Other, specify:							
Homemaker Service							
HCBS Taxonomy:							
Category 1: Subcategory 1:							
Category 2: Subcategory 2:							
Category 2:Subcategory 2:Category 3:Subcategory 3:							
Category 2: Subcategory 2:							
Category 2: Subcategory 2: Category 3: Subcategory 3: Category 4: Subcategory 4:	ing Catagory Name						
Category 2:       Subcategory 2:         Category 3:       Subcategory 3:         Category 4:       Subcategory 4:         Service Name (no longer a required field):       Level of Care	vice Category Name						
Category 2: Subcategory 2: Category 3: Subcategory 3: Category 4: Subcategory 4:	rice Category Name						
Category 2: Subcategory 2: Category 3: Subcategory 3: Subcategory 3: Subcategory 4: Subcategory	rice Category Name						
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 Name (no longer a required field):     Kevel of Care       Image: Service Name (no longer a required field):     Kevel of Care       Service Name (no longer a required field):     Kevel of Care       Image: Service Name (no longer a required field):     Kevel of Care	rice Category Name						
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 Name (no longer a required field):     Kevel of Care       Image: Service Name (no longer a required field):     Kevel of Care       Service Name (no longer a required field):     Kevel of Care       Image: Service Name (no longer a required field):     Kevel of Care	/ice Category Name						
Category 2: Subcategory 2: Category 3: Subcategory 3: Subcategory 3: Category 4: Subcategory 4:	rice Category Name						
Category 2: Subcategory 2: Category 3: Subcategory 3: Subcategory 3: Category 4: Subcategory 4:	rice Category Name						
Category 2: Subcategory 2: Subcategory 3: Subcategory 3: Subcategory 3: Subcategory 4: Subcatego	/ice Category Name						
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 Name (no longer a required field):       Image: Subcategory 4:         Service Name (no longer a required field):       Image: Subcategory 4:         Service Name (no longer a required field):       Image: Subcategory 4:         Service Name (no longer a required field):       Image: Subcategory 4:         Service Name (no longer a required field):       Image: Subcategory 4:         Service Name (no longer a required field):       Image: Subcategory 4:         Service Name (no longer a required field):       Image: Subcategory 4:         Service Name (no longer a required field):       Image: Subcategory 4:         Service Name (no longer a required field):       Image: Subcategory 4:         Subcategory 1:       Subcategory 1:         Category 3:       Subcategory 3:	/ice Category Name						
Category 2:       Subcategory 2:         Category 3:       Subcategory 3:         Category 4:       Subcategory 4:         Service Name (no longer a required field):       Level of Care       Expenses in \$         Other       NF       \$122,117       211         If Other, specify:       Institutional Transition Services       NF       \$122,117       211         HCBS Taxonomy:       Category 1:       Subcategory 1:       Subcategory 2:       Category 3:         Category 3:       Subcategory 3:       Subcategory 3:       Category 4:       Subcategory 4:	rice Category Name						
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         If Other, specify:       NF       \$122,117         Institutional Transition Services       NF       \$122,117         HCBS Taxonomy:       Category 1:       Subcategory 1:         Category 2:       Subcategory 2:         Category 3:       Subcategory 3:         Category 4:       Subcategory 4:							
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         If Other, specify:       Institutional Transition Services       NF         HCBS Taxonomy:       Category 1:       Subcategory 2:         Category 3:       Subcategory 2:       Subcategory 2:         Category 4:       Subcategory 3:       Category 4:         Service Name (no longer a required field):       Level of Care       Expenses in §	ants Service Category Name						

	Servic	e				
HCBS Taxonomy:						
Category 1:	Subcategor	y 1:				
Category 2: Subcategory 2:						
Category 3: Subcategory 3:						
Category 4: Subcategory 4:						
Service Name (no longer a required field):	Level of Care	E	xpenses in \$	Participants	Service Cate	egory Name
Other	NF		\$65,414	269		
If Other, specify: Personal Budget Assistance						
HCBS Taxonomy:						1
Category 1:				Subcategory 1	:	
Category 2:				Subcategory 2	:	
Category 3: 17 Other Services				Subcategory 3	:	
Category 4:				Subcategory 4	:	
Service Name (no longer a required field):			Level of C	are Expenses in \$	Participants	Service Category Name
Other			NF	\$690	17	
If Other, specify:		····· I)				
Personal Emergency Response System (Instal	llation, Testing & R	emoval)				
HCBS Taxonomy:	Subaatagor	1.				
Category 1: Category 2:	Subcategor Subcategor					
Category 2: Category 3:	Subcategor					
Category 4:	Subcategor	•				
	Subcategor	y <del>1</del> .				
Service Name (no longer a required field):			Level of Care	Expenses in \$	Participants	Service Category Name
Other		i	NF	\$490	14	
If Other, specify:						
Personal Emergency Response System (Purch	hase, Rental, Repair	r)				
HCBS Taxonomy:						
Category 1:	Subcategor					
Category 2:	Subcategor					
Category 3:	Subcategor	•				
Category 4:	Subcategor	y 4:				
						1
Service Name (no longer a required field):			Level of Ca			Service Category Name
Other If Other, specify:			NF	\$15,991	57	
Personal Emergency Response System (Respo	onse Center Service	Fee)				
HCBS Taxonomy:						
Category 1:	Subcategor	y 1:				
Category 2:	Subcategor	y 2:				
Category 3:	Subcategor	y 3:				
Category 4:	Subcategor	y 4:				
Service Name (no longer a required field):	Level of Care	Ex	penses in \$	Participants	Service Cate	gory Name
Other	NF		\$10,270	3		
If Other, specify: Respite Care (Routine)						
HCBS Taxonomy:			1		1	
Category 1:	Subcategor	y 1:				
Category 2:	Subcategor	•				
Category 3:	Subcategor	•				
Category 4:	Subcategor	•				
	-					

	S	ervice				
Service Name (no longer a required field):	Level of Car	re I	Expenses in \$	Partic	ipants Ser	vice Category Name
Other	NF		\$0		0	
If Other, specify: Respite Care (Client's Home)						
HCBS Taxonomy:						
Category 1: Subcategory 1:						
Category 2:	2: Subcategory 2:					
Category 3:	Subcategory 3:					
Category 4:	Subc	ategory 4:				
Service Name (no longer a required field):		Level of Care	Exper	ises in \$	articipants	Service Category Name
Other	NF \$908 1					
If Other, specify: Respite Care (Room and Board Included)						
HCBS Taxonomy:						
Category 1:	Subc	ategory 1:				
Category 2:	Subc	ategory 2:				
Category 3:	Subc	ategory 3:				
Category 4:	Subc	ategory 4:				
Service Name (no longer a required field):		Level of Care	Expen	ses in \$ P	articipants	Service Category Name
Specialized Medical Equipment and Supplies		NF	-	8,562	429	
HCBS Taxonomy:			L \$10	- , = =	/	l
Category 1:	Subc	ategory 1:				
Category 2:		ategory 2:				
Category 2:		ategory 3:				
Category 4:		ategory 4:				
	5400					
Service Name (no longer a required field):	Level of Care	E	xpenses in \$	Partici	pants Servi	ce Category Name
	NF		\$13,770		6	
If Other, specify: Supportive Maintenance						
HCBS Taxonomy:						
HCBS laxonomy:						
	<b>a</b> 1					
Category 1:		ategory 1:				
Category 1: Category 2:	Subc	ategory 2:				
Category 1: Category 2: Category 3:	Subc Subc	ategory 2: ategory 3:				
Category 1: Category 2: Category 3:	Subc Subc	ategory 2:				
Category 1:	Subc Subc Subc	ategory 2: ategory 3:	Expen	ses in \$ P	articipants	Service Category Name
Category 1: Category 2: Category 3: Category 4:	Subc Subc Subc	ategory 2: ategory 3: ategory 4:	Expen	ses in \$ P	articipants 0	Service Category Name
Category 1: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify:	Subc Subc Subc	ategory 2: ategory 3: ategory 4:	Expen		-	Service Category Name
Category 1: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per Mile)	Subc Subc Subc	ategory 2: ategory 3: ategory 4:	Expen		-	Service Category Name
Category 1: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per Mile) HCBS Taxonomy:	Subc Subc	ategory 2: ategory 3: ategory 4: Level of Care NF	Expen		-	Service Category Name
Category 1: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per Mile) HCBS Taxonomy: Category 1:	Subc Subc	ategory 2: ategory 3: ategory 4: Level of Care NF ategory 1:	Expen		-	Service Category Name
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Category 1: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per Mile) HCBS Taxonomy: Category 1: Category 1: Category 2: Category 3:	Subc Subc	ategory 2: ategory 3: ategory 4: Level of Care NF ategory 1: ategory 2: ategory 2: ategory 3:	Expen		-	Service Category Name
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Category 1: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per Mile)	Subc Subc	ategory 2: ategory 3: ategory 4: Level of Care NF ategory 1: ategory 2: ategory 2: ategory 3:			-	
Category 1: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per Mile) HCBS Taxonomy: Category 1: Category 1: Category 2: Category 3: Category 4:	Subc Subc	ategory 2: ategory 3: ategory 4: Level of Care NF ategory 1: ategory 2: ategory 2: ategory 3: ategory 4:	are E	\$0	0	ts Service Category Name
Category 1: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per Mile) HCBS Taxonomy: Category 1: Category 1: Category 2: Category 3: Category 3: Category 4: Service Name (no longer a required field):	Subc Subc	ategory 2: ategory 3: ategory 4: Level of Care NF ategory 1: ategory 2: ategory 2: ategory 3: ategory 4:	are E	\$0	0 Participan	ts Service Category Name
Category 1: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per Mile) HCBS Taxonomy: Category 1: Category 1: Category 2: Category 3: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per One-Way T	Subc Subc	ategory 2: ategory 3: ategory 4: Level of Care NF ategory 1: ategory 2: ategory 2: ategory 3: ategory 4:	are E	\$0	0 Participan	ts Service Category Name
Category 1: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per Mile) HCBS Taxonomy: Category 1: Category 1: Category 2: Category 3: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify:	Subc Subc Subc Subc Subc Subc Subc Subc	ategory 2: ategory 3: ategory 4: Level of Care NF ategory 1: ategory 2: ategory 2: ategory 3: ategory 4:	are E	\$0	0 Participan	ts Service Category Name
Category 1: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per Mile) HCBS Taxonomy: Category 1: Category 2: Category 2: Category 3: Category 4: Service Name (no longer a required field): Other If Other, specify: Transportation - Non Medical (Per One-Way T HCBS Taxonomy:	Subc Subc Subc Subc Subc Subc Subc	ategory 2: ategory 3: ategory 4: Level of Care NF ategory 1: ategory 2: ategory 2: ategory 3: ategory 4: Level of C NF	are E	\$0	0 Participan	ts Service Category Name

	Servic	e			
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		NF	\$44,921	118	
If Other, specify: Transportation - Non Medical (Public Transit Pass)					
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		NF	\$17,010	15	
If Other, specify:					
Medication Assistance Services(Medication Setup)					
HCBS Taxonomy:					
Category 1:	Subcategor	у 1:			
Category 2:	Subcategor	y 2:			
Category 3:	Subcategor	y 3:			
Category 4:	Subcategor	y 4:			

#### Assurances:

- 1. I Assurances were submitted with the initial report. (If you are submitting a lag report this item must be checked.)
- 2. I All provider standards and health and welfare safeguards have been met and corrective actions have been taken where appropriate
- 3. I 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 explaination 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: Contact Information (optional):	Michael Hales	Date: 12/23/2014
Contact Person:		
Phone Number:		