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:	
Report Type:	◯ **Year 1** ◯ **Year 2** ◯ **Year 3** ◉ **Year 4** ◯ **Year 5**
Unduplicated Participants:	◯ **Initial Report** ◉ **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
D + D' <= G + G':	$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:		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: **Adult Residential Services (Assisted Living Facilities)**	NF	$20,663,528	1,222	

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 Residential Services (Licensed Community Residential Care Facilities)**	NF	$741,748	31	

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 Residential Services (Certified Community Residential Care Facilities)**	NF	$2,458,823	183	

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: **Assistive Technology Services**	NF	$2,000	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: **Attendant Care Services**	NF	$697,902	349	

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

Service				
-- Other If Other, specify: **Caregiver Training**	**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: **Case Management Service**	**NF**	$2,742,033	1,408	

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**	**NF**	$22,613	11	

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: **Consumer Preparation 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: **Environmental Accessibility Adaptations (Home Modifications)**	**NF**	$1,900	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: **Environmental Accessibility Adaptations (Vehicle modification)**	**NF**	$0	0	

HCBS Taxonomy:

Category 1:	Subcategory 1:
Category 2:	Subcategory 2:

		Service		
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**	$10,368	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: 　　**Habilitation Services**	**NF**	$70,406	41	

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
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 Category Name
-- Other If Other, specify: 　　**Homemaker Service**	**NF**	$244,030	60	

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: 　　**Institutional Transition Services**	**NF**	$122,117	211	

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 Assistance Services (Medication Reminder System)**	**NF**	$4,180	10	

Service				

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**	$65,414	269	

HCBS Taxonomy:

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 Care	Expenses in $	Participants	Service Category Name
-- Other If Other, specify: **Personal Emergency Response System (Installation, Testing & Removal)**	**NF**	$690	17	

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, Rental, Repair)**	**NF**	$490	14	

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 (Response Center Service Fee)**	**NF**	$15,991	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: **Respite Care (Routine)**	**NF**	$10,270	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: **Respite Care (Client's Home)**	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: **Respite Care (Room and Board Included)**	NF	$908	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
Specialized Medical Equipment and Supplies	NF	$168,562	429	

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: **Supportive Maintenance**	NF	$13,770	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: **Transportation - Non Medical (Per Mile)**	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: **Transportation - Non Medical (Per One-Way Trip)**	NF	$615,678	355	

HCBS Taxonomy:

Category 1:	Subcategory 1:
Category 2:	Subcategory 2:

Service				
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 (Public Transit Pass)**	NF	$44,921	118	

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 Assistance Services(Medication Setup)**	NF	$17,010	15	

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 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: Michael Hales   **Date:** 12/23/2014
**Contact Information
(optional):**

Contact Person:

Phone Number: