

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

State: UT
Waiver Base: 0292
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: 106
Average Length of Stay: 36,094
Total Waiver Expenditures: 340.5
APC Waiver Services (Factor D): \$3,329,398.00
APC for State Plan Services (D'): 31,409
APC Total (D + D'): 4,292
Factor G Value: \$35,701
Factor G' Value: 51,787
APC Total if no waiver (G + G'): 4,929
D + D' <= G + G': \$56,716
Level/s of Care: \$35,701 <= \$56,716
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: Companion Services - Daily (6 hrs +)	NF	\$221	1	
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 - 15 minute	NF	\$12,438	4	

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 - Daily (6 hrs +)	NF	\$7,927	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 - 15 minute	NF	\$15,934	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 - Room and Board Included - Daily (6 hrs +)	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: 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: Specialized Medical Equipment/Supplies/Assistive Technology - Purchase	NF	\$164	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: Supported Living	NF	\$1,026,626	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: Environmental Adaptations - Vehicle	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 Adaptations - Home	NF	\$630	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: Speech-Language Services Extended State Plan	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 - Low Tier	NF	\$0	0	

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: Financial Management Services - High Tier	NF	\$10,940	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: Occupational Therapy Extended State Plan	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: Specialized Medical Equipment/Supplies/Assistive Technology- Monthly Fee	NF	\$310	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	NF	\$3,643	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: Behavior Consultation I	NF	\$1,596	3	

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 II	NF	\$20,072	17	

HCBS Taxonomy:

Service	
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 Service III	NF	\$18,012	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: Living Start-Up Costs	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 - Mileage	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 - Daily (flat rate for all trips needed for the day)	NF	\$9,828	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: Transportation - Bus Pass Purchase	NF	\$76,721	42	

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: Residential Habilitation - Facility Based (6 hrs +)	NF	\$1,116,725	23	

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 - DCFS (6 hrs +)	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: Residential Habilitation - Host Home (6 hrs +)	NF	\$163,223	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: Residential Habilitation - Host Home - DCFS (6 hrs +)	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: Cognitive Retraining - Speech	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: Cognitive Retraining - Occupational	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):	Level of Care	Expenses in \$	Participants	Service Category Name
-- Other If Other, specify: Professional Medication Monitoring	NF	\$10,333	15	

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	NF	\$2,392	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: Personal Budget Assistance - 15 minute	NF	\$3,906	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: Personal Budget Assistance - Daily (6 hrs +)	NF	\$5,196	23	

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: ABI Waiver Support Coordination	NF	\$240,709	106	

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: Day Supports (Site/Non-site) - Hourly	NF	\$55,818	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: Day Supports (Site/Non-site) - Daily (6 hr avg)	NF	\$420,270	35	

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 - Service Fee Monthly	NF	\$2,700	13	

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	NF	\$70	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: Personal 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: Chore Services	NF	\$1,942	3	

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: Physical Therapy Extended State Plan	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: Supported Employment - 15 minute	NF	\$75,775	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: Supported Employment - Daily	NF	\$25,276	4	

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: Non-medical transportation, one way trip	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 - Per Trip (UTA)	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:

Targeted 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: