

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

State: UT
Waiver Base: 0247
Report Status: ACCEPTED
Begin Date: 07/01/2016
End Date: 06/30/2017
Initial Submission Date: 12/17/2019
Report Period Year: 2017
Waiver Year: Year 1 Year 2 Year 3 Year 4 Year 5
Report Type: Initial Report Lag Report TE Report
Unduplicated Participants: 752
Days of Waiver Enrollment: 220,720
Average Length of Stay: 293.5
Total Waiver Expenditures: \$6,125,429.00
APC Waiver Services (Factor D): 8,146
APC for State Plan Services (D'): 4,706
APC Total (D + D'): \$12,852
Factor G Value: 54,352
Factor G' Value: 5,578
APC Total if no waiver (G + G'): \$59,930
D + D' <= G + G': \$12,852 <= \$59,930
Level/s of Care: ICF/IID
 NF
 Hospital

Additional Information (use if needed):

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 (required field):	Level of Care	Participants	Service Category Name
Adult Day Health Alternative service title and other information: Adult Day Health Services	NF	42	

Service			
Expenses in \$ \$160,795	Expenses in %		
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Name (required field):			
Level of Care		Participants	Service Category Name
NF		47	
Respite Alternative service title and other information: Respite Care Services Expenses in \$ Expenses in % \$188,494			
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Name (required field):			
Level of Care		Participants	Service Category Name
NF		13	
Respite Care Services - LTC Facility Alternative service title and other information: Respite Care Services LTC Facility Expenses in \$ Expenses in % \$34,092			
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Name (required field):			
Level of Care		Participants	Service Category Name
NF		740	
Case Management Alternative service title and other information: Waiver Case Management Services Expenses in \$ Expenses in % \$963,704			
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		

Service			
Category 4:		Subcategory 4:	
Service Name (required field):	Level of Care	Participants	Service Category Name
Enhanced State Plan Supportive Maintenance Home Health Aide Services Alternative service title and other information: Enhanced State Plan Supportive Maintenance Home Health Aide Expenses in \$ Expenses in % \$57,479	NF	13	
HCBS Taxonomy:			
Category 1:		Subcategory 1:	
Category 2:		Subcategory 2:	
Category 3:		Subcategory 3:	
Category 4:		Subcategory 4:	
Service Name (required field):	Level of Care	Participants	Service Category Name
Chore Services Alternative service title and other information: Chore Services Expenses in \$ Expenses in % \$26,543	NF	56	
HCBS Taxonomy:			
Category 1:		Subcategory 1:	
Category 2:		Subcategory 2:	
Category 3:		Subcategory 3:	
Category 4:		Subcategory 4:	
Service Name (required field):	Level of Care	Participants	Service Category Name
Environmental Accessibility Adaptations Alternative service title and other information: Environmental Accessibility Adaptations Expenses in \$ Expenses in % \$41,370	NF	62	
HCBS Taxonomy:			
Category 1:		Subcategory 1:	
Category 2:		Subcategory 2:	
Category 3:		Subcategory 3:	
Category 4:		Subcategory 4:	
Service Name (required field):	Level of Care	Participants	Service Category Name
	NF	437	

Service			
Supplemental Meals - Home Alternative service title and other information: Supplemental Meals - Home Expenses in \$ Expenses in % \$382,066			
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Name (required field): Medication Reminder Systems Alternative service title and other information: Medication Reminder Services Expenses in \$ Expenses in % \$28,537	Level of Care NF	Participants 61	Service Category Name
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Name (required field): Personal Attendant Services - Agency employed Alternative service title and other information: Personal Attendant Services Agency employed Expenses in \$ Expenses in % \$58,109	Level of Care NF	Participants 5	Service Category Name
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Name (required field): Personal Attendant Training Services Alternative service title and other information: Personal Attendant Training Services Expenses in \$ Expenses in % \$0	Level of Care NF	Participants 0	Service Category Name
HCBS Taxonomy:			

Service			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Data 1			
Service Name (required field):	Level of Care	Participants	Service Category Name
Personal Emergency Response Systems Response Center Service Alternative service title and other information: Personal Emergency Response Systems Response Center Service Expenses in \$ Expenses in % \$138,429	NF	457	
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Data 2			
Service Name (required field):	Level of Care	Participants	Service Category Name
Personal Emergency Response Systems Purchase, Rental, and Repair Alternative service title and other information: Personal Emergency Response Systems Purchase, Rental & Repair Expenses in \$ Expenses in % \$630	NF	6	
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Data 3			
Service Name (required field):	Level of Care	Participants	Service Category Name
Specialized Medical Equipment/Supplies/Assistive Technology Alternative service title and other information: Specialized Medical Equipment Supplies, Assistive Technology Expenses in \$ Expenses in % \$53,560	NF	351	
HCBS Taxonomy:			
Category 1:	Subcategory 1:		

Service			
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
<hr/>			
Service Name (required field):	Level of Care	Participants	Service Category Name
Transportation Services (Non-Medical)	NF	210	
Alternative service title and other information: Transportation Services - nonmedical			
Expenses in \$ Expenses in % \$299,812			
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
<hr/>			
Service Name (required field):	Level of Care	Participants	Service Category Name
Personal Budget Assistance	NF	22	
Alternative service title and other information: Personal Budget Assistance			
Expenses in \$ Expenses in % \$10,662			
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
<hr/>			
Service Name (required field):	Level of Care	Participants	Service Category Name
Community Transition Services	NF	3	
Alternative service title and other information: Community Transition Services			
Expenses in \$ Expenses in % \$201			
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
<hr/>			
Service Name (required field):	Level of Care	Participants	Service Category Name

Service			
Homemaker Alternative service title and other information: Homemaker Services Expenses in \$ Expenses in % \$1,759,928	NF	509	
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Name (required field):	Level of Care	Participants	Service Category Name
Adult Companion Services Alternative service title and other information: Adult Companion Services Expenses in \$ Expenses in % \$634,200	NF	340	
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Name (required field):	Level of Care	Participants	Service Category Name
Personal Emergency Response Systems Installation, Testing, and Removal Alternative service title and other information: Personal Emergency Response Installation, Testing & Removal Expenses in \$ Expenses in % \$4,229	NF	97	
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
Service Name (required field):	Level of Care	Participants	Service Category Name
Financial Management Services Alternative service title and other information: Financial Management Services Expenses in \$ Expenses in % \$61,056	NF	143	

Service			
HCBS Taxonomy:			
Category 1:	Subcategory 1:		
Category 2:	Subcategory 2:		
Category 3:	Subcategory 3:		
Category 4:	Subcategory 4:		
<hr/>			
Service Name (required field):	Level of Care	Participants	Service Category Name
Personal Attendant Services - Participant employed Alternative service title and other information: Personal Attendant Services Participant employed Expenses in \$ Expenses in % \$1,221,533	NF	149	
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:**

Summary of Quality Assurance Activities between December 2017 and December 2018:

Evidence Package Submission

The SMA and OA submitted its evidence package outlining compliance primarily for waiver years 1 and 2. Year 3 supplemental information is currently being aggregated to be supplied in the first quarter of 2019. Information on performance measure compliance has been provided in questions 6 and 7 below.

Critical Incident/Events

The SMA tracks and investigates all critical incidents/events that involve participants receiving services from the Aging waiver. Safeguards are put in place (where applicable) in order to prevent recurrence of these incidents, and to better protect the health and safety of all waiver recipients. A total of 40 incidents were reviewed by the SMA and OA during the year.

A total of three incidents were referred to APS where the State believed Abuse, Neglect or Exploitation may have been present. Of these, the State has categorized them as following:

- 2 cases of suspected financial exploitation;
- 1 case of suspected abuse committed by others

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):

All items are repeated from the State’s evidence package submitted in September 2018 (WY3 information added 12/12/19):

Level of Care – Sub Assurance B, PM2: WY1 84.6% WY2 82.5% WY3 91.1%
 Health and Welfare, PM1: WY1 78.5% WY2 71.4% WY3 90.9%

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:

All items are repeated from the State’s evidence package submitted in September 2018:

Level of Care – Sub Assurance B, PM2: A quality improvement project will not be implemented at this time. If high compliance is not achieved with the WY3 review a quality improvement project will be implemented at that time.

Health and Welfare, PM1: Training strategy will be used at this time. Evaluation will occur again after the WY3 waiver year review to determine whether or not a quality improvement project will be required.

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:

Tonya Hales

Date: 12/17/2019

Contact Information (optional):

Contact Person:

Phone Number:

Josip Ambrenac

(801) 538-6090

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0272. The time required to complete this information collection is estimated to average 43 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.