

Figure 1-Summary Screen

CMS 372 Reports logged in as MEDSTAT

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Data

Quality

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### 372 Report Maintenance - Summary

State: AZ  
Waiver Base: 0358  
Report Status: DRAFT  
Begin Date:   
End Date:   
Initial Submission Date:   
Report Period Year:   
Waiver Year:  Year 1  Year 2  Year 3  Year 4  Year 5  
Report Type:  Initial Report  Lag Report

**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:  Date:

**Contact Information (optional):**  
Contact Person:   
Phone Number:

Figure 2-Data Screen

CMS 372 Reports
logged in as MEDSTAT

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### 372 Report Maintenance - Data

State:	AZ
Waiver Base:	0358
Report Status:	DRAFT
Begin Date:	<input type="text"/>
End Date:	<input type="text"/>
Initial Submission Date:	
Report Period Year:	<input type="text"/>
Waiver Year:	<input type="radio"/> Year 1 <input type="radio"/> Year 2 <input type="radio"/> Year 3 <input type="radio"/> Year 4 <input type="radio"/> Year 5
Report Type:	<input type="radio"/> Initial Report <input type="radio"/> Lag Report
Unduplicated Participants:	<input type="text"/>
Days of Waiver Enrollment:	<input type="text"/>
Average Length of Stay:	
Total Waiver Expenditures:	\$0.00
APC Waiver Services (Factor D):	
APC for State Plan Services (D'):	<input type="text"/>
APC Total (D + D'):	
Factor G Value:	<input type="text"/>
Factor G' Value:	<input type="text"/>
APC Total if no waiver (G + G'):	
D + D' <= G + G':	
Level/s of Care:	<input type="checkbox"/> ICF/MR <input type="checkbox"/> NF <input type="checkbox"/> Hospital

Additional Information (use if needed): Character Count: 0 out of 12000

Note: Average Per Capita (APC)

**Annual Number of Section 1915c Waiver Recipients and Expenditures:**  
(Specify each service as in the approved waiver)

Service Name	Level of Care	Expenses in \$	Participants	Service Category Name	Delete?
Clinical Supports <small>If Other, specify:</small>	ICF/MR	0.00	0		<input type="checkbox"/>
Clinical Supports <small>If Other, specify:</small>	Hospital	0.00	0		<input type="checkbox"/>

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Figure 3-Quality Screen

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### 372 Report Maintenance - Quality

State: AZ  
Waiver Base: 0358  
Report Status: DRAFT  
Begin Date:   
End Date:   
Initial Submission Date:   
Report Period Year:   
Waiver Year:  Year 1  Year 2  Year 3  Year 4  Year 5  
Report Type:  Initial Report  Lag Report

**Assurances:**

- Assurances were submitted with the initial report. (If you are submitting a lag report this item must be checked.)
- All provider standards and health and welfare safeguards have been met and corrective actions have been taken where appropriate
- 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: Character Count: 0 out of 25000

**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): Character Count: 0 out of 12000

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: Character Count: 0 out of 12000

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