

Waiver Management System 372S Report Screen Shots:

Summary Page:

**CMS 372 Reports**

logged in as QI_TEST_STATE_USER(State Staff)
update mode
OMB Control Number: 0938-0272

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372 Report Maintenance - Summary

State:	ZZ
Waiver Base:	1587
Report Status:	DRAFT
Begin Date:	
End Date:	
Initial Submission Date:	
Report Period Year:	
Waiver Year:	
Report Type:	☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Initial Report ☐ Lag Report ☐ TE 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:

372 Report Maintenance - Data

State:

ZZ

Waiver Base:

1587

Report Status:

DRAFT

Begin Date:

End Date:

Initial Submission Date:

Report Period Year:

Waiver Year:

0

Report Type:

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5

☐ Initial Report ☐ Lag Report ☐ TE Report

Unduplicated Participants:

Character Count:0

Size of 12000

Days of Waiver Enrollment:

0

Average Length of Stay:

0

Total Waiver Expenditures:

APC Waiver Services (Factor D):

\$0.00

APC for State Plan Services (D'):

APC Total (D + D'):

0

Factor G Value:

\$0

Factor G' Value:

0

APC Total if no waiver (G + G'):

0

D + D' <= G + G':

\$0

Level/s of Care:

\$0 <= \$0

☐ 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 (required field):	Level of Care	Expenses in \$	Participants	Service Category Name	Delete?
Please enter the waiver service names exactly as they are listed in the Appendix C of the waiver					
Alternative service title and other information:					

HCBS Taxonomy:

Category 1:

Subcategory 1:

Category 2:

Subcategory 2:

Category 3:

Subcategory 3:

Category 4:

Subcategory 4:

[Add Service Line](#)

Quality Page:

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372 Report Maintenance - Quality

State: ZZ
Waiver Base: 1587
Report Status: DRAFT
Begin Date:
End Date:
Initial Submission Date:
Report Period Year:
Waiver Year:
Report Type: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5
☐ Initial Report ☐ Lag Report ☐ TE Report

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:

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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