

372 Report Maintenance - Summary

State: _____

Waiver Base: _____

Report Status: **SUBMITTED**

Begin Date:

End Date:

Initial Submission Date: _____

TE Date:

Report Period Year: _____

Waiver Year: Year 1 Year 2 Year 3 Year 4 Year 5

Report Type: 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:

Contact Information (optional):

Contact Person: _____

Phone Number: _____

PRA Disclosure Statement

All State Medicaid agencies administering or supervising the administration of 1915(c) home and community-based services (HCBS) waivers are required to submit an annual Form CMS-372(S) Report for each approved waiver. Section 1915(c)(2) (E) of the Social Security Act requires states to annually provide CMS with information on the waiver's impact on the type, amount and cost of services provided under the state plan in addition to the health and welfare of recipients. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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 44 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.

Data Page:

- Summary
- Data**
- Quality

372 Report Maintenance - Data

State:	ZZ
Waiver Base:	1586
Report Status:	ACCEPTED
Begin Date:	04/03/2018
End Date:	04/20/2018
Initial Submission Date:	04/24/2018
TE Date:	
Report Period Year:	
Waiver Year:	2018
Report Type:	<input type="radio"/> Year 1 <input type="radio"/> Year 2 <input checked="" type="radio"/> Year 3 <input type="radio"/> Year 4 <input type="radio"/> Year 5
Unduplicated Participants:	<input type="radio"/> Initial Report <input checked="" type="radio"/> Lag Report <input type="radio"/> TE Report
Days of Waiver Enrollment:	34,694
Average Length of Stay:	234
Total Waiver Expenditures:	0.0
APC Waiver Services (Factor D):	\$233,223.00
APC for State Plan Services (D'):	7
APC Total (D + D'):	234
Factor G Value:	\$241
Factor G' Value:	234
APC Total if no waiver (G + G'):	234
D + D' <= G + G':	\$488
Level/s of Care:	<input checked="" type="checkbox"/> 241 <= 5468 <input type="checkbox"/> ICF / IID <input type="checkbox"/> NF <input type="checkbox"/> 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	Level of Care	Participants	Service Category Name	Delete?
Service Name (required field): Please enter the waiver service/component names exactly as they are listed in Appendix J of the waiver. 0432 Alternative service title and other information: <input type="checkbox"/> Expenses in \$ <input type="checkbox"/> Expenses in % FFS Expenses in \$ 233,223.00 % of unduplicated waiver recipients receiving this managed care service	Hospital	23	Care	<input type="checkbox"/>
HEBS Taxonomy: Category 1: 10 Other Mental Health and Behavioral Services Category 2: Category 3: Category 4:	Subcategory 1: 10050 peer specialist Subcategory 2: Subcategory 3: Subcategory 4:			

Quality Page:

Summary

Data

Quality

[<-- Back](#) | [Continue -->](#)

372 Report Maintenance - Quality

State:	ZZ
Waiver Base:	1586
Report Status:	ACCEPTED
Begin Date:	<input type="text" value="04/03/2016"/>
End Date:	<input type="text" value="04/20/2018"/>
Initial Submission Date:	<input type="text" value="04/24/2018"/>
TE Date:	<input type="text"/>
Report Period Year:	<input type="text"/>
Waiver Year:	<input type="text" value="2018"/>
Report Type:	<input type="radio"/> Year 1 <input type="radio"/> Year 2 <input checked="" type="radio"/> Year 3 <input type="radio"/> Year 4 <input type="radio"/> Year 5 <input type="radio"/> Initial Report <input checked="" type="radio"/> Lag Report <input type="radio"/> TE 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:

Findings of Monitoring:

- No deficiencies were detected during the monitoring process;
- 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):

- 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: