



¹CONTRACTOR: _____

REPORTING PERIOD (1) OF (MM TO MM, YY): _____

(2) MEDICAL EQUIPMENT TYPE	(3) NUMBER OF PROVIDED	(4) AVERAGE <u>NUMBER OF TIME/DAYS</u>	(5) GOAL
Customized Wheelchairs			<u>><90 days</u>
Customized Hospital Beds			<u>><90 days</u>
Augmentative Communication Devices			<u><²>60³90 days</u>

INSTRUCTIONS FOR ATTACHMENT ~~FA~~:

~~ACC, DDD, E/PD, and⁴~~ Contractors shall submit Attachment ~~AF~~ and a cover letter as specified in the Contract.

1. The months and calendar year covered by the reporting period.
2. The type of Medical Equipment provided. Contractors shall report the identified Medical Equipment provided to members placed in Home and Community Based settings only.
3. The number of Medical Equipment provided to members during the reporting period (Note: ‘Provided’ includes delivery of the Medical Equipment itself and completion of installation and/or training to the member. Augmentative Communication Devices ‘Provided’ includes delivery of device and completion of first training visit).

¹ POST APC CHANGE: Removed DME from the title

² POST APC CHANGE- Changing to say less than 90 days. Typo

³ POST APC CHANGE- Changing established AHCCCS goal time frame for this item

⁴ PST APC CHANGE-removed each LOB, applicable to all Contractors

4. The ~~a~~ Average time-in-number of days from the request for the service authorization to the service being provided (Note: 'Provided' includes delivery of the Medical Equipment itself and completion of installation and/or training to the member. Augmentative Communication Devices 'Provided' includes delivery of device and completion of first training visit)⁵.
- 4.5. The goal set by ~~the plan~~ AHCCCS⁶ for the expected timeframes for provision of the Medical Equipment.

⁵ Added to clarify the reporting should reflect the time that a service auth is received to the time it is installed and training provided

⁶ AHCCCS established goal