ACOM POLICY 415, ATTACHMENT GB, HCBS SERVICES NETWORK GAP REPORTING ROSTER

CONTRACTOR: _____ **DATE:** _____

(1) SERVICE	(2) GSA CODE	(3) COUNTY CODE	(4) NUMBER MEMBERS	(5) NUMBER NEW/ 30 DAY	(6) NUMBER CONTINUING/ 14 DAYS

INSTRUCTIONS FOR ATTACHMENT GB:

1. The HCBS service offered. If there are no unfilled appointments for any HCBS service, put 'None' in the table. Insert any additional rows needed.
2. Geographic Service Area Code.
3. County Code.
4. Number of members in the network gap for the HCBS service, GSA, and County being reported.
5. Number of newly enrolled members with unfilled therapy appointments for more than 30 calendar days from the determination of medical necessity.
6. Number of currently enrolled members with unfilled therapy appointments for more than 14 calendar days from the determination of medical necessity.

Effective Date: 10/01/13, 07/01/16, 10/01/17