|  |  |
| --- | --- |
| **Contractor:** |  |
| **Reporting Period (1) of (MM to MM, YY ):**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **(2)****Medical Equipment Type** | **(3)****Number of provided** | **(4)****Average Number of Days** | **(5)****Goal** |
| Customized Wheelchairs |  |  | <90 days |
| Customized Hospital Beds |  |  | <90 days |
| Augmentative Communication Devices |  |  | <90 days |

**Instructions for Attachment A**:

Contractors shall submit Attachment A 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 and completion of installation/delivery and training to the member.)
4. The average number of days from the request for the service authorization to the service being provided. (Note: ‘Provided’ includes delivery of the Medical Equipment and completion of installation/delivery and training to the member.)
5. The goal set by AHCCCS for the expected timeframes for provision of the Medical Equipment.