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| ***Contractor*** |  | ***Date*** |

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| **(1)**  **HCBS Service Description** | **(2)**  **County** | **(3)**  **Number of Services Not Provided to New Members/30 days** | **(4)**  **Number Unique Members (30 days)** | **(5)**  **Number of Services Not Provided to Existing Members/14 days** | **(6)**  **Number of Unique Members (14 days)** |
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**Instructions for Attachment E:**

1. Report the HCBS service here.
2. The reporting County.
3. For the Service/Reporting County, report the number of services not provided to new members within 30 days of enrollment.
4. For the Service/Reporting County, the number of unique new members with at least one service not provided within 30 days of enrollment.
5. For the Service/Reporting County, report the number of services not provided to existing members within 14 days of assessment.
6. For the Service/Reporting County, report the number of unique members with at least one service not provided within 14 days of assessment.

If a member has more than one instance of the same HCBS service not provided, each unprovided instance will be reported in column (3) or (5).

* Note - The member is reported only once in column (4) or (6)

If a member has more than one HCBS service not provided, the same member is reported for each service in column (4) or (6).

**Examples for Attachment E:**

Example 1: If the same, existing member has one authorized Respite service, one authorized Habilitation service, and one authorized Day Treatment and Training Service that were not provided within 14 days of assessment, the member would be reported in Attachment E once under each service, and once in the coversheet under total unique, existing members.

Example 2: If the same, newly-enrolled member has two authorizations for Respite, and one Habilitation authorization that were not provided within 30 days, the member will be reported in Attachment E once under Respite, once under Habilitation, and once in the coversheet under total unique, existing members.