Reporting Period:

Total # of HNT Assessments Completed During the Reporting Period, for members under the age of 18

		DATA DETAIL	CONTRACTOR NOTES
1	Number of COMPLETE ECR requests received during the reporting period		
2	Number of INCOMPLETE ECR requests received during the reporting period		
3	Number of ECRs completed during the reporting period		
4	**Number of ECR decisions, by type:**		
4.a.	ECRs with approval decisions documented		
4.a.i	Only additional direct care tasks/hours:		
4.a.ii	Only habilitation service and/or additional hours:		
4.a.iii	Both direct care services and habilitation services:		
4.b	ECRs with hours and/or additional services denied		
4.b.i	Only direct care tasks/hours:		
4.b.ii	Only habilitation service and/or additional hours:		
4.b.iii	Both direct care services and habilitation services:		
4.c	ECRs with hours and/or additional services denied but non-HNT services are recommended		
4.c.i	Narrative regarding non-HNT service recommendations		
5	**Service Increase Data**		
5.a.	***Direct Care Services***		
5.a.i	Total hours authorized (all ECRs for reporting period)		
5.a.ii	Per member average hours increased		
5.a.iii	Narrative regarding Direct Care Services increases		
5.b	***Habilitation***		
5.b.i	Total increased hours authorized (all ECRs for reporting period)		
5.b.ii	Per member average hours increased		
5.b.iii	Narrative regarding Habiltation Service increases		
6	**ECR Timelines**		
6.a	Average # of Days for HCDM to submit ECR request		
6.b	Average # of Days for ECR Request Submission Review		
6.c	Average # of Days for ECR Decision		
6.d	Average # of Days to Notify Member/HCDM of ECR Decision		
6.e	Average # of Days to issue NOA language, when applicable		
6.f	Average # of Days to authorize approved service updates		
6.g	Average # of days from date of ECR request to HCDM notification of ECR decision		

Reporting Period: _____

Identified Trends: **(if any identified)**	
Identified Concerns: **(if any identified)**	
Planned Process Improvements: **(if any identified)**	