## **ATTACHMENT C: OMPP HCBS Wheelchair Grant Reporting**

In accordance with 42 CFR 438, subpart H, and OMPP policy guidelines grantees must submit all data under the signature of either its Financial Officer or Executive leadership (e.g., President, Chief Executive Officer, Executive Director) certifying the accuracy, truthfulness and completeness of the grantee's data.

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Enter the IHCP Provider Name	
NPI #	
Executive Name:	
Executive Signature:	
Reporting Period	
Enter Submission Date: (Report due 30 days after end of	
quarter. Email report to: TBD)	

		2022 - Q4	2023 - Q1	2023 - Q2	2023 - Q3	2023 - Q4	2024 - Q1	2024 - Q2
Item#	Medicaid NEMT	10/22-12/22	1/23-3/23	4/23-6/23	7/23-9/23	10/23-12/23	1/24-3/24	4/24-6/24
1	Total Requests Received (by # of trip legs)							
2	Total Trip Legs Fulfilled							
Item#	NON-NEMT/Medicaid Data	10/22-12/22	1/23-3/23	4/23-6/23	7/23-9/23	10/23-12/23	1/24-3/24	4/24-6/24
3								