



CONTRACTOR: _____

DATE: _____

NON-MEDICARE CERTIFIED HOME HEALTH AGENCIES (HHA):

	NON-MEDICARE CERTIFIED HHA NAME	AHCCCS ID#	TYPE OF SERVICES PROVIDED	GEOGRAPHIC AREA SERVED
1.				
2.				
3.				
4.				
5.				

Use of a non-Medicare Home Health Agency(ies) is in compliance with AMPM Policy Section 1240, ~~ALTCS Services/Settings, Home Health Services~~Home and Community Based Services¹.

List of nursing facilities ~~who~~ that have withdrawn from the Medicaid Program but are still being utilized by the Contractor. The listing must include the name of the facility and the number of residents the Contractor has in each facility:

	NURSING FACILITY	AHCCCS ID#	CITY / AREA SERVED	NUMBER OF RESIDENTS
1.				
2.				
3.				
4.				

¹ Updated reference to align with AMPM Section 1240

5.				
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OPEN UNTIL 07/25/19