ACOM Policy 415, Attachment F
Agency with Choice Roster
EPD YH18RFP-DRAFT

CONTRACTOR: _____

DATE: _____

1. No.	2. HP ID #	3. GSA	4. County Code	5. Provider Type	6. AHCCCS Provider ID No.	7. Name	8. Address	9. City	10. State	11. Zip	12. Telephone	13. Contact Person	14. Services Provided				15. AWC	16. Comments
													14. Attendant Care	14. Homemaker	14. Habilitation	14. Personal Care		
1																		
2																		
3																		
4																		
5																		

DES/DDD - Do not report independent contractors here.

Instructions for Attachment F:

1. No.: The row number. If you require additional rows, insert the rows and number accordingly.
2. HP ID #: Health Plan Identification Number (ID#)
3. GSA: Geographic Service Area
4. County Code
5. Provider Type: If the provider is an AHCCCS registered provider insert the Provider Type (See AMPM 610 for a list of provider types). If the Provider is not registered with AHCCCS at this time, place "XX" in the Column.
6. AHCCCS Provider Identification No: Insert the AHCCCS assigned number identifying the provider. If the Provider does not have an identification number, leave row blank.
7. Name: The name of the provider as they are registered with AHCCCS.
8. Address: The address where the Provider is located.
9. City: The city where the Provider is located.
10. State: State where the Provider is located.
11. Zip Code: Zip Code for the Provider's address.
12. Telephone: The telephone number of the contact person.
13. Contact Person: The name of the person to contact.
14. Services Provided: For each provider listed, place a "Y" in the column to indicate what services are contracted to be provided (Attendant Care, Homemaker, Habilitation, Personal Care). A provider may provide more than one service..
15. Agency with Choice (AWC): Place a "Y" in the column, if the provider offers the Agency with Choice service model.
16. Comments: List any comments the Contractor has about the provider related to its AWC participation.