

APPENDIX I

Attachment 1A	Notice of Intent to Authorize/Reauthorize or Deny Your Participation in the Long Term Home Health Care Program (LTHHCP)
Attachment 1B	Notice of Intent to Authorize/Reauthorize or Deny Your Participation in the Long Term Home Health Care Program (LTHHCP) (NYC Only)
Attachment IIA	Notice of Intent to Discontinue Your Participation in the Long Term Home Health Care Program (LTHHCP)
Attachment IIB	Notice of Intent to Discontinue Your Participation in the Long Term Home Health Care Program (LTHHCP) (NYC Only)
Attachment IIIA	Notice of Intent to Reduce Your SNF Level Budget to an HRF Budget in the Long Term Home Health Care Program (LTHHCP)
Attachment IIIB	Notice of Intent to Reduce your SNF Level Budget to an HRF Budget in the Long Term Home Health Care Program (LTHHCP) (NYC Only)
Attachment IV	Physician Confirmation Form
Attachment VA	Notice of Intent to Reduce or Discontinue Services in the Long Term Home Health Care Program (LTHHCP) Contrary to Physician's Orders
Attachment VB	Notice of Intent to Reduce or Discontinue Services in the Long Term Home Health Care Program (LTHHCP) Contrary to Physician's Orders (NYC Only)
Attachment VIA	Notice of Intent to Deny Services in the Long Term Home Health Care Program (LTHHCP) Contrary to Physician's Orders
Attachment VIB	Notice of Intent to Deny Services in the Long Term Home Health Care Program (LTHHCP) Contrary to Physician's Orders (NYC Only)