

**LISTING OF ATTACHMENTS**

- Attachment I DOH-4324A - Notice of Intent to Authorize/Reauthorize or Deny Your Participation in the AIDS Home Care Program (AHCP)
- Attachment II DOH-4322A - Notice of Intent to Discontinue Your Participation in the AIDS Home Care Program (AHCP)
- Attachment III DOH-4337A – Physician Confirmation Form
- Attachment IV DOH-4338A - Notice of Intent to Reduce or Discontinue Services in the AIDS Home Care Program (AHCP) Contrary to Physicians Orders
- Attachment V DOH-4340A - Notice of Intent to Deny Services in the AIDS Home Care Program (AHCP) Contrary to Physicians Orders