Medicaid Certified Facilities

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County APACHE Total = 5

Sub-Type : HOSPITAL - CRITICAL ACCESS

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
RGH3899	SAGE MEMORIAL HOSPITAL STATE ROUTE 264 SOUTH 191 PO BOX 457 GANADO AZ 86505	Tele: (928)755-4559 Fax: (928)755-4659	10/01/2013 to 09/30/2016 Capacity : 25 Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-826	LITTLE COLORADO BEHAVIORAL HEALTH CENTERS 470 WEST CLEVELAND SAINT JOHNS AZ 85936	Tele: (928)337-4301 Fax: (928)337-2269	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6047	LITTLE COLORADO BEHAVIORAL HEALTH CENTERS 50 NORTH HOPI SPRINGERVILLE AZ 85938	Tele: (928)333-2683 Fax: (928)333-5595	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6063	SAGE MEMORIAL HOSPITAL BEHAVIORAL HEALTH CLINIC HIGHWAY 191 AND HIGHWAY 264 GANADO AZ 86505	Tele: (928)755-4586 Fax: (928)755-4747	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

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County APACHE Total = 5

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	CHINLE NURSING HOME	Tele: (928)674-5216	to	NONE	
	PO BOX 910	Fax: (928)674-5218	Capacity :		
	CHINLE AZ 86503		Medcaid_Cert: Certified		

County COCHISE Total = 37

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3768	COMMUNITY BRIDGES, INC - DESERT SUNRISE	Tele: (520)586-6171	12/01/2013 to 11/30/2014		
	648 WEST UNION STREET	Fax: (480)831-7563	Capacity : 12		
	BENSON AZ 85602		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH4451	LUMINARIA, LLC	Tele: (520)466-2233	04/03/2014 to 03/31/2015		
	17A DOUGLAS HWY	Fax: (520)466-2242	Capacity : 7		
	BISBEE AZ 85603		Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3764	CARING CONNECTIONS FOR SPECIAL NEEDS, L L C	Tele: (520)686-0884	01/01/2014 to 12/31/2014		
	505 EAST 5TH STREET	Fax: (480)287-8448	Capacity : 5		
	BENSON AZ 85602		Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County COCHISE Total = 37

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1422	MARY'S MISSION AND DEVELOPMENT CENTER 345 TAYLOR DRIVE SIERRA VISTA AZ 85635	Tele: (520)417-2115 Fax: (520)417-2114	04/01/2014 to 03/31/2015 Capacity : 16 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2206	MARY'S MISSION AND DEVELOPMENTAL CENTER 8360 SOUTH HIGHWAY 92 HEREFORD AZ 85615	Tele: (520)417-2115 Fax: (520)417-2114	01/01/2014 to 12/31/2014 Capacity : 8 Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA5230	BAYADA NURSES 4226 AVENIDA COCHISE, SUITE 10 SIERRA VISTA AZ 85635	Tele: (520)459-5300 Fax: (520)458-5900	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA0212	COPPER VALLEY HOME HEALTH 101 COLE AVENUE BISBEE AZ 85603	Tele: (520)432-7450 Fax: (520)432-8092	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4792	LEGACY HOME HEALTHCARE OF SOUTHERN ARIZONA, LLC 4996 EAST MEDITERRANEAN DRIVE, SUITE D SIERRA VISTA AZ 85635	Tele: (520)335-6118 Fax: (520)335-6736	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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Tuesday, July 01, 2014

County COCHISE Total = 37

Sub-Type : HOSPITAL - CRITICAL ACCESS

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0096	BENSON HOSPITAL 450 SOUTH OCOTILLO STREET BENSON AZ 85602	Tele: (520)586-2261 Fax: (520)586-2265	07/01/2014 to 06/30/2015 Capacity : 22 Medcaid_Cert: Certified		
H0098	COPPER QUEEN COMMUNITY HOSPITAL 101 COLE AVENUE BISBEE AZ 85603	Tele: (520)432-5383 Fax: (520)432-1724	04/01/2014 to 03/31/2015 Capacity : 14 Medcaid_Cert: Certified		
H6226X	DOUGLAS COMMUNITY HOSPITAL, INC 2174 WEST OAK AVENUE DOUGLAS AZ 85607	Tele: (520)364-7931 Fax: ( ) -	01/01/2014 to 12/31/2014 Capacity : 25 Medcaid_Cert: Certified		
RGH0128	NORTHERN COCHISE COMMUNITY HOSPITAL 901 WEST REX ALLEN DRIVE WILLCOX AZ 85643	Tele: (520)384-3541 Fax: (520)384-9212	11/01/2013 to 10/31/2014 Capacity : 24 Medcaid_Cert: Certified		

Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2640	PASADERA BEHAVIORAL HEALTH NETWORK (WOMENS TRANSITION PROJECT) 240 O'HARA AVENUE BISBEE AZ 85603	Tele: (520)432-1771 Fax: (520)432-4703	11/01/2013 to 10/31/2014 Capacity : 9 Medcaid_Cert: Certified		

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County COCHISE Total = 37

Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3767	COMMUNITY BRIDGES, INC - BENSON STABILIZATION AND RECOVERY UNIT (SRU) 646 UNION STREET BENSON AZ 85602	Tele: (520)586-9543 Fax: (480)831-7563	12/01/2013 to 11/30/2014 Capacity : 9 Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2641	ALTERNATIVES COUNSELING SERVICES, INC & ASSOCIATES 999 EAST FRY BOULEVARD, SUITE 305 SIERRA VISTA AZ 85635	Tele: (520)459-1148 Fax: (520)459-1454	07/01/2013 to 06/30/2014 Capacity : Medcaid_Cert: Certified		
BH-3772	ARIZONA COUNSEILNG & TREATMENT SERVICES, L L C 500 SOUTH HIGHWAY 80, SUITE A BENSON AZ 85602	Tele: (520)720-0290 Fax: (520)586-4644	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
BH-4094	ARIZONA COUNSELING & TREATMENT SERVICES, L L C 24 HOWELL AVENUE BISBEE AZ 85603	Tele: (520)366-8720 Fax: (928)376-0709	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
BH-3776	ARIZONA COUNSELING & TREATMENT SERVICES, L L C 2039 EAST WILCOX DRIVE, SUITES A & B SIERRA VISTA AZ 85635	Tele: (520)226-9002 Fax: (520)459-0563	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County COCHISE Total = 37

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4399	ARIZONA COUNSELING & TREATMENT SERVICES, L L C 114 & 116 SOUTH ARIZONA AVENUE WILLCOX AZ 85644	Tele: (928)919-2373 Fax: (928)376-0709	10/23/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6010	ARIZONA'S CHILDREN ASSOCIATION 174 SOUTH CORONADO DRIVE, SUITE B & C SIERRA VISTA AZ 85635	Tele: (520)224-9100 Fax: (520)761-1272	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6460	COMMUNITY INTERVENTION ASSOCIATES 1701 NORTH DOUGLAS AVENUE DOUGLAS AZ 85607	Tele: (928)376-0026 Fax: (928)782-2298	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6254	COMMUNITY INTERVENTION ASSOCIATES 1326 HIGHWAY 92, SUITE J BISBEE AZ 85603	Tele: (520)366-3603 Fax: (520)432-3678	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
BH-4382	CORAZON INTEGRATED HEALTHCARE SERVICES 936 F AVENUE, SUITE B DOUGLAS AZ 85607	Tele: (520)836-4278 Fax: (520)836-1786	09/17/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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County COCHISE Total = 37

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5836	EASTER SEALS BLAKE FOUNDATION 1939-A SOUTH FRONTAGE ROAD SIERRA VISTA AZ 85635	Tele: (520)452-9784 Fax: (520)452-0814	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4309	P S A BEHAVIORAL HEALTH AGENCY 1326 HIGHWAY 92, SUITE K BISBEE AZ 85603	Tele: (520)432-3980 Fax: (520)432-8003	08/28/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4406	P S A BEHAVIORAL HEALTH AGENCY 541 10TH STREET DOUGLAS AZ 85607	Tele: (520)805-0049 Fax: (520)805-4443	10/16/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6065	PINAL HISPANIC COUNCIL 1940 11TH STREET DOUGLAS AZ 85607	Tele: (520)364-4508 Fax: (520)364-6439	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6577	SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC - BENSON ADMIN / OUTPATIENT 611 WEST UNION STREET BENSON AZ 85602	Tele: (520)221-0468 Fax: (520)586-6111	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County COCHISE Total = 37

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3043	SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC - SIERRA VISTA OUTPATIENT 4755 CAMPUS DRIVE SIERRA VISTA AZ 85635	Tele: (520)458-9200 Fax: (520)586-6111	05/01/2013 to 04/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6143	SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC / WILLCOX OUTPATIENT 404 REX ALLEN DRIVE WILLCOX AZ 85643	Tele: (520)586-0800 Fax: (520)586-6111	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : RURAL HEALTH CLINICS - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	COPPER QUEEN MEDICAL ASSOCIATES-DOUGLAS 100 EAST 5TH STREET DOUGLAS AZ 85607	Tele: (520)364-7659 Fax: (520)432-1724	to Capacity : Medcaid_Cert: Certified		
	PALOMINAS/HEREFORD RURAL HEALTH CLINIC 10524 EAST HIGHWAY 92 PALOMINAS AZ 85615	Tele: (520)366-0300 Fax: (520)432-1724	to Capacity : Medcaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

Medicaid Certified Facilities

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County COCHISE Total = 37

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-399	GOOD SAMARITAN SOCIETY - QUIBURI MISSION 850 SOUTH HIGHWAY 80 BENSON AZ 85602	Tele: (520)586-2372 Fax: (520)586-7003	07/01/2014 to 06/30/2015 Capacity : 58 Medcaid_Cert: Certified	B	04/30/2014
NCI-2708	HAVEN OF DOUGLAS, LLC 1400 NORTH SAN ANTONIO DOUGLAS AZ 85607	Tele: (520)364-7937 Fax: (520)805-9146	02/01/2014 to 01/31/2015 Capacity : 60 Medcaid_Cert: Certified	B	05/31/2014
NCI-338	KINDRED NURSING AND REHABILITATION-HACIENDA 660 SOUTH CORONADO DRIVE SIERRA VISTA AZ 85635	Tele: (520)459-4900 Fax: (520)458-4082	02/01/2014 to 01/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	01/31/2014
NCI-392	LIFE CARE CENTER OF SIERRA VISTA 2305 EAST WILCOX DRIVE SIERRA VISTA AZ 85635	Tele: (520)458-1050 Fax: (520)458-6944	07/01/2014 to 06/30/2015 Capacity : 2E Medcaid_Cert: Certified	A	02/28/2014
NCI-301	NORTHERN COCHISE NURSING HOME 901 WEST REX ALLEN DRIVE WILLCOX AZ 85643	Tele: (520)384-3541 Fax: (520)384-9212	07/01/2014 to 06/30/2015 Capacity : 24 Medcaid_Cert: Certified	A	01/31/2014

County COCONINO Total = 34

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

Medicaid Certified Facilities

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Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OSC5616	BDPEC ASC FLAGSTAFF 350 NORTH SWITZER CANYON DRIVE FLAGSTAFF AZ 86001	Tele: (928)770-0500 Fax: (928)770-6350	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OSC5424	BDPEC ASC SEDONA 95 SOLDIER PASS ROAD, SUITE A-2 SEDONA AZ 86336	Tele: (602)955-1000 Fax: (602)508-4830	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4520C	EMERITUS AT FLAGSTAFF 2100 SOUTH WOODLANDS VILLAGE BLVD FLAGSTAFF AZ 86001	Tele: (928)779-7045 Fax: (928)779-0098	09/01/2013 to 08/31/2014 Capacity : 74 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4066	ALTERNATIVE TO MEDS CENTER 185 ROADRUNNER DRIVE SEDONA AZ 86336	Tele: (510)355-7195 Fax: (888)486-7515	08/01/2013 to 07/31/2014 Capacity : 18 Medcaid_Cert: Certified		
BH-3337	SEQUELCARE OF ARIZONA 6070 NORTH TREADWAY TRAIL FLAGSTAFF AZ 86004	Tele: (928)777-3280 Fax: (928)717-1660	11/01/2013 to 10/31/2014 Capacity : 8 Medcaid_Cert: Certified		

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2956	THE GUIDANCE CENTER, INC 2697 EAST INDUSTRIAL DRIVE FLAGSTAFF AZ 86004	Tele: (928)527-1899 Fax: (928)714-6480	08/01/2014 to 07/31/2015 Capacity : 16 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3875	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / HOMESTEAD NORTH 7345 HIDDEN HILLS ROAD FLAGSTAFF AZ 86004	Tele: (928)526-2383 Fax: (520)884-0383	05/01/2013 to 04/30/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-1709	NORTHLAND FAMILY HELP CENTER 2100 NORTH WALGREENS STREET, SUITE Y FLAGSTAFF AZ 86004	Tele: (928)774-4503 Fax: (928)774-5809	04/01/2014 to 03/31/2015 Capacity : 12 Medcaid_Cert: Certified		
BH-3195	SEQUELCARE OF ARIZONA 8800 NORTH MARY'S DRIVE FLAGSTAFF AZ 86004	Tele: (928)777-3280 Fax: (928)717-1660	11/01/2013 to 10/31/2014 Capacity : 14 Medcaid_Cert: Certified		

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

Medicaid Certified Facilities

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Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6574	NATIVE AMERICANS FOR COMMUNITY ACTION 2717 NORTH STEVES BOULEVARD, SUITE 11 FLAGSTAFF AZ 86004	Tele: (928)526-2968 Fax: (928)526-0708	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3429	HORIZON HOME HEALTH 32 NORTH 10TH AVENUE, SUITE 204 PAGE AZ 86040	Tele: (928)645-9110 Fax: (928)645-9410	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA2914	NNI HOME CARE SERVICES 624 NORTH HUMPHREYS, SUITE A FLAGSTAFF AZ 86001	Tele: (928)556-0755 Fax: (928)556-0625	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
HHA0049	NORTHERN ARIZONA HOMECARE FLAGSTAFF 107 EAST OAK AVENUE, SUITE 102A FLAGSTAFF AZ 86001	Tele: (928)773-2238 Fax: (928)773-2078	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - CRITICAL ACCESS

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Sub-Type : HOSPITAL - CRITICAL ACCESS

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0086	PAGE HOSPITAL 501 NORTH NAVAJO DRIVE PAGE AZ 86040	Tele: (928)645-2424 Fax: (928)645-3549	05/01/2012 to 04/30/2015 Capacity : 25 Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0169	FLAGSTAFF MEDICAL CENTER 1200 NORTH BEAVER STREET FLAGSTAFF AZ 86001	Tele: (928)773-2009 Fax: (928)773-2315	02/01/2012 to 11/30/2014 Capacity : 3E Medcaid_Cert: Certified		

Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SABH6449	ENCOMPASS HEALTH SERVICES, INC 32 NORTH 10TH AVENUE, SUITE 5 PAGE AZ 86040	Tele: (928)645-5113 Fax: (928)645-3254	07/01/2014 to 06/30/2015 Capacity : 12 Medcaid_Cert: Certified		
BH-4383	GUIDANCE CENTER, INC, THE 2187 NORTH VICKEY STREET FLAGSTAFF AZ 86004	Tele: (928)527-1899 Fax: (928)714-6480	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6051	ARIZONA'S CHILDREN ASSOCIATION 906 WEST UNIVERSITY AVENUE, SUITE 140 & 150 FLAGSTAFF AZ 86001	Tele: (928)527-1000 Fax: (928)527-1400	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC5939	BEHAVIORAL CONSULTATION SERVICES OF NORTHERN ARIZONA, B.C.S.N.A L L C 906 WEST UNIVERSITY AVENUE, SUITE 120 FLAGSTAFF AZ 86001	Tele: (928)522-3780 Fax: (928)563-0048	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
BH-4088	CANYONLANDS COMMUNITY HEALTH CARE 467 VISTA AVENUE, SUITE B PAGE AZ 86040	Tele: (928)645-8123 Fax: (928)645-3862	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
OTC5980	CATHOLIC CHARITIES COMMUNITY SERVICES, INC 460 NORTH SWITZER CANYON DRIVE, SUITE 400 FLAGSTAFF AZ 86001	Tele: (928)774-9125 Fax: (928)774-0697	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
BH-3378	CHILD & FAMILY SUPPORT SERVICES, INC 1515 EAST CEDAR AVENUE, SUITE D-2 FLAGSTAFF AZ 86004	Tele: (928)774-0775 Fax: (928)774-0856	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3933	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / C C S FLAGSTAFF 419 NORTH SAN FRANCISCO FLAGSTAFF AZ 86001	Tele: (520)884-7954 Fax: (520)884-0383	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6387	ENCOMPASS HEALTH SERVICES, INC 170 NORTH MAIN STREET FREDONIA AZ 86022	Tele: (928)643-7230 Fax: (928)643-7988	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2845	GUIDANCE CENTER, INC, THE 2695 EAST INDUSTRIAL DRIVE FLAGSTAFF AZ 86004	Tele: (928)527-1899 Fax: (928)714-6480	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6139	GUIDANCE CENTER, INC, THE 220 WEST GRANT AVENUE WILLIAMS AZ 86046	Tele: (928)635-4272 Fax: (928)635-9143	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6088	GUIDANCE CENTER, INC, THE 2187 NORTH VICKEY STREET FLAGSTAFF AZ 86004	Tele: (928)527-1899 Fax: (928)714-6480	12/01/2013 to 11/30/2014 Capacity : 12 Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5947	NORTHERN ARIZONA SUBSTANCE ABUSE SERVICES (N.A.S.A.S) 2101 NORTH 4TH STREET, SUITE 100 FLAGSTAFF AZ 86004	Tele: (928)773-9376 Fax: (928)773-1774	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6338	NORTHLAND FAMILY HELP CENTER 2100 NORTH WALGREENS STREET, SUITE C FLAGSTAFF AZ 86004	Tele: (928)774-4503 Fax: (928)774-5809	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3407	SOUTHWEST BEHAVIORAL HEALTH SERVICE, INC - FLAGSTAFF OUTPATIENT 1515 EAST CEDAR AVENUE, STE B-2 B-3, B-4, E-1, E-2 FLAGSTAFF AZ 86004	Tele: (602)285-4282 Fax: (602)265-8377	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5974	SPECTRUM HEALTHCARE GROUP, INC 2880 HOPI DRIVE SEDONA AZ 86336	Tele: (928)634-2236 Fax: (928)634-1221	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

Medicaid Certified Facilities

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County COCONINO Total = 34

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2662	HAVEN OF FLAGSTAFF, LLC 800 WEST UNIVERSITY AVENUE FLAGSTAFF AZ 86001	Tele: (928)779-6931 Fax: (928)779-2180	02/01/2014 to 01/31/2015 Capacity : 80 Medcaid_Cert: Certified	A	02/28/2014
NCI-2709	KACHINA POINT REHABILITATION HOSPITAL, LLC 505 JACKS CANYON ROAD SEDONA AZ 86351	Tele: (928)284-1000 Fax: (714)256-2003	05/01/2014 to 04/30/2015 Capacity : 1E Medcaid_Cert: Certified	A	07/31/2014
NCI-2515	THE PEAKS, A SENIOR LIVING COMMUNITY 3150 NORTH WINDING BROOK ROAD EAST FLAGSTAFF AZ 86001	Tele: (928)774-7106 Fax: (928)213-0831	04/01/2014 to 03/31/2015 Capacity : 58 Medcaid_Cert: Certified	A	02/28/2014

County GILA Total = 20

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1863	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - ROUND VALLEY RESIDENTIAL 8985 WEST STAGELINE ROAD PAYSON AZ 85541	Tele: (602)285-4282 Fax: (602)265-8533	02/01/2014 to 01/31/2015 Capacity : 16 Medcaid_Cert: Certified		

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

Medicaid Certified Facilities

Tuesday, July 01, 2014

County GILA Total = 20

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC4357	RIM COUNTRY DIALYSIS 809 WEST LONGHORN ROAD PAYSON AZ 85541	Tele: (928)474-7000 Fax: (928)474-9983	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5504	CANYONLANDS HEALTHCARE GLOBE 5860 SOUTH HOSPITAL DRIVE, SUITE 102 GLOBE AZ 85501	Tele: (928)402-0491 Fax: (928)402-0490	09/01/2014 to 08/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HB 2113 JUVENILE GROUP HOME/OPC

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2484	HORIZON HUMAN SERVICES 415 WEST BASELINE SPUR GLOBE AZ 85501	Tele: (928)402-9297 Fax: (928)402-9414	11/01/2013 to 10/31/2014 Capacity : 12 Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA5649	ARIZONA SENIOR HOME CARE, LLC 146 EAST RADIUM DRIVE GLOBE AZ 85501	Tele: (928)425-4663 Fax: (928)425-4662	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County GILA Total = 20

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4580	PAYSON REGIONAL HOME HEALTH 708 EAST ROUTE 260 PAYSON AZ 85541	Tele: (928)472-5245 Fax: (928)472-5250	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - CRITICAL ACCESS

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0126	COBRE VALLEY REGIONAL MEDICAL CENTER 5880 SOUTH HOSPITAL DRIVE GLOBE AZ 85501	Tele: (928)425-3261 Fax: (928)425-7903	03/01/2014 to 02/28/2015 Capacity : 25 Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
FED ONLY	DHEW IND HLTH SVCS & MNTL HLTH 223 CIBECUE CIRCLE ROAD SAN CARLOS AZ 85550	Tele: (928)475-7347 Fax: (928)475-7370	to Capacity : Medcaid_Cert: Certified		

Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4083	COMMUNITY BRIDGES, INC - GLOBE STABILIZATION AND RECOVERY UNIT 5734 EAST HOPE LANE, SUITE 1 GLOBE AZ 85501	Tele: (928)425-2415 Fax: (480)831-7563	09/01/2013 to 08/31/2014 Capacity : 9 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County GILA Total = 20

Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4158	COMMUNITY BRIDGES, INC - PAYSON STABILIZATION AND RECOVERY UNIT AND OPC 803 WEST MAIN STREET, SUITE B PAYSON AZ 85541	Tele: (928)468-0022 Fax: (480)831-7566	11/01/2013 to 10/31/2014 Capacity : 9 Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6025	COMMUNITY BRIDGES, INC - GLOBE OUTPATIENT SERVICES CENTER 5734 EAST HOPE LANE, SUITE 2 GLOBE AZ 85501	Tele: (480)831-7566 Fax: (480)831-7563	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6317	HORIZON HUMAN SERVICES 600 EAST HIGHWAY 260, SUITES 8 & 9 PAYSON AZ 85541	Tele: (928)474-4917 Fax: (928)474-7094	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
BH-4167	HORIZON HUMAN SERVICES 2250 HIGHWAY 60, SUITE I GLOBE AZ 85501	Tele: (928)402-8032 Fax: (928)402-9099	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County GILA Total = 20

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6017	PAYSON OUTPATIENT SERVICES CENTER 803 WEST MAIN STREET PAYSON AZ 85541	Tele: (480)831-7566 Fax: (480)831-7563	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6475	SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC - GLOBE OUTPATIENT 996 NORTH BROAD STREET, SUITES 1 & 10 GLOBE AZ 85501	Tele: (520)586-0800 Fax: (520)586-6111	05/01/2013 to 04/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5970	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - RIM GUIDANCE CENTER - AERO LOCATION 404 WEST AERO DRIVE PAYSON AZ 85541	Tele: (602)285-4282 Fax: (602)265-8377	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2668	RIM COUNTRY HEALTH & RETIREMENT COMMUNITY 807 WEST LONGHORN ROAD PAYSON AZ 85541	Tele: (928)474-1120 Fax: (928)474-0505	10/01/2013 to 09/30/2014 Capacity : 1E Medcaid_Cert: Certified	A	01/31/2015

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

Medicaid Certified Facilities

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County GILA Total = 20

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-412	COPPER MOUNTAIN INN 1100 MONROE STREET GLOBE AZ 85501	Tele: (928)425-5721 Fax: (928)425-3745	10/01/2013 to 09/30/2014 Capacity : 1E Medcaid_Cert: Certified	A	12/31/2014
NCI-2650	HERITAGE HEALTH CARE CENTER 1300 SOUTH SOUTH STREET GLOBE AZ 85501	Tele: (928)425-3118 Fax: (928)425-0707	03/01/2014 to 02/28/2015 Capacity : 96 Medcaid_Cert: Certified	A	03/31/2014
NCI-2655	PAYSON CARE CENTER 107 EAST LONE PINE DRIVE PAYSON AZ 85541	Tele: (928)474-6896 Fax: (928)474-6997	10/01/2013 to 09/30/2014 Capacity : 2E Medcaid_Cert: Certified	A	09/30/2014

County GRAHAM Total = 9

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6341H	ARBORS ASSISTED LIVING 2150 SOUTH 1ST AVENUE SAFFORD AZ 85546	Tele: (928)348-3293 Fax: (928)428-0207	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County GRAHAM Total = 9

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8211H	EAST WARD ASSISTED LIVING, LLC 1969 EAST SOLOMON ROAD SAFFORD AZ 85546	Tele: (928)428-0968 Fax: (928)428-8058	10/01/2013 to 09/30/2015 Capacity : 9 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL2794H	MULBERRY HOUSE 275 SOUTH MAIN STREET PIMA AZ 85543	Tele: (928)485-0090 Fax: (928)485-2592	03/01/2014 to 02/28/2015 Capacity : 6 Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA0210	MT GRAHAM REGIONAL MEDICAL CENTER HOME HEALTH 1600 SOUTH 20TH AVENUE, BUILDING E SAFFORD AZ 85546	Tele: (928)348-4047 Fax: (928)348-3868	09/01/2014 to 08/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0140	MOUNT GRAHAM REGIONAL MEDICAL CENTER 1600 SOUTH 20TH AVENUE SAFFORD AZ 85546	Tele: (928)348-4000 Fax: (928)348-5701	04/01/2014 to 03/31/2015 Capacity : 49 Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

Medicaid Certified Facilities

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County GRAHAM Total = 9

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3773	ARIZONA COUNSELING & TREATMENT SERVICES, L L C 301 EAST 4TH STREET, SUITE A SAFFORD AZ 85546	Tele: (928)792-4242 Fax: (928)428-3885	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6495	SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC - SAFFORD OUTPATIENT 1615 SOUTH 1ST AVENUE SAFFORD AZ 85546	Tele: (520)221-0468 Fax: (520)586-6111	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : RURAL HEALTH CLINICS - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	MT GRAHAM REGIONAL MEDICAL CENTER RURAL HEALTH CLINIC 2250 WEST 16TH STREET SAFFORD AZ 85546	Tele: (928)348-4006 Fax: (928)348-5701	to Capacity : Medcaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2653	HAVEN OF SAFFORD, LLC 1933 PEPPERTREE DRIVE SAFFORD AZ 85546	Tele: (928)428-4910 Fax: (928)567-3794	02/01/2014 to 01/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	07/31/2014

County GREENLEE Total = 2

Sub-Type : OUTPATIENT TREATMENT CENTER

Medicaid Certified Facilities

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County GREENLEE Total = 2

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3775	ARIZONA COUNSELING & TREATMENT SERVICES, L L C 562 NORTH CORONADO BOULEVARD CLIFTON AZ 85533	Tele: (928)792-2661 Fax: (928)865-4554	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6388	SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC - CLIFTON OUTPATIENT 430 NORTH CORONADO BOULEVARD CLIFTON AZ 85533	Tele: (928)865-4531 Fax: (520)586-6111	06/01/2013 to 05/31/2014 Capacity : Medcaid_Cert: Certified		

County LA PAZ Total = 8

Sub-Type : HOSPITAL - CRITICAL ACCESS

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
FED ONLY	COLORADO RIVER SERVICE UNIT, INDIAN HEALTH SERVICE 12033 AGENCY ROAD PARKER AZ 85344	Tele: (928)669-3130 Fax: (928)669-3131	to Capacity : Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3474	ARIZONA COUNSELING & TREATMENT SERVICES, L L C 1021 SOUTH KOFA AVENUE PARKER AZ 85344	Tele: (928)376-0220 Fax: (928)376-0709	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County LA PAZ Total = 8

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3476	ARIZONA COUNSELING & TREATMENT SERVICES, L L C 730 WEST COWELL STREET QUARTZSITE AZ 85359	Tele: (928)376-0220 Fax: (928)376-0709	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
BH-4302	COMMUNITY INTERVENTION ASSOCIATES 1516 OCOTILLO AVENUE PARKER AZ 85344	Tele: (928)669-5319 Fax: (928)669-5368	09/04/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
OTC5927	LA PAZ COUNSELING SERVICES, P L L C 1017 SOUTH LAGUNA AVENUE PARKER AZ 85344	Tele: (928)669-6906 Fax: (928)669-6909	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6314	P S A BEHAVIORAL HEALTH AGENCY - ART AWAKENINGS 820 CALIFORNIA AVENUE, SUITE 104 PARKER AZ 85344	Tele: (928)669-5415 Fax: (928)669-5416	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : RURAL HEALTH CLINICS - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC0810	LA PAZ MEDICAL SERVICES QUARTZSITE 150 EAST TYSON ROAD QUARTZSITE AZ 85359	Tele: (928)927-8747 Fax: (928)927-8748	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County LA PAZ Total = 8

Sub-Type : RURAL HEALTH CLINICS - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5490	PARKER MEDICAL CENTER 905 FIESTA AVENUE PARKER AZ 85344	Tele: (928)669-2225 Fax: (928)669-6751	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

County MARICOPA Total = 1087

Sub-Type : ADULT DAY HEALTH CARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5180D	ARBOR ROSE ADULT DAY CLUB 6063 EAST ARBOR AVENUE MESA AZ 85206	Tele: (480)654-8200 Fax: (480)981-9379	06/01/2014 to 05/31/2015 Capacity : 90 Medcaid_Cert: Certified		
AL0159D	LINCOLN ADULT DAY HEALTH CARE 303 EAST EVA STREET PHOENIX AZ 85020	Tele: (602)870-6374 Fax: (602)331-5730	10/01/2014 to 09/30/2015 Capacity : 60 Medcaid_Cert: Certified		

Sub-Type : ADULT FOSTER CARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7968F	A DIVINE LOVE HOME CARE 3609 WEST RUE DE LAMOUR AVENUE PHOENIX AZ 85029	Tele: (602)595-9583 Fax: (602)595-9583	07/01/2014 to 06/30/2015 Capacity : 4 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County MARICOPA Total = 1087

Sub-Type : ADULT FOSTER CARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5570F	ADELA LUPEA 7321 NORTH 82ND DRIVE GLENDALE AZ 85303	Tele: (623)842-5765 Fax: (623)842-5765	10/01/2014 to 09/30/2015 Capacity : 4 Medcaid_Cert: Certified		
AL5626F	ADULT CARE BY DAN OLNEY 4547 WEST HEARN ROAD GLENDALE AZ 85306	Tele: (602)938-9473 Fax: (602)938-9473	10/01/2014 to 09/30/2015 Capacity : 4 Medcaid_Cert: Certified		
AL5624F	ANA OLAR 1939 WEST AMELIA PHOENIX AZ 85015	Tele: (602)241-9013 Fax: (602)241-9013	10/01/2014 to 09/30/2015 Capacity : 4 Medcaid_Cert: Certified		
AL5487F	ANA SIPOS 4035 EAST ST JOHN ROAD PHOENIX AZ 85032	Tele: (602)404-0147 Fax: (602)404-0147	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		
AL5622F	ANGEL ADULT FOSTER CARE 3103 WEST VIA MONTOYA PHOENIX AZ 85027	Tele: (623)322-0057 Fax: (623)322-0057	10/01/2014 to 09/30/2015 Capacity : 4 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County MARICOPA Total = 1087

Sub-Type : ADULT FOSTER CARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5472F	ANGELICA PAUL 15820 NORTH 20TH STREET PHOENIX AZ 85022	Tele: (602)493-4966 Fax: (602)493-4966	10/01/2014 to 09/30/2015 Capacity : 4 Medcaid_Cert: Certified		
AL5462F	ANNE ASHWORTH 835 WEST PERALTA AVENUE MESA AZ 85210	Tele: (480)820-0620 Fax: (480)718-5624	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		
AL5517F	CAROLINE BAYLON 15607 NORTH 91ST DRIVE PEORIA AZ 85382	Tele: (623)583-7815 Fax: ( ) -	10/01/2014 to 09/30/2015 Capacity : 4 Medcaid_Cert: Certified		
AL6922F	DANIELA BOHA 4825 WEST CHARLESTON AVENUE GLENDALE AZ 85308	Tele: (602)439-2124 Fax: (602)439-3122	01/01/2014 to 12/31/2014 Capacity : 3 Medcaid_Cert: Certified		
AL5496F	EMILIA CIUPE 27421 NORTH 59TH DRIVE PHOENIX AZ 85085	Tele: (623)245-1674 Fax: ( ) -	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ADULT FOSTER CARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5534F	G AND B ADULT FOSTER CARE HOME 4523 NORTH 14TH AVENUE PHOENIX AZ 85013	Tele: (602)264-3072 Fax: (602)264-3072	10/01/2014 to 09/30/2015 Capacity : 4 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6436F	HEAVEN ON EARTH 18640 WEST ONYX AVENUE WADDELL AZ 85355	Tele: (623)848-9834 Fax: (623)691-0911	01/01/2014 to 12/31/2014 Capacity : 4 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5583F	HELENA BARTOSZEK 3031 EAST TOPEKA DRIVE PHOENIX AZ 85050	Tele: (602)765-9576 Fax: (623)444-6818	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5556F	IRINA HRENIUC 6401 WEST SURREY LANE GLENDALE AZ 85304	Tele: (623)486-3235 Fax: (623)486-3235	10/01/2014 to 09/30/2015 Capacity : 4 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5603F	LOUISE HAWTHORNE 510 NORTH OLIVE STREET MESA AZ 85203	Tele: (480)962-4553 Fax: ( ) -	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ADULT FOSTER CARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7396F	MALGORZATA PODPORA-ADULT FOSTER HOME 7502 EAST BAJADA ROAD SCOTTSDALE AZ 85266	Tele: (480)747-1552 Fax: (480)513-6482	04/01/2014 to 03/31/2015 Capacity : 4 Medcaid_Cert: Certified		
AL5575F	MALLORYS ADULT FOSTER CARE 5009 NORTH 61ST AVNEUE GLENDALE AZ 85301	Tele: (623)842-9512 Fax: (623)842-9512	10/01/2014 to 09/30/2015 Capacity : 4 Medcaid_Cert: Certified		
AL5457F	MARINELA ALAMAN 2227 WEST CHARLESTON PHOENIX AZ 85023	Tele: (602)993-9021 Fax: (602)795-4485	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		
AL5536F	MARTY CARDOZA 2221 EAST KNOLL STREET MESA AZ 85213	Tele: (480)962-0308 Fax: (480)962-0308	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		
AL7057F	MERI PACURAR ADULT FOSTER CARE HOME 1922 WEST BONANZA LANE PHOENIX AZ 85085	Tele: (623)476-7943 Fax: (623)476-7943	04/01/2014 to 03/31/2015 Capacity : 4 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County MARICOPA Total = 1087

Sub-Type : ADULT FOSTER CARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5632F	MIKE SULLIVAN 2138 WEST COOLBROOK PHOENIX AZ 85023	Tele: (602)866-7064 Fax: (602)866-7993	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5627F	PAULINA ONIGA ADULT FOSTER CARE 4835 WEST PARADISE DRIVE GLENDALE AZ 85304	Tele: (602)375-8626 Fax: (602)843-4255	10/01/2014 to 09/30/2015 Capacity : 4 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5594F	RUBY GRAHAM 3815 EAST BECKER PHOENIX AZ 85028	Tele: (602)494-0041 Fax: (602)354-7511	10/01/2013 to 09/30/2014 Capacity : 2 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5522F	SLAVA ZABLOCKA 1946 EAST SOLANO DRIVE PHOENIX AZ 85016	Tele: (602)266-2910 Fax: ( ) -	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5541F	SOPHIE TROJANEK 4428 WEST CHOLLA GLENDALE AZ 85304	Tele: (602)938-8522 Fax: (602)354-3741	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ADULT FOSTER CARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5625F	STANA OLARI 25851 NORTH CENTRAL PHOENIX AZ 85085	Tele: (623)581-8800 Fax: ( ) -	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		
AL5519F	SULON BEAL 1522 WEST CAROL AVENUE MESA AZ 85202	Tele: (480)898-0104 Fax: (480)898-7379	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		
AL5512F	SUSAN FISHER FOSTER CARE 13037 NORTH 56TH AVENUE GLENDALE AZ 85304	Tele: (602)938-6317 Fax: ( ) -	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		
AL5465F	TERESA AURITA 5838 NORTH 22ND DRIVE PHOENIX AZ 85015	Tele: (602)246-9449 Fax: (602)246-9449	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		
AL5586F	VALENTINA GEORGESCU 17825 NORTH 27TH DRIVE PHOENIX AZ 85053	Tele: (602)298-6546 Fax: (602)298-9205	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		

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County MARICOPA Total = 1087

Sub-Type : ADULT FOSTER CARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7602F	VIOLETA'S HOME CARE 16257 NORTH 43RD LANE GLENDALE AZ 85306	Tele: (602)843-2798 Fax: (602)843-2798	04/01/2014 to 03/31/2015 Capacity : 4 Medcaid_Cert: Certified		

Sub-Type : ADULT THERAPEUTIC FOSTER HOME

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4392	BRIGITTE GENO 8365 NORTH 56TH DRIVE GLENDALE AZ 85302	Tele: (602)419-1332 Fax: ( ) -	09/23/2013 to 08/31/2014 Capacity : 2 Medcaid_Cert: Certified		
BH-3859	ODEL L BURNES, SR 7104 SOUTH 70TH DRIVE LAVEEN AZ 85339	Tele: (480)270-0200 Fax: (602)374-5813	03/01/2014 to 02/28/2015 Capacity : 2 Medcaid_Cert: Certified		

Sub-Type : ADULTH BH THERAPEUTIC HOME

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4025	CECELIA'S HOME 16235 WEST CORONADO ROAD GOODYEAR AZ 85395	Tele: (623)882-3319 Fax: (623)882-3664	05/01/2014 to 04/30/2015 Capacity : 3 Medcaid_Cert: Certified		
BH-3918	DESIRE RUSINGIZWA 12634 WEST ESTERO LANE LITCHFIELD PARK AZ 85340	Tele: (602)214-9544 Fax: (623)266-4688	12/01/2013 to 11/30/2014 Capacity : 2 Medcaid_Cert: Certified		

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County MARICOPA Total = 1087

Sub-Type : ADULTH BH THERAPEUTIC HOME

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3123	PATRICIA ANN GARRETT 3140 SOUTH TOBIN CIRCLE MESA AZ 85212	Tele: (480)907-5207 Fax: (480)907-5207	08/01/2014 to 07/31/2015 Capacity : 3 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4267	WATKINS HOME 15372 WEST ROANOKE AVENUE GOODYEAR AZ 85395	Tele: (602)369-8514 Fax: (602)439-7014	05/01/2014 to 04/30/2015 Capacity : 3 Medcaid_Cert: Certified		

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OSC4384	AHWATUKEE SURGERY CENTER 15810 SOUTH 45TH STREET, SUITE 150 PHOENIX AZ 85048	Tele: (480)747-6240 Fax: (480)747-6238	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OSC5488	ARIZONA ADVANCED ENDOSCOPY LLC 2680 SOUTH VAL VISTA DRIVE SUITE #127 GILBERT AZ 85295	Tele: (480)253-5656 Fax: (480)253-5680	09/01/2014 to 08/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OSC5217	AZ WEST ENDOSCOPY CENTER, LLC 1850 NORTH 95TH AVENUE SUITE 190 PHOENIX AZ 85037	Tele: (623)594-4060 Fax: (623)594-8736	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	BANNER GATEWAY SURGERY CENTER 2940 EAST BANNER GATEWAY DRIVE, SUITE 100 GILBERT AZ 85234	Tele: (480)641-9292 Fax: (480)830-5524	to Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5073	EV PAIN SOLUTIONS, LLC 18610 EAST RITTENHOUSE, BUILDING A, SUITE 101 QUEEN CREEK AZ 85142	Tele: (623)486-1510 Fax: (623)486-1529	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OSC4986	EYE SURGERY CENTER AT THE BILTMORE 2222 EAST HIGHLAND AVENUE SUITE #101 PHOENIX AZ 85016	Tele: (602)279-2434 Fax: (602)279-6475	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OSC4560	LASER SURGERY CENTER AT DREAMY DRAW 10255 NORTH 32ND STREET PHOENIX AZ 85028	Tele: (602)258-7003 Fax: (602)254-3474	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OSC5460	MOSC, LLC 4611 EAST SHEA BOULEVARD, BUILDING 1, SUITE #100 PHOENIX AZ 85028	Tele: (602)996-4713 Fax: (602)787-0850	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OSC4727	NORTH SCOTTSDALE OUTPATIENT SURGERY CENTER LLC 8913 EAST BELL ROAD, SUITE #101 SCOTTSDALE AZ 85260	Tele: (480)284-4355 Fax: (480)284-4951	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
OTC4909	NOVOCUR PAIN MANAGEMENT SOLUTIONS 10025 EAST DYNAMITE BOULEVARD, SUITE B150 SCOTTSDALE AZ 85262	Tele: (480)515-1886 Fax: (480)419-1193	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
OTC4116	NOVOCUR, LLC 1076 WEST CHANDLER BOULEVARD, SUITE 109 CHANDLER AZ 85224	Tele: (480)786-4644 Fax: (480)732-9948	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OSC0068	OUTPATIENT SURGERY CENTER 2255 NORTH SCOTTSDALE ROAD SCOTTSDALE AZ 85257	Tele: (480)464-8000 Fax: (480)990-2556	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OSC5174	SANTAN SURGERY CENTER 1704 EAST BOSTON STREET GILBERT AZ 85295	Tele: (480)656-8600 Fax: (480)656-8601	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OSC4443	SOUTHEAST VALLEY ENDOSCOPY CENTER, LLC 875 SOUTH DOBSON ROAD CHANDLER AZ 85224	Tele: (480)855-2039 Fax: (480)855-2024	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		
OSC4415	SUN CITY WEST SURGERY CENTER 12361 WEST BOLA DRIVE, SUITE A112 SURPRISE AZ 85374	Tele: (623)815-5000 Fax: (623)815-5010	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OSC5647	SURGCENTER AT PIMA CROSSING 8415 NORTH PIMA ROAD, SUITE 190 SCOTTSDALE AZ 85258	Tele: (503)481-6816 Fax: ( ) -	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OSC6078	SURGCENTER GILBERT 3345 SOUTH VAL VISTA DRIVE, SUITE 110 GILBERT AZ 85297	Tele: (480)726-2279 Fax: (480)726-6630	12/10/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OSC5701	SURGICAL CENTERS OF ARIZONA, LLC 2629 NORTH SCOTTSDALE ROAD, SUITE 100 SCOTTSDALE AZ 85257	Tele: (623)334-4000 Fax: ( ) -	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

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Sub-Type : ASSISTED LIVING CENTER-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7482C	AMETHYST ARBOR ASSISTED LIVING 9257 WEST UNION HILLS DRIVE PEORIA AZ 85382	Tele: (623)974-2255 Fax: (623)974-2288	01/01/2014 to 12/31/2014 Capacity : 1E Medcaid_Cert: Certified		
AL7481C	AMETHYST GARDENS 18170 NORTH 91ST AVENUE PEORIA AZ 85382	Tele: (623)974-5848 Fax: (623)972-7763	01/01/2014 to 12/31/2014 Capacity : 3E Medcaid_Cert: Certified		
AL2589C	ARBOR ROSE SENIOR CARE 6063 EAST ARBOR AVE MESA AZ 85206	Tele: (480)654-8200 Fax: (480)981-9379	01/01/2014 to 12/31/2014 Capacity : 81 Medcaid_Cert: Certified		
AL7509C	ARIZONA DESERT FALLS 2802 EAST JUNIPER AVENUE PHOENIX AZ 85032	Tele: (480)307-6161 Fax: (480)301-6162	08/01/2013 to 07/31/2014 Capacity : 30 Medcaid_Cert: Certified		
AL6473C	ARIZONA HARMONY - AUTUMN YEARS CARE CENTER 217 NORTH WASHINGTON STREET CHANDLER AZ 85225	Tele: (480)899-5306 Fax: (480)855-5193	01/01/2014 to 12/31/2014 Capacity : 23 Medcaid_Cert: Certified		

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL1527C	BEATITUDES CAMPUS OF CARE 1616 AND 1712 WEST GLENDALE AVENUE PHOENIX AZ 85021	Tele: (602)995-2611 Fax: (602)335-8479	06/01/2014 to 05/31/2015 Capacity : 1E Medcaid_Cert: Certified		
AL4226C	CHAPARRAL WINDS ASSISTED LIVING 16623 NORTH WEST POINT PARKWAY SURPRISE AZ 85374	Tele: (623)975-0880 Fax: (623)975-6031	03/01/2014 to 02/28/2015 Capacity : 96 Medcaid_Cert: Certified		
AL1493C	CHRISTIAN CARE ASSISTED LIVING, INC 11818 NORTH 19TH AVENUE PHOENIX AZ 85029	Tele: (602)443-5464 Fax: (602)443-5450	03/01/2014 to 02/28/2015 Capacity : 40 Medcaid_Cert: Certified		
AL6958C	CHRISTIAN CARE MANOR II, INC 11802 NORTH 19TH AVENUE PHOENIX AZ 85029	Tele: (602)443-5475 Fax: (602)443-5450	11/01/2013 to 10/31/2014 Capacity : 50 Medcaid_Cert: Certified		
AL6875C	CITADEL ASSISTED LIVING FACILITY, THE 520 SOUTH HIGLEY ROAD MESA AZ 85206	Tele: (480)832-7600 Fax: (480)924-3138	10/01/2013 to 09/30/2014 Capacity : 2E Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING CENTER-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6603C	COPPER HEIGHTS ASSISTED LIVING 152 NORTH 56TH STREET MESA AZ 85205	Tele: (480)985-0680 Fax: (480)396-6231	03/01/2014 to 02/28/2015 Capacity : 93 Medcaid_Cert: Certified		
AL5962C	COPPER VILLAGE ASSISTED LIVING 5037 EAST BROADWAY ROAD MESA AZ 85206	Tele: (480)924-4073 Fax: (480)396-0191	04/01/2014 to 03/31/2015 Capacity : 90 Medcaid_Cert: Certified		
AL3229C	DESERT SKY ASSISTED LIVING 5125 NORTH 58TH AVENUE GLENDALE AZ 85301	Tele: (623)915-5720 Fax: (623)931-8776	04/01/2014 to 03/31/2015 Capacity : 1E Medcaid_Cert: Certified		
AL2539C	DESERT WINDS ASSISTED LIVING 20545 NORTH LAKE PLEASANT ROAD PEORIA AZ 85382	Tele: (623)322-0600 Fax: (623)322-0610	11/01/2013 to 10/31/2014 Capacity : 88 Medcaid_Cert: Certified		
AL7537C	DOCTOR'S CHOICE ASSISTED LIVING 9101 EAST BROWN ROAD, SUITE 107 MESA AZ 85207	Tele: (480)830-3892 Fax: (480)830-6646	03/01/2014 to 02/28/2015 Capacity : 19 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING CENTER-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL3332C	EMERITUS AT ARROWHEAD 5861 WEST BEVERLY LANE GLENDALE AZ 85306	Tele: (602)938-7166 Fax: (602)938-7164	10/01/2013 to 09/30/2014 Capacity : 1E Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6361C	EMERITUS AT SUN CITY WEST 21739 NORTH 151ST AVENUE SUN CITY WEST AZ 85375	Tele: (623)546-3650 Fax: (623)546-3740	11/01/2013 to 10/31/2014 Capacity : 56 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5260C	HERITAGE AT CAREFREE 36590 NORTH PIMA ROAD #3481 CAREFREE AZ 85377	Tele: (480)488-1622 Fax: (480)437-9092	08/01/2013 to 07/31/2014 Capacity : 60 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL0227C	HUGER MERCY LIVING CENTER 2345 WEST ORANGEWOOD AVE PHOENIX AZ 85021	Tele: (602)406-5600 Fax: (602)406-5620	06/01/2014 to 05/31/2015 Capacity : 48 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7483C	INN AT THE AMETHYST ASSISTED LIVING 18172 NORTH 91ST AVENUE PEORIA AZ 85382	Tele: (623)974-5847 Fax: (623)974-0679	01/01/2014 to 12/31/2014 Capacity : 88 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING CENTER-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5986C	KIVEL MANOR ASSISTED LIVING CENTER 3040 NORTH 36TH STREET PHOENIX AZ 85018	Tele: (602)443-8014 Fax: (602)956-6589	07/01/2014 to 06/30/2015 Capacity : 53 Medcaid_Cert: Certified		
AL7168C	MESA CHRISTIAN RESIDENTAL CARE CENTER 215 WEST BROWN ROAD MESA AZ 85201	Tele: (480)668-6118 Fax: (480)461-1552	05/01/2014 to 04/30/2015 Capacity : 60 Medcaid_Cert: Certified		
AL8850C	MIMOSA SPRINGS 8435 EAST MCDOWELL ROAD SCOTTSDALE AZ 85257	Tele: (480)874-5300 Fax: (480)874-5385	11/01/2013 to 10/31/2014 Capacity : 42 Medcaid_Cert: Certified		
AL6981C	PACIFICA SENIOR LIVING PARADISE VALLEY 16621 NORTH 38TH STREET PHOENIX AZ 85032	Tele: (602)787-0800 Fax: (602)787-0531	03/01/2014 to 02/28/2015 Capacity : 84 Medcaid_Cert: Certified		
AL2778C	PENNINGTON GARDENS 977 SOUTH PENNINGTON DRIVE CHANDLER AZ 85224	Tele: (480)814-9046 Fax: (480)814-9058	02/01/2014 to 01/31/2015 Capacity : 86 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING CENTER-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL9046C	SUNSHINE VILLAGE 2606 EAST GREENWAY PARKWAY PHOENIX AZ 85032	Tele: (602)765-7400 Fax: ( ) -	05/01/2014 to 04/30/2015 Capacity : 84 Medcaid_Cert: Certified		
AL8153C	VENTANA WINDS LLC 12322 NORTH 113TH AVENUE YOUNGTOWN AZ 85363	Tele: (623)583-2460 Fax: (623)583-4677	01/01/2014 to 12/31/2014 Capacity : 1E Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING CENTER-PERSONAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8507C	AVISTA SENIOR LIVING, HISTORIC DOWNTOWN MESA 248 NORTH MACDONALD MESA AZ 85201	Tele: (480)827-2222 Fax: (480)422-4272	07/01/2014 to 06/30/2015 Capacity : 91 Medcaid_Cert: Certified		
AL1735C	CHRISTIAN CARE MANOR IV 118 SOUTH 70TH STREET MESA AZ 85208	Tele: (480)654-1800 Fax: (480)218-2617	04/01/2014 to 03/31/2015 Capacity : 65 Medcaid_Cert: Certified		
AL7717C	HERITAGE LANE EAST 1041 SOUTH LEBARON MESA AZ 85210	Tele: (480)307-8809 Fax: (888)972-7050	06/01/2014 to 05/31/2015 Capacity : 22 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING CENTER-PERSONAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7718C	HERITAGE LANE WEST 1040 SOUTH LEBARON MESA AZ 85210	Tele: (480)307-8809 Fax: (602)753-9523	06/01/2014 to 05/31/2015 Capacity : 44 Medcaid_Cert: Certified		
AL0028C	LIFESTREAM AT THUNDERBIRD 13617 NORTH 55TH AVENUE GLENDALE AZ 85304	Tele: (602)938-5500 Fax: (602)843-9530	03/01/2014 to 02/28/2015 Capacity : 60 Medcaid_Cert: Certified		
AL0015C	LIFESTREAM AT YOUNGTOWN 11315 WEST PEORIA AVENUE YOUNGTOWN AZ 85363	Tele: (623)933-4683 Fax: (623)876-1168	08/01/2014 to 07/31/2015 Capacity : 24 Medcaid_Cert: Certified		
AL7412C	SPRINGDALE VILLAGE 7255 EAST BROADWAY ROAD MESA AZ 85208	Tele: (480)981-8844 Fax: (480)981-6998	01/01/2014 to 12/31/2014 Capacity : 82 Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING CENTER-SUPERVISORY

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6673C	EAST WHITTON MANOR CARE CENTER 1106 EAST WHITTON AVENUE PHOENIX AZ 85014	Tele: (602)277-8570 Fax: (602)277-9762	06/01/2014 to 05/31/2015 Capacity : 29 Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING HOME-DIRECTED

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8137H	1 SUNRISE SENIORS CARE 6636 EAST THUNDERBIRD ROAD SCOTTSDALE AZ 85254	Tele: (480)436-9430 Fax: (480)463-9438	09/01/2014 to 08/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL8265H	A DISTINGUISHED TOUCH ADULT CARE LLC 6758 WEST BLACKSTOVE LANE PEORIA AZ 85383	Tele: (623)249-7706 Fax: (623)742-3796	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		
AL5715H	A FAMILY AFFAIR 15801 NORTH 19TH PLACE PHOENIX AZ 85022	Tele: (602)493-0605 Fax: (602)493-0605	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		
AL5757H	A HAPPY PLACE ADULT CARE HOME, INC 4918 EAST KAREN DRIVE SCOTTSDALE AZ 85254	Tele: (602)996-7750 Fax: (602)996-1333	10/01/2013 to 09/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL5165H	A N T ADULT CARE HOME 1545 EAST GABLE AVENUE MESA AZ 85204	Tele: (480)334-5472 Fax: (480)926-1699	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL3019H	A TOUCH OF DESERT CLASS 38718 NORTH 29TH AVENUE PHOENIX AZ 85086	Tele: (623)742-7473 Fax: (623)465-2676	09/01/2013 to 08/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7757H	ACOMA ASSISTED LIVING HOME 3437 WEST ACOMA DRIVE PHOENIX AZ 85053	Tele: (602)298-0525 Fax: (602)843-3497	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		
AL4284H	ACOMA HEALTHCARE II 5529 EAST BLOOMFIELD ROAD SCOTTSDALE AZ 85254	Tele: (602)550-4141 Fax: (602)375-8026	04/01/2014 to 03/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL2865H	ACTIVE CARE HOME OF SCOTTSDALE 16212 NORTH 55TH PLACE SCOTTSDALE AZ 85254	Tele: (480)236-5646 Fax: (602)314-4862	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL2590H	ADINA ADULT CARE HOME 1402 WEST VILLA MARIA DRIVE PHOENIX AZ 85023	Tele: (602)298-7184 Fax: (602)296-5320	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4207H	ADINA ADULT CARE HOME #2 1403 WEST BLUEFIELD AVENUE PHOENIX AZ 85023	Tele: (602)298-7184 Fax: (602)296-5320	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL7346H	ADVANTAGE HOME CARE LLC 11510 WEST LANGFORD COURT YOUNGTOWN AZ 85363	Tele: (480)235-1244 Fax: (480)304-3100	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL8066H	AGAVE MANOR 5937 EAST CACTUS ROAD SCOTTSDALE AZ 85254	Tele: (602)373-9933 Fax: (480)368-9777	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL0411H	ALL CARE 15433 NORTH 45TH STREET PHOENIX AZ 85032	Tele: (602)494-2575 Fax: (602)494-2575	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL2780H	ALL-YOURS ASSISTED LIVING 16008 NORTH 60TH STREET SCOTTSDALE AZ 85254	Tele: (602)996-9517 Fax: (602)996-9517	08/01/2014 to 07/31/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8672H	ALOE HAVEN ASSISTED LIVING HOME 2086 EAST ALOE PLACE CHANDLER AZ 85286	Tele: (480)219-5962 Fax: (480)219-5962	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		
AL6548H	ALOTT OF CARE, LLC 2237 NORTH AVOCA STREET MESA AZ 85207	Tele: (480)659-4056 Fax: (480)659-4057	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		
AL7050H	ALWAYS COMFORT CARE LLC 13237 WEST COLTER LITCHFIELD PARK AZ 85340	Tele: (623)225-1282 Fax: (623)243-5305	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL4057H	AMANDA'S CARE HOME 8647 EAST PAMPA AVENUE MESA AZ 85212	Tele: (480)373-8437 Fax: (480)373-8438	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7311H	AMBER HILLS ASSISTED LIVING HOME 34226 NORTH 26TH AVENUE PHOENIX AZ 85085	Tele: (602)405-2117 Fax: (623)271-9540	10/01/2013 to 09/30/2014 Capacity : 10 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6985H	AN ENCHANTED ASSISTED LIVING LLC 15924 WEST MAUNA LOA LANE SURPRISE AZ 85379	Tele: (623)556-2516 Fax: (623)214-3473	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL5729H	ANDERSEN SPRINGS CARE HOME LLC 1541 WEST CORONA DRIVE CHANDLER AZ 85224	Tele: (480)323-0420 Fax: (480)306-4726	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL5951H	ANGEL CARE HOME 2231 NORTH 38TH STREET PHOENIX AZ 85008	Tele: (602)244-1218 Fax: (602)275-0085	06/01/2013 to 05/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL5338H	ANGEL'S REAL HOME CARE 15952 NORTH ULRICH WAY SURPRISE AZ 85374	Tele: (623)214-7174 Fax: (623)214-5635	05/01/2014 to 04/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL6970H	ANTHEM SENIOR LIVING 40401 NORTH COPPER BASIN TRAIL ANTHEM AZ 85086	Tele: (602)909-9550 Fax: (866)681-1306	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL0800H	APOLLO ASSISTED LIVING 4719 WEST HARMONT DRIVE GLENDALE AZ 85302	Tele: (623)930-6764 Fax: (602)385-7085	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL8889H	ARCADIA ASSISTED CARE VILLA 4132 EAST CAMELBACK ROAD PHOENIX AZ 85018	Tele: (602)388-4945 Fax: (602)954-0639	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7655H	ARIZONA BUTTES ASSISTED LIVING HOME LLC 23194 NORTH 106TH AVENUE PEORIA AZ 85383	Tele: (623)362-0597 Fax: (623)328-7042	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		
AL8632H	ARIZONA COMFORT CARE 17917 WEST PORT AU PRINCE LANE SURPRISE AZ 85388	Tele: (623)755-5359 Fax: (623)271-9455	12/01/2013 to 11/30/2014 Capacity : 6 Medcaid_Cert: Certified		
AL6520H	ARIZONA SPRING'S ADULT CARE HOME I, LLC 10411 NORTH 42ND STREET PHOENIX AZ 85028	Tele: (602)595-4877 Fax: (602)224-1357	02/01/2013 to 01/31/2014 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7789H	ARK OF ANGEL ASSISTED LIVING 3841 EAST ISABELLA AVENUE MESA AZ 85206	Tele: (480)354-3783 Fax: (480)656-6374	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6127H	ARNOLDS PLACE 10214 NORTH 89TH AVE PEORIA AZ 85345	Tele: (623)979-4717 Fax: (623)979-4465	10/01/2014 to 09/30/2015 Capacity : 7 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6125H	ARNOLDS PLACE TOO 10214 NORTH 89TH AVE PEORIA AZ 85345	Tele: (623)979-4717 Fax: (623)979-4465	10/01/2014 to 09/30/2015 Capacity : 7 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL2442H	ARTEMIS ADULT CARE HOME 3426 WEST ANGELA DRIVE PHOENIX AZ 85053	Tele: (602)863-1811 Fax: (602)439-2874	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5187H	ARTEMIS II ACH 3420 WEST ANGELA DRIVE PHOENIX AZ 85053	Tele: (602)863-1811 Fax: (602)439-2874	02/01/2013 to 01/31/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL0909H	ASHLEECARE 4902 WEST BEVERLY LANE GLENDALE AZ 85306	Tele: (602)978-1563 Fax: (602)978-1563	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL8602H	ASSISTED LIVING AT MOUNTAIN VISTA 12823 NORTH 65TH PLACE SCOTTSDALE AZ 85254	Tele: (480)607-6508 Fax: (480)607-6508	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL4937H	ASSISTED LIVING BY SHOLT 660 NORTH BECK AVENUE CHANDLER AZ 85226	Tele: (480)705-9124 Fax: (480)961-2086	06/01/2013 to 05/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL6989H	ASSISTED LIVING OF ARIZONA 14384 WEST MAUI LANE SURPRISE AZ 85379	Tele: (623)556-9009 Fax: (623)556-1355	05/01/2014 to 04/30/2015 Capacity : 7 Medcaid_Cert: Certified		
AL2868H	ASSISTED LIVING OF SCOTTSDALE 6819 EAST SHEA BOULEVARD SCOTTSDALE AZ 85254	Tele: (480)998-0988 Fax: (480)219-6494	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL1080H	B AND H ADULT CARE HOME 1884 EAST GREENWAY DRIVE TEMPE AZ 85282	Tele: (480)777-7291 Fax: (480)777-7291	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL8616H	BEEBES ASSISTED LIVING LLC 13242 NORTH 34TH DRIVE PHOENIX AZ 85029	Tele: (602)978-8005 Fax: (602)795-5665	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		
AL2181H	BELL ADULT CARE HOME 5343 EAST WOODRIDGE DRIVE SCOTTSDALE AZ 85254	Tele: (602)867-7983 Fax: (602)867-7983	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		
AL7439H	BEST CARE ASSISTED LIVING 18431 WEST PORT ROYALE LANE SURPRISE AZ 85388	Tele: (623)466-0857 Fax: (623)466-0859	10/01/2014 to 09/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL5181H	BEST CHOICE ASSISTED LIVING HOME 690 NORTH CORDOBA AVENUE CHANDLER AZ 85226	Tele: (480)275-6461 Fax: (480)219-6331	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8327H	BETTER LIVING CAREHOME, LLC 9321 EAST CARMEL AVENUE MESA AZ 85208	Tele: (480)205-3595 Fax: (602)539-1633	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		
AL6493H	BEVERLY ASSISTED LIVING HOME 6219 WEST BEVERLY LANE GLENDALE AZ 85306	Tele: (602)993-1667 Fax: (602)993-5564	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL6031H	BIRD OF PARADISE ASSISTED LIVING 1741 WEST ORAIBI DRIVE PHOENIX AZ 85027	Tele: (602)708-1747 Fax: (623)444-8987	09/01/2013 to 08/31/2014 Capacity : 8 Medcaid_Cert: Certified		
AL6773H	BLUEFIELD ADULT CARE HOME 5946 EAST SANDRA TERRACE SCOTTSDALE AZ 85254	Tele: (602)494-3560 Fax: (602)569-1543	02/01/2014 to 01/31/2015 Capacity : 8 Medcaid_Cert: Certified		
AL8121H	BRADLEY HOME 6662 WEST IVANHOE STREET CHANDLER AZ 85226	Tele: (480)245-4286 Fax: (480)777-8320	08/01/2013 to 07/31/2014 Capacity : 4 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL1181H	CACTUS GLEN CARE HOME 5647 EAST WALTANN LANE SCOTTSDALE AZ 85254	Tele: (602)494-0395 Fax: (602)494-9556	03/01/2014 to 02/28/2015 Capacity : 9 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6383H	CACTUS VILLA ADULT CARE HOME 7366 EAST PARADISE DRIVE SCOTTSDALE AZ 85260	Tele: (602)245-2415 Fax: (480)609-7006	02/01/2014 to 01/31/2015 Capacity : 3 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL3226H	CAISSA ASSISTED LIVING HOME 1970 EAST ROSS DRIVE CHANDLER AZ 85225	Tele: (480)664-0069 Fax: (480)664-0068	03/01/2014 to 02/28/2015 Capacity : 4 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7487H	CAISSA ASSISTED LIVING HOME, INC 460 EAST PHELPS STREET GILBERT AZ 85296	Tele: (480)203-2199 Fax: (480)664-0068	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL1529H	CALINI'S ADULT CARE HOME 8736 EAST JOSHUA TREE LANE SCOTTSDALE AZ 85250	Tele: (480)242-8742 Fax: (480)656-4989	09/01/2014 to 08/31/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8655H	CANTERBURY COMMONS ASSISTED LIVING LLC 7410 WEST CANTERBURY DRIVE PEORIA AZ 85345	Tele: (623)792-7781 Fax: (623)792-7781	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL1349H	CARE WITH LOVE 813 EAST BELMONT AVENUE PHOENIX AZ 85020	Tele: (602)618-6445 Fax: (602)863-1185	05/01/2014 to 04/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL2612H	CARE WITH LOVE INC 7022 NORTH 10TH PLACE PHOENIX AZ 85020	Tele: (602)618-6445 Fax: (602)863-1185	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL6859H	CARING ANGELS ASSISTED LIVING HOME 28428 NORTH RAMBLING ROCK COURT WITTMANN AZ 85361	Tele: (623)628-0372 Fax: (602)626-3671	01/01/2014 to 12/31/2014 Capacity : 9 Medcaid_Cert: Certified		
AL7272H	CARING HEART TERRACE LLC 2705 EAST EMELITA AVENUE MESA AZ 85204	Tele: (480)444-6977 Fax: (480)813-5945	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6478H	CARING HEARTS SENIOR CARE 15363 WEST MEMORY LANE SURPRISE AZ 85374	Tele: (623)242-8688 Fax: (623)214-7021	11/01/2013 to 10/31/2014 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8453H	CASA APLAYA ASSISTED LIVING, LLC #2 981 NORTH DANYELL DRIVE CHANDLER AZ 85225	Tele: (480)361-5159 Fax: (480)361-9222	07/01/2014 to 06/30/2015 Capacity : 2 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7517H	CEDAR PASTURES 607 NORTH BULLMOOSE DRIVE CHANDLER AZ 85224	Tele: (480)718-5818 Fax: (480)899-6122	01/01/2014 to 12/31/2014 Capacity : 7 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7756H	CHANDLER ADULT CARE HOME 1 1781 EAST FOLLEY COURT CHANDLER AZ 85225	Tele: (480)247-3709 Fax: (480)584-6974	09/01/2013 to 08/31/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7691H	CHANDLER ADULT CARE HOME 2 912 NORTH JOHN WAY CHANDLER AZ 85225	Tele: (480)786-6008 Fax: (480)584-6974	08/01/2013 to 07/31/2014 Capacity : 4 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5728H	CHARLESTON CORNER ADULT CARE HOME LLC 18006 NORTH 6TH DRIVE PHOENIX AZ 85023	Tele: (602)548-1082 Fax: (602)795-7779	10/01/2013 to 09/30/2014 Capacity : 7 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7268H	CHEERFUL LIVING HOME 1342 WEST PARK AVENUE CHANDLER AZ 85224	Tele: (480)275-7957 Fax: (480)275-7957	07/01/2013 to 06/30/2014 Capacity : 5 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL1096H	CHRISTIAN ADULT CARE HOME 908 NORTH WINTHROP CIRCLE MESA AZ 85213	Tele: (480)890-0597 Fax: (480)361-3982	03/01/2014 to 02/28/2015 Capacity : 6 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6534H	CHRISTINE'S ROSE GARDEN HOME CARE, LLC 12422 NORTH 88TH DRIVE PEORIA AZ 85381	Tele: (623)979-5932 Fax: (623)979-9719	04/01/2014 to 03/31/2015 Capacity : 8 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7293H	CLASS ACT 2156 EAST GLENCOVE STREET MESA AZ 85213	Tele: (480)703-7228 Fax: (480)464-0789	08/01/2014 to 07/31/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4956H	COLDSPRING ASSISTED LIVING HOME 502 EAST TERRACE ROAD GILBERT AZ 85234	Tele: (480)755-8104 Fax: (480)892-0958	07/01/2013 to 06/30/2014 Capacity : 5 Medcaid_Cert: Certified		
AL0603H	COMFORT GIVERS ASSISTED LIVING, INCORPORATED 12802 NORTH 57TH STREET SCOTTSDALE AZ 85254	Tele: (480)495-2145 Fax: (480)922-8564	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL4623H	COMFORT HAVEN OF MESA 758 SOUTH TOLTEC ROAD MESA AZ 85204	Tele: (480)461-8272 Fax: (480)461-4682	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		
AL7424H	CORINTHIAN ASSISTED LIVING HOME 1119 WEST MISSION DRIVE CHANDLER AZ 85224	Tele: (480)361-9926 Fax: (480)567-5858	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL4838H	CORONADO RANCH ACH 3230 EAST FRUITVALE COURT GILBERT AZ 85297	Tele: (480)861-0874 Fax: (480)279-2623	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL1070H	COUNTRY VIEW ESTATES 5515 WEST CACTUS ROAD GLENDALE AZ 85304	Tele: (623)979-2576 Fax: (623)979-2576	04/01/2014 to 03/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL7432H	CRISMAR MANSION 14010 NORTH 33RD DRIVE PHOENIX AZ 85053	Tele: (602)866-1670 Fax: (636)754-1591	01/01/2013 to 12/31/2013 Capacity : 9 Medcaid_Cert: Certified		
AL2704H	CRYSTAL COVE HOME CARE II 4492 EAST LAUREL AVENUE GILBERT AZ 85236	Tele: (480)633-7122 Fax: (480)248-6114	11/01/2014 to 10/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL7337H	CRYSTAL ROSE 13750 WEST CROCUS DRIVE SURPRISE AZ 85379	Tele: (602)628-0417 Fax: (623)225-7394	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL4515H	D & M ASSISTED LIVING HOME 12202 NORTH 47TH AVENUE GLENDALE AZ 85304	Tele: (602)368-6829 Fax: (602)354-7221	09/01/2013 to 08/31/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6181H	DALLAS SPECIALIZED CARE 5131 EAST DALLAS STREET MESA AZ 85205	Tele: (602)793-6265 Fax: (480)621-5842	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		
AL7102H	DANBURY ADULT CARE HOME 4526 EAST CAMPO BELLO DRIVE PHOENIX AZ 85032	Tele: (602)923-3961 Fax: (602)923-7172	08/01/2014 to 07/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL5368H	DANIELA'S ASSISTED LIVING 20830 NORTH 39TH DRIVE GLENDALE AZ 85308	Tele: (602)326-3321 Fax: (602)326-3321	08/01/2013 to 07/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7381H	DEER VALLEY CARE HOME 3415 WEST CREST LANE PHOENIX AZ 85027	Tele: (623)414-3449 Fax: (623)414-3449	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL6173H	DES MOINES SPECIALIZED CARE 3207 EAST DES MOINES STREET MESA AZ 85213	Tele: (480)654-8633 Fax: (480)654-2345	07/01/2014 to 06/30/2015 Capacity : 6 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4841H	DESERT HAVEN 2427 WEST DESERT HILLS ESTATES DRIVE PHOENIX AZ 85086	Tele: (623)742-7483 Fax: (623)742-7411	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8372H	DESERT HILL ADULT CARE HOME 38414 NORTH 12TH STREET PHOENIX AZ 85086	Tele: (623)465-7203 Fax: (623)465-7203	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6059H	DESERT OASIS 13827 NORTH 41ST PLACE PHOENIX AZ 85032	Tele: (602)374-5054 Fax: ( ) -	05/01/2014 to 04/30/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL2195H	DESERT PALACE ASSISTED LIVING 480 SOUTH JAY STREET CHANDLER AZ 85224	Tele: (480)963-1720 Fax: (480)659-6785	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5725H	DESERT SPRING ADULT CARE HOME 1641 EAST YELLOWSTONE PLACE CHANDLER AZ 85249	Tele: (480)272-6362 Fax: (480)963-5527	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6372H	DESERT WILLOW ASSISTED LIVING 1091 EAST KENT PLACE CHANDLER AZ 85225	Tele: (480)634-6290 Fax: (480)634-6294	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL5448H	DEVONSHIRE ASSISTED LIVING HOME 4715 WEST LAUREL LANE GLENDALE AZ 85304	Tele: (602)595-9822 Fax: ( ) -	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		
AL4163H	DIAMOND POINT ASSISTED LIVING HOME 15207 NORTH 55TH WAY SCOTTSDALE AZ 85254	Tele: (602)404-8686 Fax: (602)404-8688	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL4898H	DIAMOND POINT ASSISTED LIVING HOME II 15213 N 55 WAY SCOTTSDALE AZ 85254	Tele: (602)923-1262 Fax: (602)404-8688	08/01/2014 to 07/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL6190H	DMW ADULT CARE HOME 1837 EAST AIRE LIBRE AVENUE PHOENIX AZ 85022	Tele: (602)441-5002 Fax: (602)404-5459	09/01/2014 to 08/31/2015 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6494H	DOLCE VITA 15664 NORTH 164TH LANE SURPRISE AZ 85388	Tele: (623)214-9262 Fax: (623)544-3385	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8750H	DOUBLETREE RANCHOS ASSISTED LIVING 5706 EAST HORSESHOE ROAD PARADISE VALLEY AZ 85253	Tele: (602)369-0874 Fax: (602)867-0539	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL2440H	DREAM CATCHER ASSISTED LIVING HOME 5449 EAST CROCUS DRIVE SCOTTSDALE AZ 85254	Tele: (602)410-6671 Fax: (302)331-1505	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7292H	DREAM CATCHER AT PARADISE HEIGHTS LLC 12035 EAST MOUNTAIN VIEW SCOTTSDALE AZ 85259	Tele: (480)314-1650 Fax: (480)314-1097	08/01/2014 to 07/31/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4154H	D'VINTAGE MANOR ASSISTED LIVING FACILITY 1614 WEST BOISE PLACE CHANDLER AZ 85224	Tele: (480)821-1011 Fax: (480)857-6281	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5711H	EFFECTIVE CARE FOR ELDERLY LIVING 8524 WEST WELDON AVENUE PHOENIX AZ 85037	Tele: (623)873-4602 Fax: (623)873-4602	04/01/2014 to 03/31/2015 Capacity : 2 Medcaid_Cert: Certified		
AL3239H	EMERALD GARDENS AT HOLLIDAY FARMS 3704 EAST VAUGHN AVENUE GILBERT AZ 85236	Tele: (480)621-0280 Fax: (480)917-4582	09/01/2013 to 08/31/2014 Capacity : 9 Medcaid_Cert: Certified		
AL8275H	EMERALD HOME CARE 2 6622 NORTH 7TH AVENUE PHOENIX AZ 85013	Tele: (602)690-1910 Fax: ( ) -	10/01/2013 to 09/30/2014 Capacity : 9 Medcaid_Cert: Certified		
AL7661H	EMERSON ASSISTED LIVING HOME 2016 SOUTH EMERSON MESA AZ 85210	Tele: (480)284-8764 Fax: (480)820-5562	03/01/2013 to 02/28/2014 Capacity : 6 Medcaid_Cert: Certified		
AL6382H	EMMANUEL ASSISTED LIVING HOME 15453 WEST STATLER CIRCLE SURPRISE AZ 85374	Tele: (623)875-3437 Fax: (623)414-3565	01/01/2013 to 12/31/2013 Capacity : 6 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7461H	EMV ASSISTED LIVING HOME 4460 WEST YORKSHIRE DRIVE GLENDALE AZ 85308	Tele: (623)616-8801 Fax: (623)518-4431	06/01/2013 to 05/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL1250H	EXTENDED FAMILY HOME 2556 EAST HERMOSA VISTA DRIVE MESA AZ 85213	Tele: (480)833-6328 Fax: (480)827-9178	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7379H	FAMILY CARE ASSISTED LIVING HOME 4327 WEST WAHALLA LANE GLENDALE AZ 85308	Tele: (623)533-5131 Fax: (623)565-8040	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		
AL1676H	FAMILY CARE HOMES INC - ENCANTO HOUSE 2962 EAST ENCANTO STREET MESA AZ 85213	Tele: (480)827-1575 Fax: (480)890-9092	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL0223H	FAMILY CARE HOMES-GILBERT HOUSE 1511 NORTH GILBERT ROAD MESA AZ 85203	Tele: (480)827-1575 Fax: (480)890-9092	09/01/2014 to 08/31/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL0435H	FAMILY CARE HOMES-IVY HOUSE 434 EAST IVY STREET MESA AZ 85203	Tele: (480)827-1575 Fax: (480)890-9092	08/01/2014 to 07/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL0892H	FAMILY CARE HOMES-JENSEN HOUSE 2222 EAST JENSEN MESA AZ 85203	Tele: (480)827-1575 Fax: (480)890-9092	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL1020H	FAMILY CARE HOMES-SUNSET HOUSE 453 WEST SUNSET CIRCLE MESA AZ 85201	Tele: (480)827-1575 Fax: (480)890-9092	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL0792H	FISHER FAMILY HOME 2927 WEST REDFIELD PHOENIX AZ 85053	Tele: (602)548-1410 Fax: (602)942-6530	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL4192H	FLETCHER HEIGHTS ASSISTED LIVING LLC 22131 NORTH 79TH AVENUE PEORIA AZ 85383	Tele: (623)362-9258 Fax: (623)362-0374	05/01/2014 to 04/30/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL1859H	FLOMARIE LOVE & CARE HOME #2 2102 NORTH CHESTNUT CIRCLE MESA AZ 85213	Tele: (480)668-8324 Fax: (480)668-8328	10/01/2014 to 09/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL4859H	FOOTSTEPS ASSISTED LIVING CARE HOME 3135 EAST LARKSPUR DRIVE PHOENIX AZ 85032	Tele: (602)992-6274 Fax: (602)992-6274	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL5223H	FOUNTAIN VIEW ASSISTED LIVING FACILITY 16328 EAST MONTROSE DRIVE FOUNTAIN HILLS AZ 85268	Tele: (480)836-9839 Fax: (480)836-9899	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL0112H	FREEDOM MANOR - BANDALIER HOUSE 2524 EAST HEATHERBRAE DRIVE PHOENIX AZ 85016	Tele: (602)381-8258 Fax: (602)840-3405	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL4183H	FREEDOM MANOR - TRETHEWEY HOUSE 628 EAST KNOLL STREET MESA AZ 85203	Tele: (602)956-5556 Fax: (602)957-6556	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL1645H	FREEDOM MANOR, INC - PHILLIPS HOUSE 2535 EAST HEATHERBRAE PHOENIX AZ 85016	Tele: (602)956-5556 Fax: (602)840-3405	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL1058H	FREEDOM MANOR-BRANNAN HOUSE 2536 EAST HEATHERBRAE PHOENIX AZ 85016	Tele: (602)955-3774 Fax: (602)956-5861	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		
AL5949H	FREEDOM MANOR-SARAH'S HOUSE 5724 WEST CANNON DRIVE GLENDALE AZ 85302	Tele: (602)956-5556 Fax: (602)957-6556	03/01/2013 to 02/28/2014 Capacity : 5 Medcaid_Cert: Certified		
AL2674H	FRIENDS PARADISE 5119 WEST LAURIE LANE GLENDALE AZ 85302	Tele: (623)842-9786 Fax: (623)842-0840	08/01/2013 to 07/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL2574H	G & I ADULT CARE HOME 4749 WEST PIUTE GLENDALE AZ 85308	Tele: (623)910-7724 Fax: (623)434-8916	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5333H	G & J PERSONAL CARE II 6826 WEST SWEETWATER PEORIA AZ 85381	Tele: (623)937-8844 Fax: (623)846-4585	05/01/2014 to 04/30/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7520H	GARDEN'S WELL ASSISTED LIVING, THE 5372 WEST GERONIMO STREET CHANDLER AZ 85226	Tele: (480)592-0785 Fax: (480)899-6122	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6888H	GENTLE CARE ASSISTED LIVING HOME 643 EAST LA COSTA DRIVE CHANDLER AZ 85249	Tele: (602)295-9214 Fax: (480)219-1607	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL2734H	GLORIANNE ADULT CARE HOME 5231 WEST KALER CIRCLE GLENDALE AZ 85301	Tele: (623)847-6070 Fax: (623)937-0201	01/01/2014 to 12/31/2014 Capacity : 7 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8592H	GLYNNIS PLACE 4216 NORTH 100TH AVENUE PHOENIX AZ 85037	Tele: (623)398-8548 Fax: (626)751-1591	11/01/2013 to 10/31/2014 Capacity : 6 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4976H	GOLDEN DAYS ADULT CARE HOME 12414 NORTH 38TH STREET PHOENIX AZ 85032	Tele: (602)795-5599 Fax: (602)795-5789	08/01/2014 to 07/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL7413H	GOLDEN EXPERIENCE ASSISTED LIVING-JJAC 15111 NORTH 172ND DRIVE SURPRISE AZ 85388	Tele: (623)451-7556 Fax: (623)518-6940	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		
AL7781H	GOLDEN MEMORIES 219 WEST VILLA THERESA DRIVE PHOENIX AZ 85023	Tele: (602)547-6992 Fax: (602)978-9376	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		
AL5673H	GOLDEN PLACE AT PEORIA, LLC, THE 7828 WEST PORT AU PRINCE LANE PEORIA AZ 85381	Tele: (623)748-8990 Fax: (623)748-8990	09/01/2014 to 08/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL4247H	GOLDEN YEARS CARE HOME, LLC 7312 EAST JASMINE STREET MESA AZ 85207	Tele: (480)396-4490 Fax: (877)927-1787	06/01/2014 to 05/31/2015 Capacity : 6 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7174H	GOOD CARE 3417 SOUTH CUTLER DRIVE TEMPE AZ 85282	Tele: (480)377-0174 Fax: (480)377-0174	08/01/2014 to 07/31/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5917H	GOOD SAMARITAN HOME CARE 2440 EAST WHITTEN STREET CHANDLER AZ 85225	Tele: (480)274-7815 Fax: (480)963-4367	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5665H	GRACEVILLE ESTATE 619 WEST CITRUS WAY CHANDLER AZ 85248	Tele: (480)247-8541 Fax: (480)247-8541	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7262H	GREENFIELD ASSISTED LIVING 2 4023 EAST HARRISON STREET GILBERT AZ 85295	Tele: (480)634-6156 Fax: (480)407-5265	06/01/2014 to 05/31/2015 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7263H	GREENFIELD ASSISTED LIVING 3 3776 EAST HARRISON STREET GILBERT AZ 85295	Tele: (480)656-3662 Fax: (480)361-8581	05/01/2014 to 04/30/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7261H	GREENFIELD ASSISTED LIVING I 2481 EAST SIERRA MADRE AVENUE GILBERT AZ 85296	Tele: (480)507-0802 Fax: (480)361-8581	05/01/2014 to 04/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL6193H	GREENWAY ADULT CARE HOME 5447 EAST BECK LANE SCOTTSDALE AZ 85254	Tele: (602)795-6360 Fax: (602)867-3965	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL7209H	GUARDIAN ANGEL ASSISTED LIVING HOME, THE 4302 EAST SAINT JOHN ROAD PHOENIX AZ 85032	Tele: (602)788-6259 Fax: (602)788-1719	10/01/2014 to 09/30/2015 Capacity : 8 Medcaid_Cert: Certified		
AL7266H	HAPPY HEARTS 8331 WEST WILLOWBROOK DRIVE PEORIA AZ 85382	Tele: (602)475-8718 Fax: (623)328-9660	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		
AL5369H	HAPPY LIVING CARE HOME 6403 WEST SANDRA TERRACE GLENDALE AZ 85306	Tele: (623)334-3587 Fax: (623)537-4010	06/01/2013 to 05/31/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7895H	HARMONY ASSISTED LIVING 3921 EAST LEO PLACE CHANDLER AZ 85249	Tele: (480)917-0025 Fax: (480)907-5056	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL1532H	HEART PRINTS ELDERLY CARE 4221 EAST HOLMES CIRCLE MESA AZ 85206	Tele: (480)981-5685 Fax: (480)981-1208	05/01/2014 to 04/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL1266H	HELLENS ADULT CARE HOME 6245 WEST KINGS AVENUE GLENDALE AZ 85306	Tele: (602)439-7057 Fax: (602)439-7057	10/01/2014 to 09/30/2015 Capacity : 5 Medcaid_Cert: Certified		
AL5164HX	HELPING HAND 5656 WEST COLLEGE DRIVE PHOENIX AZ 85031	Tele: (623)204-7275 Fax: (623)848-0028	07/01/2013 to 06/30/2014 Capacity : 8 Medcaid_Cert: Certified		
AL7752H	HERITAGE CARE HOME, LLC 2707 WEST CHARLESTON AVENUE PHOENIX AZ 85053	Tele: (602)298-7497 Fax: (602)938-3353	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4328H	HERMAN & NOVELLA CLANCY ASSISTED LIVING HOME, THE 4617 WEST MOON BLOSSUM LANE PHOENIX AZ 85083	Tele: (623)434-5057 Fax: (623)582-1863	07/01/2014 to 06/30/2015 Capacity : 9 Medcaid_Cert: Certified		
AL8324H	HOLY NAME ASSISTED LIVING 368 WEST FAIRWAY PLACE CHANDLER AZ 85225	Tele: (480)656-6513 Fax: (480)656-6516	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		
AL6265H	HOME SWEET HOME ON CHEERY LYNN 8701 EAST CHEERY LYNN ROAD SCOTTSDALE AZ 85251	Tele: (480)675-0101 Fax: (510)217-4036	09/01/2014 to 08/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL6674H	HOPE CARE HOME, LLC 1870 EAST RAWHIDE STREET GILBERT AZ 85296	Tele: (480)634-6370 Fax: (480)634-6370	06/01/2013 to 05/31/2014 Capacity : 8 Medcaid_Cert: Certified		
AL7006H	HUMMINGBIRD GARDENS 16024 NORTH 17TH WAY PHOENIX AZ 85022	Tele: (602)485-1500 Fax: (602)485-1510	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL2058H	ILONA'S FAMILY HOME 16124 NORTH 87TH DRIVE PEORIA AZ 85382	Tele: (623)977-2917 Fax: (623)977-2917	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL2547H	IMPALA HOME CARE 9515 EAST IMPALA AVE MESA AZ 85208	Tele: (480)354-8251 Fax: (480)354-8251	06/01/2014 to 05/31/2015 Capacity : 7 Medcaid_Cert: Certified		
AL5800H	INTEGRITY ADULT CARE HOME 20493 NORTH 91ST DRIVE PEORIA AZ 85382	Tele: (602)716-1189 Fax: (888)855-5677	11/01/2013 to 10/31/2014 Capacity : 8 Medcaid_Cert: Certified		
AL8072H	INTOUCH ASSISTED LIVING HOME 7233 WEST PARADISE LANE PEORIA AZ 85382	Tele: (623)486-3629 Fax: (623)486-3629	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		
AL4334H	J & B ASSISTED LIVING III 7331 WEST SWEETWATER AVENUE PEORIA AZ 85381	Tele: (623)825-2880 Fax: (623)572-9926	05/01/2014 to 04/30/2015 Capacity : 9 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL2929H	J & B ASSISTED LIVING INC II 6613 WEST PERSHING AVENUE GLENDALE AZ 85304	Tele: (623)572-9926 Fax: (623)572-9926	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL2406H	JIM AND PATTI JONES 1644 EAST MENLO MESA AZ 85203	Tele: (480)969-9449 Fax: (480)649-8227	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL0666H	JO-LEX AT OBISPO 2216 WEST OBISPO AVENUE MESA AZ 85202	Tele: (480)730-8978 Fax: (480)653-0158	05/01/2014 to 04/30/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4298H	JOLLEY FAMILY ASSISTED LIVING HOME II 5042 NORTH 86TH DRIVE GLENDALE AZ 85305	Tele: (623)872-0032 Fax: (623)872-0033	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8229H	JOLLEY FAMILY ASSISTED LIVING LLC 20106 WEST BROADWAY ROAD BUCKEYE AZ 85326	Tele: (623)327-0995 Fax: (623)327-0996	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8243H	JOLLEY FAMILY ASSISTED LIVING, LLC 20104 WEST BROADWAY ROAD BUCKEYE AZ 85326	Tele: (623)327-9573 Fax: (623)327-9586	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL8017H	JONES FAMILY CARE HOME 412 SOUTH 30TH STREET MESA AZ 85204	Tele: (480)584-5666 Fax: (480)588-5460	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL6887H	JUST A TOUCH OF TENDER AIDE 3570 SOUTH BARBERRY PLACE CHANDLER AZ 85248	Tele: (480)361-5753 Fax: (480)361-5753	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		
AL0804H	KELLYS ADULT CARE HOME 3802 EAST BECK LANE PHOENIX AZ 85032	Tele: (602)867-2732 Fax: (602)867-2732	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		
AL2059H	KLARA'S ADULT CARE HOME 1934 EAST SMOKE TREE ROAD GILBERT AZ 85296	Tele: (480)703-0547 Fax: (480)459-5897	09/01/2014 to 08/31/2015 Capacity : 9 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7819H	KLARA'S II ADULT CARE HOME 2974 EAST PONY COURT GILBERT AZ 85295	Tele: (480)703-0547 Fax: (480)459-5897	12/01/2013 to 11/30/2014 Capacity : 3 Medcaid_Cert: Certified		
AL7430H	KRISTAL BELL CARE HOME GLENDALE 5748 WEST MARCONI AVENUE GLENDALE AZ 85306	Tele: (602)375-3923 Fax: (602)866-0714	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL8013H	LAS FUENTES ASSISTED LIVING 7340 EAST SWEETWATER AVENUE SCOTTSDALE AZ 85260	Tele: (480)607-9219 Fax: (480)607-9723	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL2738H	LEGACY MANOR ASSISTED LIVING 23636 NORTH 79TH AVENUE PEORIA AZ 85382	Tele: (623)376-7198 Fax: (623)376-7198	04/01/2014 to 03/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL5240H	LIBERTY MANOR RESIDENCY II 13039 NORTH 34TH DRIVE PHOENIX AZ 85029	Tele: (602)843-3036 Fax: (888)395-0419	05/01/2014 to 04/30/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7695H	LIFESTREAM AT NORTHEAST PHOENIX GREEN HOUSE 84 20802 NORTH CAVE CREEK ROAD, BUILDING 84 PHOENIX AZ 85024	Tele: (623)507-6012 Fax: (623)971-1253	11/01/2013 to 10/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7622H	LIFESTREAM AT NORTHEAST PHOENIX GREEN HOUSE 85 20802 NORTH CAVE CREEK ROAD, BUILDING #85 PHOENIX AZ 85024	Tele: (602)507-6082 Fax: (602)493-2466	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL6479H	LIFESTREAM AT YOUNGTOWN GREEN HOUSE 3 11521 WEST PEORIA AVENUE YOUNGTOWN AZ 85363	Tele: (623)512-4554 Fax: (623)512-4555	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		
AL7519H	LIGHT HOUSE MANOR ASSISTED LIVING, THE 5980 WEST ORCHID LANE CHANDLER AZ 85226	Tele: (480)785-2273 Fax: (480)899-6122	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL6140H	LITCHFIELD COUNTRYSIDE HOME CARE 3333 NORTH 188TH DRIVE LITCHFIELD PARK AZ 85340	Tele: (623)330-3644 Fax: (623)505-4728	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL1610H	LITTLE TOUCH OF EUROPE 7717 WEST BERYL AVENUE PEORIA AZ 85345	Tele: (623)334-1129 Fax: (623)334-4616	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL6027H	LOOKOUT MOUNTAIN ASSISTED LIVING HOME 15014 NORTH 20TH STREET PHOENIX AZ 85022	Tele: (602)410-9102 Fax: (602)652-8401	11/01/2013 to 10/31/2014 Capacity : 6 Medcaid_Cert: Certified		
AL8526H	LOVE AND CARE ASSISTED LIVING, LLC 18530 WEST PORT AU PRINCE LANE SURPRISE AZ 85388	Tele: (623)234-8003 Fax: (623)399-6561	09/01/2014 to 08/31/2015 Capacity : 9 Medcaid_Cert: Certified		
AL7453H	LOVING HEART ASSISTED LIVING SERVICE 18311 NORTH 44TH STREET PHOENIX AZ 85032	Tele: (602)410-2569 Fax: (602)795-7962	01/01/2014 to 12/31/2014 Capacity : 9 Medcaid_Cert: Certified		
AL4653H	LYDIA'S ADULT CARE HOME 6208 WEST CARIBE LANE GLENDALE AZ 85306	Tele: (602)439-2487 Fax: (602)439-2487	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4456H	LYNETTE'S CARE CENTER 3142 WEST GREENWAY ROAD PHOENIX AZ 85053	Tele: (602)942-3507 Fax: (602)795-0888	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7530H	MAC ASSISTED LIVING 2070 WEST MULBERRY DRIVE CHANDLER AZ 85248	Tele: (480)899-9878 Fax: (480)899-6122	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL5031H	MADERA ASSISTED LIVING HOME 707 WEST PALO VERDE STREET GILBERT AZ 85233	Tele: (480)663-3652 Fax: (480)539-2792	10/01/2013 to 09/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL3371H	MAMA MARY ASSISTED LIVING 8207 WEST CACTUS ROAD PEORIA AZ 85381	Tele: (623)776-2942 Fax: (623)776-2889	09/01/2014 to 08/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL3291H	MARCOS AND SECILIA RAMON HOME CARE 521 WEST PEPPER PLACE MESA AZ 85201	Tele: (480)827-8160 Fax: (480)655-9248	11/01/2013 to 10/31/2014 Capacity : 6 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7046H	MARIA'S ADULT CARE HOME 26892 NORTH 89TH DRIVE PEORIA AZ 85383	Tele: (623)266-3574 Fax: (602)266-3574	06/01/2014 to 05/31/2015 Capacity : 6 Medcaid_Cert: Certified		
AL1521H	MARIE'S BOARD AND CARE 18802 NORTH 38TH STREET PHOENIX AZ 85050	Tele: (602)790-4121 Fax: (602)314-6462	05/01/2013 to 04/30/2014 Capacity : 9 Medcaid_Cert: Certified		
AL6830H	MARINO MANOR II LLC 5011 NORTH 64TH DRIVE GLENDALE AZ 85301	Tele: (623)846-5023 Fax: (623)873-2925	09/01/2014 to 08/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL9128H	MARLEY PARK HOME CARE 13024 NORTH 154TH LANE SURPRISE AZ 85379	Tele: (623)476-5741 Fax: (623)466-7530	09/11/2013 to 08/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7468H	MASTER CARE, INC 2159 WEST EUGIE AVENUE PHOENIX AZ 85029	Tele: (602)799-8495 Fax: (602)375-9440	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5925H	MAUI CARE HOME 7736 WEST MAUI LANE PEORIA AZ 85381	Tele: (623)399-8170 Fax: (623)399-8170	02/01/2014 to 01/31/2015 Capacity : 9 Medcaid_Cert: Certified		
AL9060H	MAY'S HAVEN, LLC 1432 NORTH DE SOTO STREET CHANDLER AZ 85224	Tele: (480)600-6818 Fax: (480)857-4972	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL8092H	MERCY'S CARE HOME II 1711 WEST VENUS WAY CHANDLER AZ 85224	Tele: (480)358-7363 Fax: (480)264-4433	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL7111H	MIRIAM'S ADULT CARE HOME 6426 WEST DEL MAR LANE GLENDALE AZ 85306	Tele: (623)776-3399 Fax: (623)776-3399	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		
AL8101H	MONTE MANOR ASSISTED LIVING 2721 WEST MONTE AVENUE MESA AZ 85202	Tele: (480)659-8721 Fax: (480)361-9725	10/01/2013 to 09/30/2014 Capacity : 6 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8108H	MORNING GLORY ADULT CARE HOME 3759 EAST CLOVIS AVENUE MESA AZ 85206	Tele: (480)325-3890 Fax: (480)986-1544	09/01/2013 to 08/31/2014 Capacity : 6 Medcaid_Cert: Certified		
AL8240H	MOUNTAIN VISTA MANOR CORP 1246 NORTH 86TH PLACE MESA AZ 85207	Tele: (480)656-8851 Fax: (480)668-3612	09/01/2014 to 08/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL7180H	MY HOME CARE ADULT ASSISTED LIVING FACILITY, LLC 2607 WEST CURRY STREET CHANDLER AZ 85224	Tele: (480)345-0701 Fax: (480)897-6043	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL8406H	MY NEW HOME 602 EAST LODGE DRIVE TEMPE AZ 85283	Tele: (480)890-9066 Fax: (480)890-9066	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL7560H	NEW PARADISE LLC 5554 EAST CAMPO-BELLO DRIVE SCOTTSDALE AZ 85254	Tele: (602)380-4110 Fax: (602)482-0133	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8923H	NOBLE SENIOR LIVING 25968 NORTH SANDSTONE WAY SURPRISE AZ 85387	Tele: (623)455-9510 Fax: (623)322-1968	09/01/2014 to 08/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL5070H	NORTH CANYON CARE HOME 1338 EAST TONTO LANE PHOENIX AZ 85024	Tele: (602)565-6001 Fax: (623)328-7301	01/01/2013 to 12/31/2013 Capacity : 5 Medcaid_Cert: Certified		
AL7842H	NURSE STAFFER LLC, THE 4563 WEST LARKSPUR DRIVE GLENDALE AZ 85304	Tele: (602)413-6203 Fax: (602)334-1369	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL6822H	OASIS CARE HOMES II 22015 NORTH 34TH AVENUE PHOENIX AZ 85027	Tele: (480)243-5337 Fax: (623)249-4952	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL5749H	OASIS CARE HOMES, LLC 21437 NORTH 33RD LANE PHOENIX AZ 85027	Tele: (623)582-0537 Fax: (623)587-9564	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7811H	OBRIENS CARE HOME 15402 NORTH CENTRAL AVENUE PHOENIX AZ 85022	Tele: (602)942-6140 Fax: (602)942-6140	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6802H	ORANGEWOOD ASSISTED LIVING HOME LLC 7506 NORTH 45TH CIRCLE GLENDALE AZ 85301	Tele: (602)487-6257 Fax: (602)441-4747	08/01/2014 to 07/31/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7458H	ORANGEWOOD ASSISTED LOVING HOME LLC 3829 WEST THUNDERBIRD ROAD PHOENIX AZ 85053	Tele: (602)487-6257 Fax: (602)374-7053	03/01/2014 to 02/28/2015 Capacity : 9 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7259H	ORTIZ SUNNYSIDE ASSISTED LIVING, LLC 14785 WEST WINDROSE DRIVE SURPRISE AZ 85379	Tele: (623)293-7024 Fax: (623)544-9213	07/01/2014 to 06/30/2015 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5148H	OTILIA'S HOME CARE 22365 NORTH 69TH AVENUE GLENDALE AZ 85310	Tele: (623)825-1412 Fax: (623)825-1642	09/01/2013 to 08/31/2014 Capacity : 10 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7521H	PALM CEDAR 760 WEST LOCUST DRIVE CHANDLER AZ 85248	Tele: (480)883-7636 Fax: (480)899-6122	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL7256H	PALM HOUSE I PLC 15414 NORTH 29TH AVENUE PHOENIX AZ 85053	Tele: (602)863-3053 Fax: (602)368-2420	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL9357H	PARADISE ASSISTED LIVING 2 29656 NORTH 122ND DRIVE PEORIA AZ 85383	Tele: (602)309-1820 Fax: (623)466-8573	05/15/2014 to 04/30/2015 Capacity : 7 Medcaid_Cert: Certified		
AL2139H	PARKWOOD ADULT CARE HOME 4519 WEST CORRINE DRIVE GLENDALE AZ 85304	Tele: (602)978-2316 Fax: (602)687-7084	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		
AL7118H	PASEO HIGHLANDS ASSISTED LIVING 3134 WEST ADOBE DAM ROAD PHOENIX AZ 85027	Tele: (623)271-5332 Fax: (623)251-5581	06/01/2013 to 05/31/2014 Capacity : 10 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5762H	PATRICK'S CARE HOME 27413 NORTH 23RD DRIVE PHOENIX AZ 85085	Tele: (623)582-0113 Fax: (623)516-0847	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6983H	PAVILION GUEST HOME LLC 2955 EAST MALLORY STREET MESA AZ 85213	Tele: (480)654-8329 Fax: (480)275-2609	07/01/2014 to 06/30/2015 Capacity : 6 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7402H	PEACHTREE ASSISTED LIVING HOME 15550 WEST CAMERON DRIVE SURPRISE AZ 85379	Tele: (623)234-8655 Fax: (623)234-8655	01/01/2014 to 12/31/2014 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6555H	PEORIA ADULT CARE HOME 9012 WEST SANDRA TERRACE PEORIA AZ 85382	Tele: (623)876-1432 Fax: (623)876-1432	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7490H	PHOENIX FAMILY HOME CARE, LLC 4015 EAST SAINT JOHN ROAD PHOENIX AZ 85032	Tele: (602)459-3022 Fax: (602)788-1360	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4950H	PLATINUM ASSISTED CARE 7041 WEST WILLOW AVENUE PEORIA AZ 85381	Tele: (623)388-4452 Fax: (623)242-9397	08/01/2014 to 07/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL6914H	PLEASANT STAY CARE HOME 3221 EAST PERSHING AVENUE PHOENIX AZ 85032	Tele: (602)493-5182 Fax: (602)992-7076	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7011H	PLEASANT VALLEY ASSISTED LIVING 9796 WEST SYDNEY WAY PEORIA AZ 85383	Tele: (623)825-1520 Fax: (623)825-4520	04/01/2014 to 03/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL8110H	PRECIOUS HEART ASSISTED LIVING, LLC 5447 EAST FLOWER AVENUE MESA AZ 85206	Tele: (480)322-4824 Fax: (480)284-6314	06/01/2014 to 05/31/2015 Capacity : 6 Medcaid_Cert: Certified		
AL0783H	RED MOUNTAIN SENIOR HOME #1 INC 8411 EAST CULVER STREET MESA AZ 85207	Tele: (480)380-0380 Fax: (480)354-9942	04/01/2014 to 03/31/2015 Capacity : 10 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7296H	REGAL MANOR ASSISTED LIVING HOME 474 WEST REMINGTON DRIVE CHANDLER AZ 85286	Tele: (602)295-9214 Fax: (480)219-1607	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		
AL8742H	REGENCY ADULT HOME CARE LLC 901 WEST PORT ROYALE LANE PHOENIX AZ 85023	Tele: (602)400-2777 Fax: (602)375-1670	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL4582H	REJOICE ASSISTED LIVING HOME INCORPORATED 7336 NORTH 79TH LANE GLENDALE AZ 85303	Tele: (623)930-8124 Fax: (623)931-2253	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7603H	RENATA'S HOME FOR THE ELDERLY 2268 WEST PEGGY DRIVE QUEEN CREEK AZ 85242	Tele: (480)304-2922 Fax: (480)699-7096	04/01/2014 to 03/31/2015 Capacity : 8 Medcaid_Cert: Certified		
AL6728H	RICHMOND HILLS ASSISTED LIVING FACILITY LLC 1141 EAST SANDRA TERRACE PHOENIX AZ 85022	Tele: (480)510-2188 Fax: (602)285-0161	07/01/2013 to 06/30/2014 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6301H	RODY'S ADULT CARE HOME 3807 EAST BETTY ELYSE LANE PHOENIX AZ 85032	Tele: (602)246-2343 Fax: (602)264-9589	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL7172H	RONALD HOME CARE 1910 EAST RONALD ROAD PHOENIX AZ 85022	Tele: (602)765-0315 Fax: (602)765-4978	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL5385H	ROSE GARDEN 9900 EAST REDFIELD ROAD SCOTTSDALE AZ 85260	Tele: (623)329-7796 Fax: (480)314-1161	08/01/2013 to 07/31/2014 Capacity : 8 Medcaid_Cert: Certified		
AL6738H	ROSES OF LOVE 14235 NORTH 28TH STREET PHOENIX AZ 85032	Tele: (602)923-8428 Fax: (602)923-8428	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		
AL7420H	ROSEWOOD ADULT CARE HOME 8332 WEST ROSEWOOD LANE PEORIA AZ 85383	Tele: (623)249-7566 Fax: (623)251-6696	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4819H	ROSEWOOD CARE HOME 3707 WEST ROSEWOOD AVENUE PHOENIX AZ 85029	Tele: (602)938-6631 Fax: (602)298-9832	05/01/2014 to 04/30/2015 Capacity : 5 Medcaid_Cert: Certified		
AL2092H	ROYAL PALM ADULT CARE HOME 8120 NORTH 42ND LANE PHOENIX AZ 85051	Tele: (623)435-9686 Fax: (623)435-0583	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		
AL4987H	ROYAL PALM ASSISTED LIVING HOME #2 4232 WEST ROYAL PALM ROAD PHOENIX AZ 85051	Tele: (623)322-4088 Fax: (623)322-4081	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL6608H	ROYAL PARADISE LLC 15257 NORTH 135TH DRIVE SURPRISE AZ 85379	Tele: (623)556-5919 Fax: (623)537-7718	04/01/2014 to 03/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL7958H	SACRED HEART DIVINE MERCY ASSISTED LIVING, LLC 18475 WEST BANFF LANE SURPRISE AZ 85388	Tele: (623)505-7755 Fax: (623)249-5143	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8841H	SANTO NIÑO VILLAS, LLC 1040 NORTH VILLAS LANE CHANDLER AZ 85224	Tele: (480)659-2001 Fax: ( ) -	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7280H	SARAGOSA MC ASSISTED LIVING FACILITY 1691 WEST SARAGOSA STREET CHANDLER AZ 85224	Tele: (480)330-9875 Fax: (480)659-1774	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8779H	SCOTTSDALE ASSISTED LIVING LLC PHASE III 6221 EAST SHEA BLVD SCOTTSDALE AZ 85254	Tele: (480)306-4081 Fax: (480)306-4980	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7518H	SERENITY SPRINGS 3100 EAST PALO VERDE GILBERT AZ 85296	Tele: (480)636-8190 Fax: (480)899-6122	01/01/2014 to 12/31/2014 Capacity : 9 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7214H	SEVEN HAVEN LLC 4833 EAST MC CELLAN ROAD MESA AZ 85205	Tele: (480)325-8227 Fax: (480)218-4946	08/01/2013 to 07/31/2014 Capacity : 8 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6223H	SHERIDAN GARDEN ASSISTED LIVING 7419 NORTH 82ND LANE GLENDALE AZ 85303	Tele: (623)934-9399 Fax: (623)934-1764	08/01/2014 to 07/31/2015 Capacity : 7 Medcaid_Cert: Certified		
AL3254H	SHERIDAN GARDEN ASSISTED LIVING HOME 8937 WEST SHERIDAN PHOENIX AZ 85037	Tele: (623)907-8858 Fax: (623)907-9240	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL6857H	SHIV ADULT CARE HOME 1238 EAST GREENWAY CIRCLE MESA AZ 85203	Tele: (480)332-1616 Fax: (480)655-9646	11/01/2013 to 10/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL4870H	SIERRA'S ASSISTED LIVING, THE 13330 NORTH 88TH PLACE SCOTTSDALE AZ 85260	Tele: (602)622-1667 Fax: (480)614-1382	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		
AL7228H	SILVER SUNSET CARE HOME 3116 WEST DAILEY STREET PHOENIX AZ 85053	Tele: (602)504-0915 Fax: (602)942-4381	08/01/2014 to 07/31/2015 Capacity : 5 Medcaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7182H	SILVERGATE ASSISTED LIVING HOME 2144 WEST MANOR STREET CHANDLER AZ 85224	Tele: (480)786-3412 Fax: (480)899-7027	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8120H	SINAI ASSISTED LIVING HOME 3802 NORTH 35TH STREET PHOENIX AZ 85018	Tele: (602)279-2679 Fax: (602)279-2679	09/01/2014 to 08/31/2015 Capacity : 5 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4554H	SPRING VALLEY 5941 WEST AUDREY LANE GLENDALE AZ 85308	Tele: (602)298-5551 Fax: (602)298-5551	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4409H	ST. MICHAEL'S MANOR 8449 WEST SHAW BUTTE DRIVE PEORIA AZ 85345	Tele: (623)486-5987 Fax: (623)328-5530	01/01/2014 to 12/31/2014 Capacity : 7 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4715H	SUMMER BREEZE II ASSISTED LIVING HOME 5924 WEST HEDGEHOG PLACE PHOENIX AZ 85083	Tele: (623)362-3392 Fax: (623)374-4073	05/01/2014 to 04/30/2015 Capacity : 10 Medcaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL0756H	SUMMER STAR CARE HOME 9208 WEST CORTEZ STREET PEORIA AZ 85345	Tele: (623)476-5614 Fax: (623)476-5614	05/01/2014 to 04/30/2015 Capacity : 5 Medcaid_Cert: Certified		
AL5068H	SUMMERFIELD AT JACINTO ALH 3342 EAST JACINTO AVENUE MESA AZ 85204	Tele: (480)329-4262 Fax: (480)460-1874	01/01/2013 to 12/31/2013 Capacity : 6 Medcaid_Cert: Certified		
AL6791H	SUN CREEK #2 AT KENLY FARMS 14245 WEST POINSETTIA DRIVE SURPRISE AZ 85388	Tele: (623)242-6868 Fax: (623)433-8195	01/01/2014 to 12/31/2014 Capacity : 8 Medcaid_Cert: Certified		
AL5884H	SUN CREEK AT SURPRISE FARMS, LLC 16437 NORTH 169TH DRIVE SURPRISE AZ 85388	Tele: (623)537-7835 Fax: (623)433-8195	02/01/2014 to 01/31/2015 Capacity : 9 Medcaid_Cert: Certified		
AL0583H	SUN RISE ADULT CARE HOME 6343 WEST DEL MAR LANE GLENDALE AZ 85306	Tele: (623)412-8049 Fax: (623)412-8049	08/01/2013 to 07/31/2014 Capacity : 5 Medcaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6009H	SUN VIEW ESTATES HOME CARE II 15045 WEST LARKSPUR DRIVE SURPRISE AZ 85379	Tele: (602)717-8296 Fax: (623)584-8407	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL7204H	SUNLIGHT ADULT CARE HOME 6513 WEST CARIBBEAN LANE GLENDALE AZ 85306	Tele: (623)334-9462 Fax: (623)412-0933	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL0397H	SUNNYHILL ADULT CARE HOME 6228 EAST PERSHING AVE SCOTTSDALE AZ 85254	Tele: (480)483-2129 Fax: (480)951-5229	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL7433H	SUNNYSIDE SCOTTSDALE, LLC 5249 EAST TIERRA BUENA LANE SCOTTSDALE AZ 85254	Tele: (602)996-4777 Fax: ( ) -	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		
AL3031H	SUNNYSIDE VILLA 6125 WEST SUNNYSIDE DRIVE GLENDALE AZ 85304	Tele: (623)418-6657 Fax: (623)412-7702	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		

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Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8749H	SUNRISE ASSISTED LIVING HOME II, LLC 16038 WEST EVANS DRIVE SURPRISE AZ 85379	Tele: (623)328-7738 Fax: (623)328-7738	06/01/2014 to 05/31/2015 Capacity : 7 Medcaid_Cert: Certified		
AL1711H	SUNSET VISTA FIRST 18606 NORTH 2ND AVENUE PHOENIX AZ 85027	Tele: (623)362-3813 Fax: (623)362-3813	07/01/2014 to 06/30/2015 Capacity : 8 Medcaid_Cert: Certified		
AL7598H	SUSAN CARE HOME LLC 15842 WEST MERCER LANE SURPRISE AZ 85379	Tele: (623)249-5114 Fax: (623)249-4717	04/01/2014 to 03/31/2015 Capacity : 9 Medcaid_Cert: Certified		
AL6834H	SWEET HOME ADULT CARE HOME LLC 15973 NORTH 77TH AVENUE PEORIA AZ 85382	Tele: (623)487-1124 Fax: (623)334-0835	09/01/2013 to 08/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL4772H	TATUM GLEN ASSISTED LIVING HOME 3720 EAST UTOPIA ROAD PHOENIX AZ 85050	Tele: (602)787-4418 Fax: (602)787-4489	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8810H	TBI ASSISTED LIVING 2721 WEST ROVEY AVENUE PHOENIX AZ 85017	Tele: (602)358-7141 Fax: (602)358-7559	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		
AL8653H	TEMPE TBI HOME CARE LLC 507 EAST WESTCHESTER DRIVE TEMPE AZ 85283	Tele: (480)773-7855 Fax: ( ) -	02/01/2013 to 01/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL7653H	TENDER LOVING CARE HOME I 14239 WEST CHARTER OAK ROAD SURPRISE AZ 85379	Tele: (623)242-6414 Fax: (623)556-2977	03/01/2014 to 02/28/2015 Capacity : 8 Medcaid_Cert: Certified		
AL1262H	TENDER TOUCH ASSISTED LIVING HOME 2859 EAST VOLTAIRE AVENUE PHOENIX AZ 85032	Tele: (602)677-5884 Fax: (602)404-7200	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		
AL4760H	THIRD STREET HOME 1053 EAST 3RD STREET MESA AZ 85203	Tele: (480)610-6974 Fax: (480)610-6974	04/01/2014 to 03/31/2015 Capacity : 6 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7289H	THOMPSON PEEK SENIOR CARE HOME LLC 9742 EAST GELDING DRIVE SCOTTSDALE AZ 85260	Tele: (480)614-5410 Fax: (480)614-5410	11/01/2013 to 10/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL4644H	THUNDERBIRD ASSISTED LIVING HOME 6149 EAST THUNDERBIRD ROAD SCOTTSDALE AZ 85254	Tele: (602)326-3221 Fax: (480)664-8336	04/01/2013 to 03/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL6799H	TLC BY CHRISTIAN ADULT CARE HOME 449 NORTH 100TH PLACE MESA AZ 85207	Tele: (480)986-5795 Fax: (480)361-3982	11/01/2013 to 10/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL4410H	TLC ROSEWOOD MANOR 642 WEST LINGER LANE PHOENIX AZ 85021	Tele: (602)943-6700 Fax: (602)595-3141	10/01/2013 to 09/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7104H	TOP QUALITY A L H 14403 NORTH 60TH STREET SCOTTSDALE AZ 85254	Tele: (480)512-2493 Fax: (480)998-3185	08/01/2014 to 07/31/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8987H	TOTAL CARE ASSISTED LIVING HOME 1670 EAST CARLA VISTA DRIVE CHANDLER AZ 85225	Tele: (480)247-2600 Fax: (480)584-6974	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7054H	TOTAL CARE ASSISTED LIVING II, LLC 642 EAST KENT AVENUE CHANDLER AZ 85225	Tele: (480)699-5181 Fax: (480)726-0580	06/01/2013 to 05/31/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8218H	TOUCH OF LOVE ASSISTED LIVING 11335 EAST PRONGHORN AVENUE MESA AZ 85212	Tele: (602)505-1298 Fax: (480)380-4600	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6554H	TRAMONTO ASSISTED LIVING 3217 WEST CARAVAGGIO LANE PHOENIX AZ 85086	Tele: (602)722-3893 Fax: (623)518-3216	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7079H	UPON THE ROCK ASSISTED LIVING 32100 NORTH SCOTTSDALE ROAD SCOTTSDALE AZ 85266	Tele: (480)221-1140 Fax: (480)595-5492	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL4945H	VALLEY CARE MANAGEMENT CORPORATION 59 NORTH QUARTZ STREET GILBERT AZ 85234	Tele: (480)545-9176 Fax: (480)545-8543	08/01/2014 to 07/31/2015 Capacity : 9 Medcaid_Cert: Certified		
AL8769H	VALLEY VISTA HOME CARE, LLC 2206 WEST SPUR DRIVE PHOENIX AZ 85085	Tele: (623)505-3353 Fax: (623)505-3353	06/01/2013 to 05/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL6877H	VENUS ASSISTED LIVING HOME 15226 WEST BECKER LANE (GATE CODE #8960) SURPRISE AZ 85379	Tele: (623)556-4695 Fax: (623)556-4695	02/01/2014 to 01/31/2015 Capacity : 9 Medcaid_Cert: Certified		
AL4174H	VERONICA'S ELDERLY CARE HOME 15213 NORTH 62ND DRIVE GLENDALE AZ 85306	Tele: (602)896-3158 Fax: (602)896-3158	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		
AL7443H	WELLSPRING ALH AT VAL VISTA 312 NORTH BRETT STREET GILBERT AZ 85234	Tele: (480)503-3217 Fax: (480)503-3210	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6635H	WEST VALLEY CARE HOME II 20817 NORTH 101ST LANE PEORIA AZ 85382	Tele: (623)792-8424 Fax: (623)251-3319	04/01/2014 to 03/31/2015 Capacity : 10 Medcaid_Cert: Certified		
AL2491H	WESTOWN ADULT CARE HOME 3044 WEST CORRINE DRIVE PHOENIX AZ 85029	Tele: (602)564-9528 Fax: (602)564-1431	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		
AL8409H	WHITEWING MANSION ASSISTED LIVING III 4302 EAST WHITE ASTER STREET PHOENIX AZ 85044	Tele: (602)372-4674 Fax: (480)664-1311	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		
AL6448H	WHITTEN PLACE ACH 1640 EAST WHITTEN STREET CHANDLER AZ 85225	Tele: (480)248-6525 Fax: (480)248-6525	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL7522H	YASHUA'S CEDAR 437 WEST MERRILL AVENUE GILBERT AZ 85233	Tele: (480)558-4684 Fax: (480)899-6122	01/01/2014 to 12/31/2014 Capacity : 7 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL2832H	YOUNG LIFE ASSISTED LIVING 2711 WEST RANCHO DRIVE PHOENIX AZ 85017	Tele: (602)242-9736 Fax: (602)595-1276	09/01/2013 to 08/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL4043H	YOUNG LIFE ASSISTED LIVING 2 2742 WEST RANCHO DRIVE PHOENIX AZ 85017	Tele: (602)595-3229 Fax: (602)595-1039	10/01/2014 to 09/30/2015 Capacity : 5 Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING HOME-PERSONAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL0525H	THE GABLES AT GOOD SHEPHERD 5848 EAST UNIVERSITY DRIVE (GABLES BLDG) MESA AZ 85205	Tele: (480)981-0098 Fax: (480)396-3023	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5833	A NEW LEAF, INC - DOROTHY MITCHELL RESIDENCE 3505 EAST UNIVERSITY DRIVE MESA AZ 85213	Tele: (480)969-4024 Fax: (480)969-0039	12/01/2013 to 11/30/2014 Capacity : 25 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6300	DEVEREUX FOUNDATION / DEVEREUX SCOTTSDALE 6436 EAST SWEETWATER AVENUE SCOTTSDALE AZ 85254	Tele: (480)998-2920 Fax: (480)443-5587	04/01/2014 to 03/31/2015 Capacity : 48 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-829	NEW FOUNDATION, THE 1200 NORTH 77TH STREET, ROOM 13-21 SCOTTSDALE AZ 85257	Tele: (480)945-3302 Fax: (480)945-9308	10/01/2013 to 09/30/2014 Capacity : 36 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6538	ROSEWOOD RANCH 36075 SOUTH RINCON ROAD, BUILDING C WICKENBURG AZ 85390	Tele: (928)684-9594 Fax: (928)684-3181	09/01/2013 to 08/31/2014 Capacity : 14 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1816	SOUTHWESTERN CHILDREN'S HEALTH SERVICES, INC DBA OASIS BEHAVIORAL HEALTH 2190 NORTH GRACE BOULEVARD CHANDLER AZ 85225	Tele: (480)917-9301 Fax: (480)917-0503	09/01/2013 to 08/31/2014 Capacity : 37 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6572	YOUTH DEVELOPMENT INSTITUTE 1830 EAST ROOSEVELT STREET, BUILDING 1 PHOENIX AZ 85006	Tele: (602)256-5300 Fax: (602)256-5301	07/01/2014 to 06/30/2015 Capacity : 84 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC/SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6429	A NEW LEAF, INC - LARRY SIMMONS RESIDENCE (L S R) 960 NORTH STAPLEY DRIVE, BLDG 1 RM 14 & BLDG 11 MESA AZ 85203	Tele: (480)969-4024 Fax: (480)969-0039	09/01/2013 to 08/31/2014 Capacity : 26 Medcaid_Cert: Certified		
IFBH6328	BANNER BEHAVIORAL HEALTH INPATIENT SERVICES 7575 EAST EARLL DRIVE, BUILDING 600 SCOTTSDALE AZ 85251	Tele: (480)941-7500 Fax: (480)941-7548	05/01/2014 to 04/30/2015 Capacity : 18 Medcaid_Cert: Certified		

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6334	ARIZONA BRIDGE TO RECOVERY 554 SOUTH BELLVIEW, ROOM B MESA AZ 85204	Tele: (480)831-7566 Fax: (480)831-7563	05/01/2014 to 04/30/2015 Capacity : 14 Medcaid_Cert: Certified		
BH3582	BANNER PSYCHIATRIC CENTER 7575 EAST EARLL DRIVE, BUILDING 500 SCOTTSDALE AZ 85251	Tele: (480)448-7500 Fax: (480)448-7548	09/01/2013 to 08/31/2014 Capacity : 1 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6551	CALVARY CENTER, INC 720 EAST MONTEBELLO AVENUE, RESIDENTIAL BUILDING PHOENIX AZ 85014	Tele: (602)279-1468 Fax: (602)279-3090	08/01/2014 to 07/31/2015 Capacity : 58 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6374	COMMUNITY BRIDGES, INC - CENTRAL CITY ADDICTION RECOVERY CENTER 2770 EAST VAN BUREN STREET PHOENIX AZ 85008	Tele: (602)273-9999 Fax: (480)831-7563	07/01/2014 to 06/30/2015 Capacity : 16 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6337	EAST VALLEY ADDICTION RECOVERY CENTER (EVARC) 560 SOUTH BELLVIEW, ROOMS B & C MESA AZ 85204	Tele: (480)831-7566 Fax: (480)831-7563	03/01/2014 to 02/28/2015 Capacity : 16 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1250	RECOVERY INNOVATIONS, INC - RECOVERY RESPONSE CENTER 11361 NORTH 99TH AVENUE, SUITE 402 PEORIA AZ 85345	Tele: (602)650-1212 Fax: (623)972-6173	11/18/2013 to 10/31/2014 Capacity : 29 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6122	RIVER SOURCE CENTER, THE 108 EAST 2ND AVENUE MESA AZ 85210	Tele: (480)321-9090 Fax: (480)827-1637	02/01/2014 to 01/31/2015 Capacity : 35 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6549	ROSEWOOD CENTER FOR EATING DISORDER 36075 SOUTH RINCON ROAD WICKENBURG AZ 85390	Tele: (928)684-9594 Fax: (928)684-3181	07/01/2014 to 06/30/2015 Capacity : 28 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6578	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - CRISIS RECOVERY UNIT 1424 SOUTH 7TH AVENUE, BUILDING A PHOENIX AZ 85007	Tele: (602)257-1558 Fax: (602)258-5372	07/01/2014 to 06/30/2015 Capacity : 16 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1982	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - CRISIS RECOVERY UNIT 2 1424 SOUTH 7TH AVENUE, BUILDING B PHOENIX AZ 85007	Tele: (602)285-4282 Fax: (602)265-8377	09/01/2013 to 08/31/2014 Capacity : 16 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3391	UPC CONNECTIONS-AZ, INC 903 NORTH 2ND STREET PHOENIX AZ 85004	Tele: (602)416-7600 Fax: (602)416-7700	08/01/2013 to 07/31/2014 Capacity : 15 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3592	A NEW HOPE BEHAVIORAL HEALTH HOME 9646 NORTH 47TH AVENUE GLENDALE AZ 85302	Tele: (623)930-9561 Fax: (623)937-8520	06/01/2014 to 05/31/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-3989	APOLLO HEALTH CARE, INC 8322 WEST OREGON AVENUE GLENDALE AZ 85305	Tele: (602)909-9026 Fax: (623)877-1155	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-3580	ARIZONA BEHAVIORAL CARE HOMES 230 EAST FRANCES LANE GILBERT AZ 85295	Tele: (480)306-5204 Fax: (480)306-5482	04/01/2014 to 03/31/2015 Capacity : 9 Medcaid_Cert: Certified		
BH-3724	ARIZONA BEHAVIORAL CARE HOMES 16575 WEST ROOSEVELT STREET GOODYEAR AZ 85338	Tele: (623)594-9064 Fax: (623)925-9876	11/01/2013 to 10/31/2014 Capacity : 10 Medcaid_Cert: Certified		
BH-3981	ARIZONA BEHAVIORAL CARE HOMES 1469 EAST IVANHOE STREET GILBERT AZ 85295	Tele: (480)634-5013 Fax: (480)634-5371	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4067	ARIZONA BEHAVIORAL CARE HOMES 1024 NORTH RIDGE CIRCLE MESA AZ 85203	Tele: (480)718-9705 Fax: (480)306-5732	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3971	ARIZONA BEHAVIORAL CARE HOMES 16800 WEST ROOSEVELT STREET GOODYEAR AZ 85338	Tele: (623)234-2386 Fax: (623)251-4851	12/01/2013 to 11/30/2014 Capacity : 6 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1828	ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC - HAYWARD 7722 NORTH 42ND AVENUE PHOENIX AZ 85051	Tele: (602)230-2222 Fax: (602)230-2026	08/01/2014 to 07/31/2015 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1844	ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC - KINGS RESIDENTIAL PROG 6627 WEST KINGS AVENUE GLENDALE AZ 85306	Tele: (602)230-2222 Fax: (602)230-2026	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2110	ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC - NORTHWOODS 4301 WEST WINDROSE DRIVE GLENDALE AZ 85303	Tele: (602)230-2222 Fax: (602)230-2026	08/01/2014 to 07/31/2015 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1824	ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC - OREGON RESIDENTIAL PGM 6835 WEST OREGON AVENUE GLENDALE AZ 85303	Tele: (602)230-2222 Fax: (602)230-2026	09/01/2014 to 08/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-1347	ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC - QUAIL CREEK RES PROG 1829 EAST 2ND STREET MESA AZ 85203	Tele: (602)230-2222 Fax: (602)230-2026	11/01/2013 to 10/31/2014 Capacity : 4 Medcaid_Cert: Certified		
BH-1698	ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC - WARD MANOR 1018 EAST EL CAMINITO PHOENIX AZ 85020	Tele: (602)230-2222 Fax: (602)230-2026	06/01/2014 to 05/31/2015 Capacity : 9 Medcaid_Cert: Certified		
BH-1784	ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC / CROCUS HOUSE 3048 WEST CROCUS AVENUE PHOENIX AZ 85023	Tele: (602)230-2222 Fax: (602)230-2026	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2625	ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC / KEIM HOUSE 2208 WEST KEIM DRIVE PHOENIX AZ 85015	Tele: (602)230-2222 Fax: (602)230-2026	05/01/2014 to 04/30/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-1790	ARIZONA HEALTH CARE CONTRACT MANAGEMENTSERVICES, INC / IRONWOOD 10010 NORTH 36TH AVENUE PHOENIX AZ 85051	Tele: (602)230-2222 Fax: (602)230-2026	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-3522	BARAKA HOUSE I I I, L L C 15402 NORTH 29TH AVENUE PHOENIX AZ 85053	Tele: (602)942-0064 Fax: (602)942-0064	02/01/2014 to 01/31/2015 Capacity : 6 Medcaid_Cert: Certified		
BH-4229	BARAKA HOUSE I V 7445 WEST CHERYL DRIVE PEORIA AZ 85345	Tele: (623)878-0463 Fax: (623)878-0463	05/01/2014 to 04/30/2015 Capacity : 6 Medcaid_Cert: Certified		
BH-3941	BENTLEY'S TRANSITION LIVING LLC 6432 SOUTH 23RD AVENUE PHOENIX AZ 85041	Tele: (602)539-2411 Fax: (602)237-0035	02/01/2013 to 01/31/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3709	BESCARE HOME, L L C 2759 WEST GRENADINE ROAD PHOENIX AZ 85041	Tele: (602)384-5565 Fax: (602)354-3249	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-3876	BETTER HORIZONS BEHAVIORAL HEALTH, L L C 2184 EAST FIRESTONE DRIVE CHANDLER AZ 85249	Tele: (480)634-4974 Fax: (480)719-8105	08/01/2014 to 07/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-1611	CASA DE AMIGAS 1648 WEST COLTER STREET, BUILDINGS 1, 2 & 3 PHOENIX AZ 85015	Tele: (602)265-9987 Fax: (602)265-9983	09/01/2013 to 08/31/2014 Capacity : 7 Medcaid_Cert: Certified		
BH-2501	CENTER FOR HOPE 554-1 SOUTH BELLVIEW, AREA B MESA AZ 85204	Tele: (480)461-1711 Fax: (480)831-7563	12/01/2013 to 11/30/2014 Capacity : 24 Medcaid_Cert: Certified		
BH-008	CHICANOS POR LA CAUSA, INC - CORAZON 3639 WEST LINCOLN STREET, BUIDLING 1 PHOENIX AZ 85009	Tele: (602)233-9747 Fax: (602)352-5989	02/01/2014 to 01/31/2015 Capacity : 58 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4002	COMMUNITY BRIDGE INC- EAST VALLEY TRANSITION PT 358 EAST JAVELINA AVENUE MESA AZ 85210	Tele: (480)831-7566 Fax: (480)831-7563	02/01/2014 to 01/31/2015 Capacity : 16 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3936	COMMUNITY BRIDGES, INC - WEST VALLEY TRANSITION POINT 824 NORTH 99TH AVENUE, SUITE 109 AVONDALE AZ 85323	Tele: (623)907-6520 Fax: (480)831-7563	08/01/2014 to 07/31/2015 Capacity : 16 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4100	COMMUNITY CONNECTIONS, L L C 2301 EAST GREENWAY ROAD PHOENIX AZ 85022	Tele: (602)535-8313 Fax: (602)606-2264	10/01/2014 to 09/30/2015 Capacity : 5 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3555	COMMUNITY CONNECTIONS, L L C 18215 NORTH 11TH DRIVE PHOENIX AZ 85023	Tele: (602)283-5267 Fax: (623)795-9689	03/01/2014 to 02/28/2015 Capacity : 4 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-865	CROSSROADS, INC 1845 EAST OCOTILLO ROAD PHOENIX AZ 85016	Tele: (602)279-2585 Fax: (602)279-1316	09/01/2014 to 08/31/2015 Capacity : 48 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-866	CROSSROADS, INC 3702 NORTH 13TH AVENUE PHOENIX AZ 85013	Tele: (602)266-8400 Fax: (602)266-8193	09/01/2014 to 08/31/2015 Capacity : 32 Medcaid_Cert: Certified		
BH-2209	CROSSROADS, INC 7523 NORTH 35TH AVENUE PHOENIX AZ 85051	Tele: (602)249-8002 Fax: (602)249-9563	03/01/2014 to 02/28/2015 Capacity : 56 Medcaid_Cert: Certified		
BH-3925	CROSSROADS, INC - ARCADIA 5116 EAST THOMAS ROAD PHOENIX AZ 85018	Tele: (602)281-6574 Fax: (602)281-6905	10/01/2013 to 09/30/2014 Capacity : 72 Medcaid_Cert: Certified		
BH-2811	CROSSROADS, INC / FLOWER LOCATION 1632 EAST FLOWER STREET PHOENIX AZ 85016	Tele: (602)274-0730 Fax: (602)264-2488	03/01/2014 to 02/28/2015 Capacity : 60 Medcaid_Cert: Certified		
BH-4023	DESTINY BEHAVIORAL HEALTH RESIDENTIAL CARE, L L C 2911 SOUTH 87TH DRIVE TOLLESON AZ 85353	Tele: (623)435-6566 Fax: (623)435-6566	05/01/2014 to 04/30/2015 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3285	DESTINY SOBER LIVING, INC 5306 NORTH 17TH AVENUE PHOENIX AZ 85015	Tele: (602)249-6675 Fax: (480)921-4115	07/01/2013 to 06/30/2014 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2371	EBONY HOUSE, INC / ELBA HOUSE 8646 SOUTH 14TH STREET PHOENIX AZ 85042	Tele: (602)276-4288 Fax: (602)232-2938	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4165	EMMARIE BEHAVIORAL HOME CARE (WOOD LANE HOUSE) 7725 WEST WOOD LANE PHOENIX AZ 85043	Tele: (602)215-2464 Fax: (623)242-7573	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1359	FSL PATHWAYS INC / ASSISTED GROUP LIVING PROGRAM/ MEADOWBROOK HOUSE 8719 WEST MEADOWBROOK AVENUE PHOENIX AZ 85037	Tele: (602)285-1800 Fax: (602)266-4912	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3482	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM / WATSON HOUSE 916 EAST WATSON DRIVE TEMPE AZ 85283	Tele: (602)285-1800 Fax: (602)266-4912	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1186	FSL PATHWAYS, INC / ASSSISTED GROUP LIVING PROGRAM / PLATA HOUSE 613 WEST PLATA AVENUE MESA AZ 85201	Tele: (602)285-1800 Fax: (602)266-4912	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-2217	FSL PATHWAYS, INC / AGL PROGRAM 3916 WEST EVANS DRIVE PHOENIX AZ 85053	Tele: (602)285-1800 Fax: (602)266-4912	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-2337	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM - GARDEN HOUSE 3927 WEST GARDEN DRIVE PHOENIX AZ 85029	Tele: (602)285-1800 Fax: (602)266-4912	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-1310	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM / ALICE HOUSE 8744 WEST ALICE AVENUE PEORIA AZ 85345	Tele: (602)285-1800 Fax: (602)266-4912	07/01/2013 to 06/30/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-3982	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM / CANYON HOUSE 13629 NORTH 21ST DRIVE PHOENIX AZ 85029	Tele: (602)285-1800 Fax: (602)266-4912	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2186	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM / COLUMBINE HOUSE 3126 WEST COLUMBINE DRIVE PHOENIX AZ 85029	Tele: (602)285-1800 Fax: (602)266-4912	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-1184	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM / FOGAL HOUSE 925 WEST FOGAL WAY TEMPE AZ 85282	Tele: (602)285-1800 Fax: (602)266-4912	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-4104	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM / HAYWARD HOUSE 4023 WEST HAYWARD AVENUE PHOENIX AZ 85051	Tele: (602)285-1800 Fax: (602)266-4912	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-1183	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM / PECK HOUSE 8963 WEST PECK DRIVE GLENDALE AZ 85305	Tele: (602)285-1800 Fax: (602)266-4912	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2216	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM / RIOS HOUSE 14633 NORTH 55TH AVENUE GLENDALE AZ 85306	Tele: (602)285-1800 Fax: (602)266-4912	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-1181	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM / SIERRA VISTA HOUSE 7145 WEST SIERRA VISTA DRIVE GLENDALE AZ 85303	Tele: (602)285-1800 Fax: (602)266-4912	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-2218	FSL PATHWAYS, INC AGL PROGRAM 3367 WEST SURREY AVENUE PHOENIX AZ 85029	Tele: (602)285-1800 Fax: (602)266-4912	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-1311	FSL PATHWAYS, INC/ ASSISTED GROUP LIVING PROGRAM / CHERRY HILLS HOUSE 7808 WEST CHERRY HILLS DRIVE PEORIA AZ 85345	Tele: (602)285-1800 Fax: (602)266-4912	08/01/2014 to 07/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-3053	HELPING HEARTS / 12TH AVE #2 9606 NORTH 12TH AVENUE, UNIT 2 PHOENIX AZ 85021	Tele: (602)680-7238 Fax: (602)926-8036	05/01/2014 to 04/30/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3052	HELPING HEARTS / MEADOWBROOK HOUSE 1808 EAST MEADOWBROOK AVENUE PHOENIX AZ 85016	Tele: (602)714-6000 Fax: (602)926-8036	05/01/2014 to 04/30/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-4141	J F M INSPIRATIONS COUNSELING SERVICES 4119 NORTH MITCHELL STREET PHOENIX AZ 85014	Tele: (602)761-2467 Fax: (602)374-2299	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-4048	L & E BEHAVIOR HOME, L L C DBA SALTER HOUSE 9834 WEST SALTER DRIVE PEORIA AZ 85382	Tele: (623)234-2442 Fax: (623)249-4769	08/01/2014 to 07/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-4252	LATEEF BEHAVIORAL CARE 1621 WEST MINTON STREET PHOENIX AZ 85041	Tele: (602)314-5903 Fax: (602)633-2676	05/01/2014 to 04/30/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-3990	LATEEF BEHAVIORAL CARE HOMES 8613 SOUTH 7TH DRIVE PHOENIX AZ 85041	Tele: (602)314-5903 Fax: (602)633-2676	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4220	LIFEWELL BEHAVIORAL WELLNESS - HIGHLAND 119 WEST HIGHLAND PHOENIX AZ 85013	Tele: (602)599-5637 Fax: (602)599-5937	06/07/2014 to 05/31/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-165	LIFEWELL BEHAVIORAL WELLNESS, INC - SITE 1 3301 EAST PINCHOT AVENUE PHOENIX AZ 85018	Tele: (602)808-2800 Fax: (602)314-4624	12/01/2013 to 11/30/2014 Capacity : 53 Medcaid_Cert: Certified		
BH-2406	LIFEWELL BEHAVIORAL WELLNESS, INC - SITE I I 3222 NORTH 37TH STREET PHOENIX AZ 85018	Tele: (602)553-7300 Fax: (602)314-4624	08/01/2013 to 07/31/2014 Capacity : 16 Medcaid_Cert: Certified		
BH-2062	LIFEWELL BEHAVIORAL WELLNESS, INC - SITE I V - A 621 WEST SOUTHERN AVENUE MESA AZ 85210	Tele: (602)808-2800 Fax: (602)553-7303	09/01/2013 to 08/31/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-2277	LIFEWELL BEHAVIORAL WELLNESS, INC - SITE I V - B 619 WEST SOUTHERN AVENUE MESA AZ 85210	Tele: (602)533-7303 Fax: (602)553-7303	05/01/2014 to 04/30/2015 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3705	LIFEWELL BEHAVIORAL WELLNESS, INC - SITE X I 3249 EAST PINCHOT AVENUE PHOENIX AZ 85018	Tele: (602)808-2800 Fax: (602)314-4634	11/01/2013 to 10/31/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-2068	MARC COMMUNITY RESOURCES, INC - ALDER 4154 EAST ALDER AVENUE MESA AZ 85206	Tele: (480)969-3800 Fax: (480)644-1557	09/01/2014 to 08/31/2015 Capacity : 4 Medcaid_Cert: Certified		
BH-3749	MARC COMMUNITY RESOURCES, INC - MILLETT 918 EAST MILLETT AVENUE MESA AZ 85204	Tele: (480)969-3800 Fax: (480)644-1557	12/01/2013 to 11/30/2014 Capacity : 4 Medcaid_Cert: Certified		
BH-2067	MARC COMMUNITY RESOURCES, INC - QUARTZ 6433 EAST QUARTZ STREET MESA AZ 85215	Tele: (480)969-3800 Fax: (480)644-1557	04/01/2014 to 03/31/2015 Capacity : 4 Medcaid_Cert: Certified		
BH-2069	MARC COMMUNITY RESOURCES, INC- HERMOSA VISTA 2664 EAST HERMOSA VISTA DRIVE MESA AZ 85213	Tele: (480)969-3800 Fax: (480)644-1557	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1960	MARK ALLEN FOUNDATION, INC 2622 WEST STATE AVENUE PHOENIX AZ 85051	Tele: (602)973-3727 Fax: (602)841-2865	10/01/2014 to 09/30/2015 Capacity : 26 Medcaid_Cert: Certified		
BH-4024	MOUNTAIN TOP BEHAVIORAL HEALTH SERVICES, L L C - DUNBAR HOUSE 3838 WEST DUNBAR DRIVE PHOENIX AZ 85041	Tele: (480)217-6996 Fax: (888)843-7281	04/01/2014 to 03/31/2015 Capacity : 4 Medcaid_Cert: Certified		
BH-3412	NATIONAL MENTOR HEALTHCARE, L L C - ARIZONA MENTOR - EVERGREEN 9225 WEST ELM STREET PHOENIX AZ 85037	Tele: (602)200-9494 Fax: (602)567-2062	08/01/2014 to 07/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-2269	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - UNION HILLS 18244 NORTH 39TH DRIVE GLENDALE AZ 85308	Tele: (602)200-9494 Fax: (602)567-2062	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-2270	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - VERLEA 1316 EAST VERLEA DRIVE TEMPE AZ 85282	Tele: (602)200-9494 Fax: (602)567-2062	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3511	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - CACTUS 12002 NORTH 28TH STREET PHOENIX AZ 85028	Tele: (602)200-9494 Fax: (602)567-2062	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3163	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - HAWTHORNE 5621 SOUTH 51ST DRIVE LAVEEN AZ 85339	Tele: (602)200-9494 Fax: (602)567-2062	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4095	ORION HOMES, L L C 142 EAST JOAN DE ARC DRIVE PHOENIX AZ 85022	Tele: (602)466-3223 Fax: (602)441-3981	09/01/2013 to 08/31/2014 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4099	PASTALINO MANOR, L L C 1383 WEST KESLER LANE CHANDLER AZ 85224	Tele: (480)634-5485 Fax: (480)699-7288	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4126	POSITIVE MOVEMENT, L L C 6313 WEST FLORANCE AVENUE PHOENIX AZ 85043	Tele: (623)907-1247 Fax: (734)266-2255	07/01/2013 to 06/30/2014 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3543	PRATS RESIDENTIAL BEHAVIORAL HEALTH AGENCY 13603 NORTH 30TH STREET PHOENIX AZ 85032	Tele: (602)400-2288 Fax: (602)996-1577	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-4111	PRATS RESIDENTIAL BEHAVIORAL HEALTH AGENCY / TA'CHII'NII HOUSE 13811 NORTH 38TH STREET PHOENIX AZ 85032	Tele: (602)388-4000 Fax: (602)996-1577	11/01/2013 to 10/31/2014 Capacity : 10 Medcaid_Cert: Certified		
BH-3884	PRATS RESIDENTIAL BEHAVIORAL HEALTH AGENCY I I 13437 NORTH 30TH STREET PHOENIX AZ 85032	Tele: (602)400-2288 Fax: (602)996-1577	05/01/2014 to 04/30/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-3963	PRATS RESIDENTIAL BEHAVIORAL HEALTH AGENCY, L L C AKA DINE' HOME 3014 EAST EMILE ZOLA AVENUE PHOENIX AZ 85032	Tele: (602)867-1486 Fax: (602)996-1577	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-1770	SIX PINES, ARIZONA HEALTH CARE 5344 NORTH 40TH LANE PHOENIX AZ 85019	Tele: (602)230-2222 Fax: (602)230-2026	02/01/2014 to 01/31/2015 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3798	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - STAR 313 EAST WILLETTA STREET PHOENIX AZ 85004	Tele: (602)285-4330 Fax: (602)265-8533	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-051	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - COMMUNITY TRANSITION PROGRAM 4015 SOUTH 7TH STREET PHOENIX AZ 85040	Tele: (602)285-4330 Fax: (602)265-8533	08/01/2014 to 07/31/2015 Capacity : 14 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-841	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - HAVEN 2313 WEST YUMA PHOENIX AZ 85009	Tele: (602)285-4282 Fax: (602)265-8377	04/01/2014 to 03/31/2015 Capacity : 16 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2104	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - RECOVERY READINESS CENTER 2042 NORTH 35TH AVENUE PHOENIX AZ 85009	Tele: (602)285-4282 Fax: (602)265-8377	09/01/2013 to 08/31/2014 Capacity : 16 Medcaid_Cert: Certified		

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-616	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - SHERIDAN GROUP HOME 7626 EAST SHERIDAN SCOTTSDALE AZ 85257	Tele: (602)285-4282 Fax: (602)265-8377	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-253	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - VILLA AGAVE 7439 SOUTH 7TH STREET PHOENIX AZ 85040	Tele: (602)285-4330 Fax: (602)265-8533	08/01/2014 to 07/31/2015 Capacity : 16 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3254	SUCCESSFUL JOURNEYS, L L C 4434 NORTH 153RD LANE GOODYEAR AZ 85395	Tele: (623)535-1239 Fax: (623)535-1406	04/01/2014 to 03/31/2015 Capacity : 6 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3972	SUNRISE BEHAVIORAL HEALTH 8913 NORTH 114TH DRIVE PEORIA AZ 85345	Tele: (623)243-6434 Fax: (623)243-6201	01/01/2014 to 12/31/2014 Capacity : 6 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4059	TILDA MANOR, INC 6229 SOUTH MOCCASIN TRAIL GILBERT AZ 85298	Tele: (480)457-8742 Fax: (888)292-9039	08/01/2014 to 07/31/2015 Capacity : 7 Medcaid_Cert: Certified		

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3704	TILDA MANOR, INC 3228 EAST ISABELLA AVENUE MESA AZ 85204	Tele: (480)926-2041 Fax: (888)292-9039	11/01/2013 to 10/31/2014 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3133	TILDA MANOR, INC 5985 SOUTH MACK COURT GILBERT AZ 85298	Tele: (480)457-8297 Fax: (888)292-9039	11/01/2013 to 10/31/2014 Capacity : 9 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2325	TILDA MANOR, INC 1404 NORTH ANANEA STREET MESA AZ 85207	Tele: (480)830-8588 Fax: (888)292-9039	08/01/2014 to 07/31/2015 Capacity : 6 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3984	TRANQUILITY HOUSE L L C 13428 WEST ACAPULCO LANE SURPRISE AZ 85379	Tele: (623)975-7439 Fax: (623)337-5076	07/01/2013 to 06/30/2014 Capacity : 2 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4203	VALLEY INDEPENDENT RESIDENTIAL, L L C 6408 WEST GROSS AVENUE PHOENIX AZ 85043	Tele: (623)907-1142 Fax: (623)907-1143	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4156	VEMA CORP 7032 WEST SIERRA PEORIA AZ 85345	Tele: (602)298-2540 Fax: (602)368-6355	06/01/2014 to 05/31/2015 Capacity : 4 Medcaid_Cert: Certified		
BH-4147	VEMA CORP 3811 WEST ALTADENA AVENUE PHOENIX AZ 85029	Tele: (602)298-2540 Fax: (602)368-6355	06/06/2013 to 05/31/2014 Capacity : 4 Medcaid_Cert: Certified		
BH-4148	VEMA CORP 3822 WEST CHOLLA STREET PHOENIX AZ 85029	Tele: (602)298-2540 Fax: (602)368-6355	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-4149	VEMA CORP 3927 WEST CHOLLA STREET PHOENIX AZ 85029	Tele: (602)298-2540 Fax: (602)368-6355	06/01/2014 to 05/31/2015 Capacity : 4 Medcaid_Cert: Certified		
BH-4151	VEMA CORP 6026 WEST SUNNYSIDE DRIVE GLENDALE AZ 85304	Tele: (602)298-2540 Fax: (602)368-6355	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4152	VEMA CORP 4010 WEST CACTUS ROAD PHOENIX AZ 85029	Tele: (602)298-2540 Fax: (602)368-6355	06/06/2013 to 05/31/2014 Capacity : 4 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4153	VEMA CORP 6764 WEST GELDING DRIVE PEORIA AZ 85381	Tele: (602)298-2540 Fax: (602)368-6355	06/06/2013 to 05/31/2014 Capacity : 9 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4154	VEMA CORP 6055 WEST CARIBE LANE GLENDALE AZ 85306	Tele: (602)298-2540 Fax: (602)368-6355	06/01/2014 to 05/31/2015 Capacity : 1 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4155	VEMA CORP 5346 WEST SUNNYSIDE DRIVE GLENDALE AZ 85304	Tele: (602)298-2540 Fax: (602)368-6355	06/06/2013 to 05/31/2014 Capacity : 4 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4150	VEMA CORP 4511 WEST CORRINE GLENDALE AZ 85304	Tele: (602)298-2540 Fax: (602)368-6355	06/06/2013 to 05/31/2014 Capacity : 4 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3950	WINDING WOODS MANOR, L L C 3691 SOUTH ASHLEY PLACE CHANDLER AZ 85286	Tele: (480)802-5753 Fax: (480)802-5753	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4200	WOMEN IN NEW RECOVERY 860 NORTH CENTER STREET MESA AZ 85201	Tele: (480)464-5764 Fax: (480)834-5372	03/01/2013 to 02/28/2015 Capacity : 40 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - ADULT/CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1130	ANASAZI FOUNDATION 1424 SOUTH STAPLEY DRIVE MESA AZ 85204	Tele: (480)892-7403 Fax: (480)892-6701	04/01/2014 to 03/31/2015 Capacity : 40 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1789	NATIVE AMERICAN CONNECTIONS - GUIDING STAR 3424 EAST VAN BUREN PHOENIX AZ 85008	Tele: (602)254-5805 Fax: (602)253-2004	06/01/2014 to 05/31/2015 Capacity : 32 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3631	R M B H S RENATA HOUSE 11329 EAST RENATA AVENUE MESA AZ 85212	Tele: (480)641-9552 Fax: (480)981-0893	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - ADULT/CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3632	R M B H S SOMERSET HOUSE 1533 SOUTH SOMERSET CIRCLE MESA AZ 85206	Tele: (480)641-9552 Fax: (480)981-0893	12/01/2013 to 11/30/2014 Capacity : 8 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4214	A 2ND CHANCE BEHAVIOR HEALTH FACILITY, L L C 1010 EAST SOUTHERN AVENUE, BUILDING 2 PHOENIX AZ 85040	Tele: (602)463-8836 Fax: (602)279-1854	09/12/2013 to 08/31/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-4352	A MOTHER'S LOVE RESIDENTIAL HOMES, L L C 11610 WEST WINDROSE DRIVE EL MIRAGE AZ 85335	Tele: (602)696-5565 Fax: (602)926-8174	10/02/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-2783	A NEW LEAF, INC - ALICE PETERSON RESIDENCE 901 EAST UNIVERSITY DRIVE MESA AZ 85203	Tele: (480)969-4024 Fax: (480)969-0039	07/01/2014 to 06/30/2015 Capacity : 12 Medcaid_Cert: Certified		
BH-3032	ALL ABOUT KIDS 12116 WEST DAHLIA DRIVE EL MIRAGE AZ 85335	Tele: (480)228-9510 Fax: (480)219-8152	02/01/2014 to 01/31/2015 Capacity : 6 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3031	ALL ABOUT KIDS 2510 EAST YELLOWSTONE PLACE CHANDLER AZ 85249	Tele: (480)228-9510 Fax: (480)219-8152	07/01/2014 to 06/30/2015 Capacity : 4 Medcaid_Cert: Certified		
BH-4166	ANGEL'S HOMES 4419 WEST BERRIDGE LANE GLENDALE AZ 85301	Tele: (602)303-8677 Fax: (888)529-4851	07/03/2013 to 06/30/2014 Capacity : 4 Medcaid_Cert: Certified		
BH-3006	BACK TO LIFE, INC 3301 NORTH 63RD AVENUE PHOENIX AZ 85033	Tele: (623)249-4448 Fax: (623)444-7829	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-3496	BACK TO LIFE, INC 1495 WEST MOHAWK LANE PHOENIX AZ 85027	Tele: (623)217-2628 Fax: (623)444-7829	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		
BH-2772	BACK TO LIFE, INC 5915 WEST ROANOKE AVENUE PHOENIX AZ 85035	Tele: (623)518-9552 Fax: (623)444-7829	09/01/2013 to 08/31/2014 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3649	DEVEREUX ARIZONA - RESPITE # 5 6439 EAST EUGIE TERRACE SCOTTSDALE AZ 85254	Tele: (480)998-2920 Fax: (480)443-5587	09/01/2014 to 08/31/2015 Capacity : 11 Medcaid_Cert: Certified		
BH3881	DEVEREUX ARIZONA - RESPITE #2 6411 EAST EUGIE TERRACE SCOTTSDALE AZ 85254	Tele: (480)998-2920 Fax: (480)443-5587	09/01/2014 to 08/31/2015 Capacity : 10 Medcaid_Cert: Certified		
BH-3647	DEVEREUX ARIZONA - RESPITE #3 6421 EAST EUGIE TERRACE SCOTTSDALE AZ 85254	Tele: (480)998-2920 Fax: (480)443-5587	09/01/2014 to 08/31/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-3648	DEVEREUX ARIZONA - RESPITE #4 6429 EAST EUGIE TERRACE SCOTTSDALE AZ 85254	Tele: (480)998-2920 Fax: (480)443-5587	09/01/2014 to 08/31/2015 Capacity : 12 Medcaid_Cert: Certified		
BH-3805	FAYS HOUSE 1,2,3, L L C 7623 SOUTH 4TH AVENUE PHOENIX AZ 85041	Tele: (602)304-0316 Fax: (602)276-0138	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2133	FLORENCE CRITTENTON SERVICES OF ARIZONA, INC 715 WEST MARIPOSA STREET, BUILDING A PHOENIX AZ 85013	Tele: (602)274-7318 Fax: (602)274-7549	08/01/2014 to 07/31/2015 Capacity : 40 Medcaid_Cert: Certified		
BH-4215	FOUR DIRECTIONS 8149 EAST POSADA AVENUE MESA AZ 85212	Tele: (480)699-2344 Fax: (480)699-3035	07/11/2013 to 06/30/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-3538	GRACE OF SERENITY LIVING, INC 2950 EAST ROESER ROAD PHOENIX AZ 85040	Tele: (602)441-4690 Fax: (602)441-4694	02/01/2014 to 01/31/2015 Capacity : 10 Medcaid_Cert: Certified		
BH-2333	GRACE OF SERENITY LIVING, INC 8340 NORTH 86TH LANE PEORIA AZ 85345	Tele: (623)266-0810 Fax: (623)266-2365	09/01/2013 to 08/31/2014 Capacity : 10 Medcaid_Cert: Certified		
BH-2942	GRACE OF SERENITY LIVING, INC 6620 SOUTH 26TH DRIVE PHOENIX AZ 85041	Tele: (602)243-1812 Fax: (602)243-3406	10/01/2013 to 09/30/2014 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3862	LAMAC HOUSE, L L C 4324 EAST FRIESS DRIVE PHOENIX AZ 85032	Tele: (602)680-7665 Fax: (602)218-6724	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4268	LIFE WELL ASSISTED LIVING, L L C 10258 WEST WINDSOR BOULEVARD PHOENIX AZ 85037	Tele: (602)214-9544 Fax: (623)266-4688	10/18/2013 to 09/30/2014 Capacity : 3 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2728	MAKING A DIFFERENCE 6437 SOUTH 21ST PLACE PHOENIX AZ 85042	Tele: (602)276-6557 Fax: (602)305-5103	08/01/2013 to 07/31/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4327	MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC 2430 WEST WHITEFEATHER LANE PHOENIX AZ 85085	Tele: (602)335-2000 Fax: (602)249-1311	09/01/2014 to 08/31/2015 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4305	NEW HOPE OF ARIZONA, INCORPORATED 11213 WEST CORONADO ROAD AVONDALE AZ 85392	Tele: (602)535-5686 Fax: (602)535-5912	07/01/2014 to 06/30/2015 Capacity : 3 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4385	NEW HOPE OF ARIZONA, INCORPORATED 10766 WEST CAMBRIDGE AVENUE AVONDALE AZ 85392	Tele: (602)535-5686 Fax: (602)535-5912	09/01/2014 to 08/31/2015 Capacity : 3 Medcaid_Cert: Certified		
BH-3471	NEW HORIZON YOUTH HOME, INC 11836 WEST ROSEWOOD EL MIRAGE AZ 85335	Tele: (480)722-2730 Fax: (480)664-4296	12/01/2013 to 11/30/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-3340	NEW HORIZON YOUTH HOME, INC - STOTTLER HOUSE 760 EAST STOTTLER CHANDLER AZ 85225	Tele: (480)722-2730 Fax: (480)664-4296	07/01/2014 to 06/30/2015 Capacity : 7 Medcaid_Cert: Certified		
BH-4208	NEW HORIZON YOUTH HOMES, INC 1810 WEST PALOMINO DRIVE CHANDLER AZ 85244	Tele: (480)722-2730 Fax: (480)664-4296	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-2170	NEW HORIZON YOUTH HOMES, INC 6726 WEST CHOLLA PEORIA AZ 85345	Tele: (480)722-2730 Fax: (480)664-4296	10/01/2014 to 09/30/2015 Capacity : 7 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3914	NEW HORIZON YOUTH HOMES, INC 795 WEST PARK AVENUE CHANDLER AZ 85225	Tele: (480)722-2730 Fax: (480)664-4296	09/01/2013 to 08/31/2014 Capacity : 7 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3398	NEW HORIZON YOUTH HOMES, INC 2504 EAST COMMONWEALTH CIRCLE CHANDLER AZ 85225	Tele: (480)722-2730 Fax: (480)664-4296	08/01/2014 to 07/31/2015 Capacity : 7 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3472	NEW HORIZON YOUTH HOMES, INC 8731 NORTH 83RD DRIVE PEORIA AZ 85345	Tele: (480)722-2730 Fax: (480)664-4296	12/01/2013 to 11/30/2014 Capacity : 7 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2933	OASIS CARE LIVING, L L C 6917 SOUTH 11TH DRIVE PHOENIX AZ 85041	Tele: (602)334-1303 Fax: (602)535-5109	07/01/2014 to 06/30/2015 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3635	R M B H S CHATSWORTH HOUSE 3138 SOUTH CHATSWORTH CIRCLE MESA AZ 85212	Tele: (480)641-9552 Fax: (480)981-0893	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3633	R M B H S COGDELL HOUSE 6661 EAST HERMOSA VISTA DRIVE MESA AZ 85215	Tele: (480)641-9552 Fax: (480)981-0893	12/01/2013 to 11/30/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-3637	R M B H S LAKEVIEW HOUSE 7005 EAST LAKEVIEW AVENUE MESA AZ 85209	Tele: (480)641-9552 Fax: (480)981-0893	12/01/2013 to 11/30/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-3636	R M B H S MEDINA HOUSE 7444 EAST MEDINA AVENUE MESA AZ 85209	Tele: (480)641-9552 Fax: (480)981-0893	12/01/2013 to 11/30/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-3639	R M B H S NAVARRO HOUSE 7416 EAST NAVARRO AVENUE MESA AZ 85209	Tele: (480)641-9552 Fax: (480)981-0893	12/01/2013 to 11/30/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-3638	R M B H S OPAL HOUSE 3760 SOUTH OPAL MESA AZ 85212	Tele: (480)641-9552 Fax: (480)981-0893	12/01/2013 to 11/30/2014 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3640	R M B H S PLATA HOUSE 7956 EAST PLATA AVENUE MESA AZ 85212	Tele: (480)641-9552 Fax: (480)981-0893	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		
BH-4437	RMBHS LINDNER HOUSE 8448 EAST LINDNER MESA AZ 85209	Tele: (480)641-9552 Fax: (480)981-0893	03/06/2014 to 02/28/2015 Capacity : 9 Medcaid_Cert: Certified		
BH-4458	RMBHS ONZA HOUSE 9331 EAST ONZA AVENUE MESA AZ 85212	Tele: (480)641-9552 Fax: (490)981-0893	04/08/2014 to 03/31/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-4051	SOUTHWEST KEY PROGRAMS 2932 NORTH 14TH STREET PHOENIX AZ 85014	Tele: (602)343-7600 Fax: (602)343-7652	05/01/2014 to 04/30/2015 Capacity : 1E Medcaid_Cert: Certified		
BH-3660	SOUTHWEST KEY PROGRAMS 9663 NORTH 83RD DRIVE PEORIA AZ 85345	Tele: (602)841-1038 Fax: (602)219-2007	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH4460	SOUTHWEST KEY PROGRAMS 7022 NORTH 48TH AVENUE GLENDALE AZ 85301	Tele: (623)435-5212 Fax: (623)435-5218	04/08/2014 to 03/31/2015 Capacity : 30 Medcaid_Cert: Certified		
BH-3661	SOUTHWEST KEY PROGRAMS / CLAREMONT 7580 WEST CLAREMONT STREET GLENDALE AZ 85303	Tele: (602)841-1038 Fax: (602)242-2282	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		
BH-3662	SOUTHWEST KEY PROGRAMS / NORTHERN 8398 NORTH 98TH LANE PEORIA AZ 85345	Tele: (602)841-1038 Fax: (602)242-2282	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		
BH4474	SOUTHWEST KEY PROGRAMS- CASA LAS PALMAS 421 WEST BROWN ROAD MESA AZ 85201	Tele: (602)686-0352 Fax: (602)419-2007	05/09/2014 to 04/30/2015 Capacity : 1E Medcaid_Cert: Certified		
BH-2426	SOUTHWEST KEY PROGRAMS, INC 7685 WEST SAN MIGUEL AVENUE GLENDALE AZ 85303	Tele: (623)435-5212 Fax: (623)435-5218	05/01/2014 to 04/30/2015 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1383	THE NEW FOUNDATION 1200 NORTH 77TH STREET, ROOMS 10-12 SCOTTSDALE AZ 85257	Tele: (480)945-3302 Fax: (480)945-9308	10/01/2013 to 09/30/2014 Capacity : 12 Medcaid_Cert: Certified		
BH-2457	THE U - TURN FOUNDATION 4005 EAST EDGEWOOD AVENUE MESA AZ 85206	Tele: (480)634-1163 Fax: (480)202-1000	08/01/2014 to 07/31/2015 Capacity : 10 Medcaid_Cert: Certified		
BH-3468	THE U-TURN FOUNDATION / KEEP RIGHT 1820 SOUTH LOS ALAMOS MESA AZ 85204	Tele: (480)634-1163 Fax: (480)634-1952	11/01/2013 to 10/31/2014 Capacity : 10 Medcaid_Cert: Certified		
BH-2998	UNITY GROUP HOMES 12406 WEST SURREY AVENUE EL MIRAGE AZ 85335	Tele: (480)202-2972 Fax: (623)583-9175	10/01/2013 to 09/30/2014 Capacity : 7 Medcaid_Cert: Certified		
BH-3356	VISION GROUP HOME 2917 WEST BOWKER PHOENIX AZ 85041	Tele: (623)308-5414 Fax: (602)305-8619	06/01/2014 to 05/31/2015 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3061	YOUTH DEVELOPMENT INSTITUTE 1921 EAST PORTLAND STREET PHOENIX AZ 85006	Tele: (602)256-5300 Fax: (602)256-5301	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		
BH-311	YOUTH DEVELOPMENT INSTITUTE 1050-A NORTH 19TH STREET PHOENIX AZ 85006	Tele: (602)256-5300 Fax: (602)256-5301	07/01/2014 to 06/30/2015 Capacity : 16 Medcaid_Cert: Certified		
BH-1125	YOUTH DEVELOPMENT INSTITUTE 1050-B NORTH 19TH STREET PHOENIX AZ 85006	Tele: (602)256-5300 Fax: (602)256-5301	07/01/2013 to 06/30/2014 Capacity : 16 Medcaid_Cert: Certified		
BH-3760	YOUTH DEVELOPMENT INSTITUTE - PORTLAND HOUSE I I 1927 EAST PORTLAND STREET PHOENIX AZ 85006	Tele: (602)256-5300 Fax: (602)256-5301	11/01/2013 to 10/31/2014 Capacity : 6 Medcaid_Cert: Certified		
BH-3621	ZAREPHATH, INC 7247 EAST MILAGRO AVENUE MESA AZ 85209	Tele: (480)518-6826 Fax: (480)361-9144	07/01/2014 to 06/30/2015 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3879	ZAREPHATH, INC 2216 EAST GABLE AVENUE MESA AZ 85215	Tele: (480)518-6826 Fax: (480)361-9144	06/01/2014 to 05/31/2015 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4096	ZAREPHATH, INC 9310 EAST PRINCESS DRIVE MESA AZ 85207	Tele: (480)518-6826 Fax: (480)361-9144	11/01/2013 to 10/31/2014 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4097	ZAREPHATH, INC 11358 EAST SONRISA AVENUE MESA AZ 85212	Tele: (480)518-6826 Fax: (480)361-9144	11/01/2013 to 10/31/2014 Capacity : 8 Medcaid_Cert: Certified		

Sub-Type : BH RESPITE HOME - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-076	EBONY HOUSE, INCORPORATED 6222 SOUTH 13TH STREET PHOENIX AZ 85042	Tele: (602)276-4288 Fax: (602)232-2938	01/01/2014 to 12/31/2014 Capacity : 14 Medcaid_Cert: Certified		

Sub-Type : BH RESPITE HOME - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3792	R M B H S VINCENT HOUSE 1320 NORTH VINCENT CIRCLE MESA AZ 85207	Tele: (480)641-9552 Fax: (480)981-0893	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5637	ESTRELLA MOUNTAIN DIALYSIS, LLC 9250 WEST THOMAS ROAD, SUITE 120 PHOENIX AZ 85037	Tele: (623)772-7363 Fax: (623)772-7364	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC4995	FRESENIUS MEDICAL CARE - GILBERT 3511 SOUTH MERCY ROAD, SUITE 101 GILBERT AZ 85297	Tele: (480)857-8338 Fax: (480)857-2234	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OTC3408	SCOTTSDALE DIALYSIS CENTER 4725 NORTH SCOTTSDALE ROAD, SUITE 100 SCOTTSDALE AZ 85251	Tele: (480)994-1445 Fax: (480)994-4946	to Capacity : Medcaid_Cert: Certified		
OTC4393	WESTBROOK DIALYSIS CENTER 13907 WEST CAMINO DEL SOL, SUITE 103 SUN CITY WEST AZ 85375	Tele: (623)214-7088 Fax: (623)214-0109	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

Medicaid Certified Facilities

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA5823	24 HR HOME CARE 10405 EAST MCDOWELL MOUNTAIN RANCH ROAD , SUITE 27 SCOTTSDALE AZ 85255	Tele: (623)277-4465 Fax: (206)333-0217	02/01/2014 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
HHA5086	A M I HOMECARE, LLC 20650 NORTH 29TH PLACE, SUITE 105 PHOENIX AZ 85050	Tele: (602)788-3400 Fax: (602)788-3405	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
HHA5335	A PLUS HOME HEALTH SERVICES, LLC 1600 WEST CHANDLER BOULEVARD, SUITE 110-B CHANDLER AZ 85224	Tele: (480)917-6994 Fax: (480)203-2678	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
HHA5645	AFFINITY HOME HEALTH PLUS, INC 250 NORTH LITCHFIELD ROAD, SUITE 202 GOODYEAR AZ 85338	Tele: (623)932-3552 Fax: (623)882-3273	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA6543	ALARYS HOME HEALTH, INC 4250 NORTH DRINKWATER BOULEVARD, SUITE 110 SCOTTSDALE AZ 85251	Tele: (480)444-7800 Fax: (480)444-7900	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
HHA6199	ALL AT HOME CARE SOLUTIONS, LLC 16601 NORTH 40TH STREET, SUITE 202 PHOENIX AZ 85032	Tele: (480)970-3700 Fax: (480)970-3707	12/21/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
HHA4148	ALL N ONE HOME HEALTH AGENCY, LLC 2922 NORTH 7TH AVENUE PHOENIX AZ 85013	Tele: (602)368-3471 Fax: (602)368-3482	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
HHA4588	ALPHA HEALTHCARE, LLC 16042 NORTH 32ND STREET, SUITE B2 PHOENIX AZ 85032	Tele: (602)374-6944 Fax: (602)374-5722	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3720	AMEDISYS HOME HEALTH CARE 7600 NORTH 16TH STREET, SUITE 250 PHOENIX AZ 85020	Tele: (602)395-1999 Fax: (602)395-6678	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
HHA5666	AMERICAN HOME HEALTH SERVICES, INC 2045 SOUTH VINEYARD, SUITE 223 MESA AZ 85210	Tele: (480)696-4980 Fax: (480)907-5014	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
HHA5313	AMERICAN MEDICAL HOMECARE ALLIANCE, INC 9933 EAST BELL ROAD, SUITE #110 SCOTTSDALE AZ 85260	Tele: (480)359-3998 Fax: (520)306-4995	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
HHA0268	ARIZONA HOME CARE 1626 SOUTH EDWARD DRIVE TEMPE AZ 85281	Tele: (602)252-5000 Fax: (602)323-5070	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA5562	ARIZONA HOME HEALTH, LLC 4045 EAST BELL ROAD, SUITE #103 PHOENIX AZ 85032	Tele: (602)923-0111 Fax: (602)923-0251	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
HHA5756	ARROWHEAD HOME CARE 17035 NORTH 67TH AVENUE, SUITE 4 GLENDALE AZ 85308	Tele: (623)236-3949 Fax: (623)236-8912	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
HHA5029	ASPIRE HOME HEALTHCARE OF ARIZONA, INC 9449 NORTH 90TH STREET, SUITE 107 SCOTTSDALE AZ 85258	Tele: (602)283-0266 Fax: (866)878-0094	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
HHA3163	ASSISTED HEALTHCARE SERVICES 8165 EAST INDIAN BEND ROAD, SUITE #101 SCOTTSDALE AZ 85250	Tele: (480)860-2345 Fax: (480)860-2340	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4584	ATLANTIC HOME HEALTH CARE LLC 10505 NORTH 69TH STREET, SUITE # 100 SCOTTSDALE AZ 85253	Tele: (480)948-9900 Fax: (480)948-9911	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
HHA5611	AVANZAR HOME HEALTH CARE, LLC 455 NORTH MESA DRIVE, SUITE 9 MESA AZ 85201	Tele: (480)359-9501 Fax: (888)311-8883	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
HHA0015	BANNER HOME CARE 275 EAST GERMANN ROAD, SUITE 110S GILBERT AZ 85297	Tele: (480)657-1000 Fax: (480)657-1794	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
HHA6343	BAYADA HOME HEALTH CARE, INC 17505 N 79TH AVENUE, SUITE 411 GLENDALE AZ 85308	Tele: (623)979-5266 Fax: (623)776-9223	03/27/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3635	BAYADA NURSES, INC. 706 EAST BELL ROAD, SUITE 111 PHOENIX AZ 85022	Tele: (602)870-6364 Fax: (602)997-8893	10/18/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		
HHA5600	BEATITUDES HOME HEALTH 1610 WEST GLENDALE AVENUE PHOENIX AZ 85021	Tele: (602)544-5000 Fax: (602)995-4854	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
HHA5211	BEECH HOME CARE AND MEDICAL INC 2017 EAST ADOBE STREET MESA AZ 85213	Tele: (480)461-9370 Fax: (480)461-9383	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
HHA4180	CARE PARTNERS HEALTH SERVICES, INC. 14122 WEST MCDOWELL ROAD, SUITE 104 GOODYEAR AZ 85395	Tele: (623)535-9607 Fax: (877)334-1390	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4807	CHRISTIAN CARE HOME HEALTH AGENCY 11830 NORTH 19TH AVENUE (PENDLETON CENTER) PHOENIX AZ 85029	Tele: (602)443-5439 Fax: (602)443-5499	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
HHA4873	CORNERSTONE HEALTHCARE INC 200 NORTH NEBRASKA STREET CHANDLER AZ 85225	Tele: (800)743-8013 Fax: (480)478-0213	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
HHA4941	COVENANT HOME HEALTH 10238 EAST HAMPTON AVENUE, SUITE 107 MESA AZ 85209	Tele: (406)541-1800 Fax: (406)547-2039	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
HHA3726	COZY HOME HEALTH CARE, INC. 1930 SOUTH ALMA SCHOOL ROAD, SUITE D-103 MESA AZ 85210	Tele: (602)978-4663 Fax: (602)978-9079	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3392	DEPENDABLE NURSES OF PHOENIX, INC. 8687 EAST VIA DE VENTURA, SUITE 110 SCOTTSDALE AZ 85258	Tele: (480)609-9000 Fax: (480)609-9021	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
HHA5754	EL SOL HOME HEALTH, INC 6336 EAST BROWN ROAD MESA AZ 85205	Tele: (520)421-0447 Fax: (520)421-0775	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
HHA3699	FIRSTAT HOME HEALTH SERVICES,LLC 7310 NORTH 16TH STREET, SUITE 135 PHOENIX AZ 85020	Tele: (602)279-0000 Fax: (602)279-6666	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
HHA0110	FOUNDATION FOR SENIOR LIVING HOME HEALTH 1201 EAST THOMAS ROAD PHOENIX AZ 85014	Tele: (602)285-1800 Fax: (602)604-2254	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4754	GEMINI HEALTHCARE, LLC 14301 NORTH 87TH STREET, SUITE 310 SCOTTSDALE AZ 85260	Tele: (480)948-1847 Fax: (480)948-3859	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
HHA0039	GENTIVA HEALTH SERVICES, INC 16620 NORTH 40TH STREET, SUITE D4 PHOENIX AZ 85032	Tele: (602)992-0709 Fax: (602)992-7196	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
HHA5665	GOOD LIFE HOME CARE OF ARIZONA 7373 NORTH SCOTTSDALE ROAD, SUITE D200 SCOTTSDALE AZ 85253	Tele: (480)275-4472 Fax: (480)275-4887	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
HHA4679	GRACE HOME HEALTH CARE 1450 WEST GUADALUPE, SUITE 121 GILBERT AZ 85233	Tele: (480)497-0302 Fax: (480)497-0305	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4508	GUARDIAN ANGEL HOME CARE, INC 10000 NORTH 31ST AVENUE, SUITE B111 PHOENIX AZ 85051	Tele: (248)293-2400 Fax: (248)293-2401	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
HHA3650	HAGGAI HEALTHCARE CORP 4531 NORTH 16TH STREET, SUITE 102 PHOENIX AZ 85016	Tele: (602)943-5963 Fax: (602)943-4516	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA5892	HEALTH CARE AT HOME, LLC 8125 NORTH 23RD AVENUE, SUITE 221 PHOENIX AZ 85021	Tele: (602)443-0111 Fax: (602)443-0110	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
HHA4059	HEALTHSOUTH HOME HEALTH OF PHOENIX 13460 NORTH 67TH AVENUE, SUITE 3 & 4 GLENDALE AZ 85304	Tele: (623)334-5454 Fax: (623)334-5485	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4166	HERITAGE HOME HEALTHCARE OF ARIZONA, INC 7310 NORTH 16TH STREET, SUITE 210 PHOENIX AZ 85020	Tele: (602)745-2900 Fax: (602)745-2901	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
HHA3642	HORIZON HOME HEALTH OF PHOENIX 7500 DREAMY DRAW DRIVE, SUITE 225 PHOENIX AZ 85020	Tele: (480)894-5113 Fax: (480)894-5134	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
HHA0157	HOSPICE OF THE VALLEY HOME HEALTH AGENCY 1510 EAST FLOWER PHOENIX AZ 85014	Tele: (602)530-6900 Fax: (602)530-6904	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
HHA4034	INTEGRITY HOME HEALTH CARE SERVICES, LLC 11029 NORTH 24TH AVENUE, SUITE 805 PHOENIX AZ 85029	Tele: (602)997-0500 Fax: (602)997-4934	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3973	KC'S HOME HEALTH CARE, LLC 20612 NORTH CAVE CREEK ROAD, SUITE F151 PHOENIX AZ 85024	Tele: (602)283-4089 Fax: (602)283-4498	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		
HHA1446	LIFE CARE AT HOME 1661 EAST CAMELBACK ROAD, SUITE 250 PHOENIX AZ 85016	Tele: (480)991-3303 Fax: (480)922-4944	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA3379	LOS NINOS HOSPITAL INNOVATIVE HOME HEALTH CARE 2601 EAST THOMAS ROAD, SUITE 230 PHOENIX AZ 85016	Tele: (602)305-9500 Fax: (602)243-1217	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
HHA4589	LOVING CARE AGENCY 711 EAST MISSOURI AVENUE, SUITE 110 PHOENIX AZ 85014	Tele: (602)433-1200 Fax: (480)838-3347	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3362	MAXICARE HOMEHEALTH, INC. 2432 WEST PEORIA AVENUE, SUITE #1120, BUILDING 5 PHOENIX AZ 85029	Tele: (602)246-1115 Fax: (602)246-1114	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
HHA4711	MAXIM HEALTHCARE SERVICES, INC 7250 NORTH 16TH STREET, SUITE 103 PHOENIX AZ 85020	Tele: (480)951-4044 Fax: (480)970-6002	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
HHA0178	MD HOME HEALTH AND STAFFING 7310 NORTH 16TH STREET, SUITE 165 PHOENIX AZ 85020	Tele: (602)266-9971 Fax: (602)266-9968	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA4058	MERIDIAN HEALTH CARE PROVIDERS, INC 575 WEST CHANDLER BOULEVARD, SUITE 129 CHANDLER AZ 85225	Tele: (480)857-0037 Fax: (480)857-1098	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3532	MGA HOME HEALTHCARE, LLC 3131 EAST CAMELBACK ROAD, SUITE 200 PHOENIX AZ 85016	Tele: (602)385-8733 Fax: (602)385-4930	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA0248	NIGHTINGALE HOMECARE 2411 WEST ROSE GARDEN LANE, SUITE 110 PHOENIX AZ 85027	Tele: (602)504-1555 Fax: (602)504-1552	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
HHA5789	NURSE ON CALL OF ARIZONA, INC 3150 SOUTH 48TH STREET, SUITE 100 PHOENIX AZ 85040	Tele: (602)273-9222 Fax: (602)275-2093	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
HHA0275	NURSECORE OF PHOENIX 7000 NORTH 16TH STREET, SUITE 156 PHOENIX AZ 85020	Tele: (602)274-3400 Fax: (602)234-0577	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA0191	NURSING SOLUTIONS 15255 NORTH 40TH STREET, BUILDING 6, SUITE 141 PHOENIX AZ 85032	Tele: (602)331-1100 Fax: (602)331-1204	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA5396	NURU HOME HEALTHCARE LLC 136 WEST MAIN STREET, SUITE #201/202 MESA AZ 85201	Tele: (480)964-6878 Fax: (480)964-6879	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
HHA4804	OPTIMUM HEALTHCARE, INC 1050 EAST UNIVERSITY, SUITE 9 MESA AZ 85203	Tele: (480)833-7514 Fax: (480)733-2487	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
HHA3480	PHOENIX HOME HEALTH NURSING SERVICES, INC 16841 NORTH 31ST AVENUE, SUITE 170 PHOENIX AZ 85053	Tele: (602)789-8282 Fax: (602)789-1989	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA1950	PROFESSIONAL HOME CARE SERVICES 7600 NORTH 16TH STREET, SUITE 140 PHOENIX AZ 85020	Tele: (602)263-5000 Fax: (602)263-5061	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA3941	QUALITY STAFFING SERVICES, LLC 1500 EAST BETHANY HOME ROAD, SUITE #140 PHOENIX AZ 85014	Tele: (602)266-2203 Fax: (602)266-2215	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
HHA5095	SANCTUARY HOME HEALTH 14201 NORTH 87TH STREET, BUILDING D, STE145B SCOTTSDALE AZ 85260	Tele: (602)633-6100 Fax: (602)633-6111	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
HHA4561	SANTE HOME HEALTH AND REHABILITATION SERVICES 8502 EAST PRINCESS DRIVE, SUITE 200 SCOTTSDALE AZ 85255	Tele: (480)264-4568 Fax: (480)264-4566	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA0163	SCOTTSDALE HEALTHCARE HOME HEALTH 3621 NORTH WELLS FARGO AVENUE SCOTTSDALE AZ 85251	Tele: (480)882-4222 Fax: (480)882-4531	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
HHA4781	SOUTHLAND HOME CARE 14100 NORTH 83RD AVENUE, SUITE 245 PEORIA AZ 85381	Tele: (602)773-7300 Fax: (602)773-7301	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
HHA5100	SPECTRUM HOME HEALTHCARE LLC 16427 NORTH SCOTTSDALE ROAD, SUITE 410 SCOTTSDALE AZ 85254	Tele: (480)429-2825 Fax: (480)423-6993	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
HHA4900	SUN VALLEY HOME CARE 7227 EAST BASELINE ROAD, SUITE 127 MESA AZ 85209	Tele: (480)633-1555 Fax: (480)633-1556	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3958	SUNRISE HEALTH SERVICES 1840 EAST UNIVERSITY DRIVE, SUITE 1 MESA AZ 85203	Tele: (480)926-0133 Fax: (480)926-6377	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3554	SUPREME HOME CARE, INC 2737 WEST BASELINE ROAD, SUITE 28 TEMPE AZ 85283	Tele: (602)454-0155 Fax: (602)454-0156	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3590	TEAMSELECT HOME CARE 668 NORTH 44TH STREET, SUITE 227E PHOENIX AZ 85008	Tele: (602)382-8500 Fax: (602)253-5656	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA5357	UNIVERSAL HOMEHEALTH, INC 40 WEST BASELINE TEMPE AZ 85283	Tele: (480)621-7388 Fax: (480)621-7485	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3549	VICTORY HOME CARE AGENCY 1212 NORTH SPENCER STREET, SUITE 1 MESA AZ 85203	Tele: (480)726-6553 Fax: (480)726-3329	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA4404	VITAL WELLNESS HOME HEALTH 10451 WEST PALMERAS DRIVE, SUITE 208 SUN CITY AZ 85373	Tele: (623)933-1896 Fax: (623)933-4015	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5667	A SERVANT'S HEART HOSPICE 5111 NORTH SCOTTSDALE ROAD, SUITE 155 SCOTTSDALE AZ 85250	Tele: (480)777-5117 Fax: (480)304-3155	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
HSPC5805	ACCENTURE HOSPICE AND PALLIATIVE CARE SERVICES 1555 EAST UNIVERSITY DRIVE, SUITE 3 MESA AZ 85203	Tele: (480)213-7898 Fax: (480)718-7504	09/01/2014 to 08/31/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5407	AEGIS HOSPICE, INC	Tele: (480)219-4790	05/01/2014 to 04/30/2015		
	303 NORTH CENTENNIAL WAY, SUITE 200	Fax: (480)584-5871	Capacity :		
	MESA AZ 85201		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5707	ALLEGIANT HOSPICE	Tele: (480)397-7577	05/01/2014 to 03/31/2015		
	1234 S POWER RD, SUITE 150	Fax: (480)499-6058	Capacity :		
	MESA AZ 85206		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5580	BANNER HOSPICE AT GRANDVIEW TERRACE	Tele: (623)524-3930	12/01/2013 to 11/30/2014		
	14505 WEST GRANITE VALLEY DRIVE, NORTH WEST	Fax: (623)524-3931	Capacity :		
	SUN CITY WEST AZ 85375		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC6509	CELEBRITY HOMEHEALTH & HOSPICE	Tele: (480)966-8888	05/08/2014 to 04/30/2015		
	1801 SOUTH JEN TILLY LANE, SUITE A-10B	Fax: (480)966-8892	Capacity :		
	TEMPE AZ 85281		Medcaid_Cert: Certified		

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Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC6443	COMFORT CARE HOSPICE INC 1016 WEST ADAMS, SUITE A PHOENIX AZ 85007	Tele: (602)258-1478 Fax: (602)253-0565	04/18/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5697	COMPANION HOSPICE AND PALLIATIVE CARE OF MARICOPA 1930 SOUTH ALMA SCHOOL ROAD, SUITE D105 MESA AZ 85210	Tele: (866)270-0356 Fax: (866)230-5692	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC4786	CREATIVE HOSPICE & PALLIATIVE CARE OF ARIZONA 312 NORTH ALMA SCHOOL ROAD, SUITE 11 CHANDLER AZ 85224	Tele: (480)584-3734 Fax: (480)584-3744	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5777	EL SOL HOSPICE AND PALLIATIVE CARE, LLC 6336 EBROWN ROAD MESA AZ 85201	Tele: (520)484-8484 Fax: (520)208-2437	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC6394	ETERNITY HOSPICE AND PALLIATIVE CARE	Tele: (623)204-1872	03/26/2014 to 02/28/2015		
	10640 NORTH 28TH DRIVE, SUITE C-205-17	Fax: ( ) -	Capacity :		
	PHOENIX AZ 85029		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC6200	FAMILY COMFORT HOSPICE	Tele: (480)745-3015	12/09/2013 to 11/30/2014		
	8502 EAST PRINCESS DRIVE, SUITE 200	Fax: (480)745-3019	Capacity :		
	SCOTTSDALE AZ 85255		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5757	HOSPICE AT HOME OF ARIZONA	Tele: (480)666-9288	07/01/2014 to 06/30/2015		
	11111 NORTH SCOTTSDALE ROAD, SUITE 205G	Fax: (866)931-5418	Capacity :		
	SCOTTSDALE AZ 85254		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC6444	HOSPICE FAMILY CARE, INC.- SUN CITY	Tele: (704)664-2876	04/16/2014 to 03/31/2015		
	13540 WEST CAMINO DEL SOL, SUITE #1	Fax: (704)664-1306	Capacity :		
	SUN CITY AZ 85375		Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC4730	HOSPICE OF THE VALLEY'S LUND FAMILY HOSPICE HOME	Tele: (480)786-4482	11/01/2013 to 10/31/2014		
	1982 EAST WOODSIDE COURT	Fax: (480)786-4590	Capacity : 12		
	GILBERT AZ 85297		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC4987	INNOVATIVE SENIOR CARE HOSPICE	Tele: (480)582-1378	11/01/2013 to 10/31/2014		
	2545 WEST FRYE ROAD, SUITE 10B	Fax: (480)730-0600	Capacity :		
	CHANDLER AZ 85224		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5648	PILLARS HOSPICE CARE, LLC	Tele: (602)788-1138	02/01/2014 to 01/31/2015		
	3038 EAST CACTUS ROAD, SUITE 3	Fax: (602)788-1136	Capacity :		
	PHOENIX AZ 85032		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5715	RENAISSANCE HEALTHCARE, LLC	Tele: (480)268-2660	05/01/2014 to 04/30/2015		
	1840 EAST UNIVERSITY DRIVE, SUITE 3	Fax: (480)268-2661	Capacity :		
	MESA AZ 85203		Medcaid_Cert: Certified		

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County MARICOPA Total = 1087

Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5767	SUNSET VALLEY HOSPICE CARE LLC	Tele: (602)842-5900	07/01/2014 to 06/30/2015		
	8433 NORTH BLACK CANYON HWY, BUILDING 7, SUITE 166	Fax: (602)842-5901	Capacity :		
	PHOENIX AZ 85021		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5793	UNITY HOSPICE	Tele: (602)842-6100	09/05/2013 to 08/31/2014		
	7418 EAST HELM DRIVE, SUITE 207-208	Fax: (602)842-6101	Capacity :		
	SCOTTSDALE AZ 85260		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5790	VALLEY HOSPICE OF ARIZONA	Tele: (602)369-3497	08/17/2013 to 07/31/2014		
	1130 NORTH VAL VISTA DRIVE	Fax: (480)921-4115	Capacity :		
	MESA AZ 85213		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC4948	VALLEY OF THE SUN HOSPICE, LLC	Tele: (602)535-8254	10/01/2013 to 09/30/2014		
	575 W CHANDLER BOULEVARD, SUITE 225	Fax: (602)535-8255	Capacity :		
	CHANDLER AZ 85225		Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC4985	VANGUARD PHYSICIAN GROUP, LLC 1840 EAST UNIVERSITY DRIVE, SUITE 6 MESA AZ 85203	Tele: (480)268-2670 Fax: (480)268-2671	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5156	VILLA, THE 1103 SOUTH MESA DRIVE MESA AZ 85210	Tele: (480)292-7205 Fax: (480)219-7405	07/01/2014 to 06/30/2015 Capacity : 6 Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - CHILDRENS

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH0188	LOS NINOS HOSPITAL, INC 2303 EAST THOMAS PHOENIX AZ 85016	Tele: (602)243-4231 Fax: (602)323-5988	04/01/2014 to 03/31/2015 Capacity : 15 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH3107	PHOENIX CHILDREN'S HOSPITAL, INC. 1919 EAST THOMAS ROAD PHOENIX AZ 85016	Tele: (602)933-0400 Fax: (602)546-1965	06/25/2012 to 06/30/2014 Capacity : 4E Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - LONG TERM

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : HOSPITAL - LONG TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0189	KINDRED HOSPITAL-ARIZONA-PHOENIX 40 EAST INDIANOLA AVENUE PHOENIX AZ 85012	Tele: (602)280-7000 Fax: (602)280-7299	04/01/2014 to 03/31/2017 Capacity : 58 Medcaid_Cert: Certified		
SH5048	PROMISE HOSPITAL OF PHOENIX, INC 433 EAST 6TH STREET MESA AZ 85203	Tele: (480)427-3000 Fax: (480)427-3030	03/01/2014 to 02/28/2015 Capacity : 48 Medcaid_Cert: Certified		
SH5437	RESTORA HOSPITAL OF MESA 215 SOUTH POWER ROAD MESA AZ 85206	Tele: (480)985-6992 Fax: (480)981-8390	06/01/2014 to 05/31/2015 Capacity : 1E Medcaid_Cert: Certified		
SH5436	RESTORA HOSPITAL OF SUN CITY 13818 NORTH THUNDERBIRD BOULEVARD SUN CITY AZ 85351	Tele: (623)977-1325 Fax: (623)974-3984	06/01/2014 to 05/31/2015 Capacity : 1E Medcaid_Cert: Certified		
SH0190	SELECT SPECIALTY HOSPITAL - PHOENIX 350 WEST THOMAS ROAD PHOENIX AZ 85013	Tele: (602)406-6800 Fax: (602)406-6891	10/01/2012 to 09/30/2015 Capacity : 48 Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - PSYCHIATRIC

Medicaid Certified Facilities

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Sub-Type : HOSPITAL - PSYCHIATRIC

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH5391	ARIZONA STATE FORENSIC HOSPITAL 501 NORTH 24TH STREET PHOENIX AZ 85008	Tele: (602)220-6000 Fax: (602)220-6292	04/01/2014 to 03/31/2015 Capacity : 1E Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH4018	AURORA BEHAVIORAL HEALTH SYSTEM 6015 WEST PEORIA AVENUE GLENDALE AZ 85302	Tele: (623)344-4400 Fax: (623)776-0343	08/01/2013 to 07/31/2016 Capacity : 90 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH0147	BANNER BEHAVIORAL HEALTH HOSPITAL 7575 EAST EARLL DRIVE SCOTTSDALE AZ 85251	Tele: (480)448-7500 Fax: (480)448-7548	05/01/2012 to 01/31/2015 Capacity : 78 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH5614	REMUDA RANCH CENTER FOR ANOREXIA AND BULIMIA, INC 1245 JACK BURDEN ROAD WICKENBURG AZ 85390	Tele: (800)445-1900 Fax: (928)668-4567	12/01/2013 to 11/30/2016 Capacity : 46 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH6172	SOUTHWESTERN CHILDREN'S HEALTH SERVICES, INC (ACADIA HEALTHCARE) 2190 NORTH GRACE BOULEVARD CHANDLER AZ 85225	Tele: (480)917-9301 Fax: (480)917-0503	01/02/2014 to 12/31/2014 Capacity : 47 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOSPITAL - PSYCHIATRIC

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH4992	VALLEY HOSPITAL 3550 EAST PINCHOT AVENUE PHOENIX AZ 85018	Tele: (602)952-3900 Fax: (602)952-3921	12/01/2011 to 11/30/2014 Capacity : 1E Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - REHABILITATION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH0178	HEALTHSOUTH VALLEY OF THE SUN REHABILITATION 13460 NORTH 67TH AVENUE GLENDALE AZ 85304	Tele: (623)878-8800 Fax: (623)878-5254	06/01/2013 to 05/31/2016 Capacity : 75 Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH3711	ARIZONA SPINE AND JOINT HOSPITAL 4620 EAST BASELINE ROAD MESA AZ 85206	Tele: (480)832-4770 Fax: (480)824-1269	05/01/2013 to 04/30/2016 Capacity : 23 Medcaid_Cert: Certified		
License #	**Name**	**Contact Information**	**License/Approval Dates**	**Quality Rating**	**Evaluation Date**
H0155	BANNER BAYWOOD MEDICAL CENTER 6644 EAST BAYWOOD AVENUE MESA AZ 85206	Tele: (480)321-2000 Fax: (480)981-4198	04/01/2013 to 03/31/2016 Capacity : 3E Medcaid_Cert: Certified		
License #	**Name**	**Contact Information**	**License/Approval Dates**	**Quality Rating**	**Evaluation Date**
H4434	BANNER DEL E WEBB MEDICAL CENTER 14502 WEST MEEKER BOULEVARD SUN CITY WEST AZ 85375	Tele: (623)214-4000 Fax: (623)524-4105	09/01/2013 to 08/31/2016 Capacity : 4E Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0137	BANNER DESERT MEDICAL CENTER 1400 SOUTH DOBSON ROAD MESA AZ 85202	Tele: (480)412-3000 Fax: (480)412-8711	02/01/2012 to 01/31/2015 Capacity : 6E Medcaid_Cert: Certified		
H3690	BANNER ESTRELLA MEDICAL CENTER 9201 WEST THOMAS ROAD PHOENIX AZ 85037	Tele: (623)327-4000 Fax: (623)327-5110	03/01/2013 to 02/29/2016 Capacity : 2E Medcaid_Cert: Certified		
H4237	BANNER GATEWAY MEDICAL CENTER 1900 NORTH HIGLEY ROAD GILBERT AZ 85234	Tele: (480)543-2000 Fax: ( ) -	09/27/2011 to 08/31/2014 Capacity : 2E Medcaid_Cert: Certified		
H0016	BANNER GOOD SAMARITAN MEDICAL CENTER 1111 EAST MCDOWELL ROAD PHOENIX AZ 85006	Tele: (602)239-2000 Fax: (602)239-3749	06/04/2012 to 02/28/2015 Capacity : 7E Medcaid_Cert: Certified		
SH3034	BANNER HEART HOSPITAL 6750 EAST BAYWOOD AVENUE MESA AZ 85206	Tele: (480)854-5050 Fax: (480)854-5011	07/01/2014 to 06/30/2015 Capacity : 1E Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0092	BANNER THUNDERBIRD MEDICAL CENTER 5555 WEST THUNDERBIRD ROAD GLENDALE AZ 85306	Tele: (602)588-5555 Fax: (602)588-5930	04/01/2014 to 03/31/2015 Capacity : 6E Medcaid_Cert: Certified		
H3002	CHANDLER REGIONAL MEDICAL CENTER 1955 WEST FRYE ROAD CHANDLER AZ 85224	Tele: (480)963-4561 Fax: (480)899-5548	05/01/2013 to 04/30/2016 Capacity : 2E Medcaid_Cert: Certified		
H3907	GILBERT HOSPITAL 5656 SOUTH POWER ROAD GILBERT AZ 85295	Tele: (480)840-3715 Fax: (480)279-5836	05/01/2014 to 04/30/2015 Capacity : 19 Medcaid_Cert: Certified		
FED ONLY	IHS PHOENIX INDIAN MEDICAL CENTER 4212 NORTH 16TH STREET PHOENIX AZ 85016	Tele: (602)263-1200 Fax: (602)263-1618	to Capacity : Medcaid_Cert: Certified		
H0077	JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL 250 EAST DUNLAP AVENUE PHOENIX AZ 85020	Tele: (602)943-2381 Fax: (602)944-9610	10/01/2013 to 09/30/2014 Capacity : 3E Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H3673	MARICOPA MEDICAL CENTER 2601 EAST ROOSEVELT STREET PHOENIX AZ 85008	Tele: (602)344-5011 Fax: (602)344-5190	10/01/2013 to 09/30/2016 Capacity : 5E Medcaid_Cert: Certified		
H3972	MERCY GILBERT MEDICAL CENTER 3555 SOUTH VAL VISTA DRIVE GILBERT AZ 85296	Tele: (480)728-8327 Fax: (480)728-9600	06/01/2012 to 05/31/2015 Capacity : 2E Medcaid_Cert: Certified		
H4208	MOUNTAIN VISTA MEDICAL CENTER, LP 1301 SOUTH CRISMON ROAD MESA AZ 85209	Tele: (480)358-6100 Fax: (480)354-2678	03/01/2013 to 02/29/2016 Capacity : 2E Medcaid_Cert: Certified		
H3027	PARADISE VALLEY HOSPITAL 3929 EAST BELL ROAD PHOENIX AZ 85032	Tele: (602)923-5000 Fax: (602)923-5657	06/28/2012 to 10/31/2014 Capacity : 1E Medcaid_Cert: Certified		
H4267	SCOTTSDALE HEALTHCARE HOSPITALS 7400 EAST THOMPSON PEAK PARKWAY SCOTTSDALE AZ 85255	Tele: (480)324-7004 Fax: (480)324-7010	10/01/2011 to 09/30/2014 Capacity : 92 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0107	SCOTTSDALE HEALTHCARE OSBORN MEDICAL CENTER 7400 EAST OSBORN ROAD SCOTTSDALE AZ 85251	Tele: (480)882-4000 Fax: (480)882-4989	05/01/2014 to 04/30/2017 Capacity : 3E Medcaid_Cert: Certified		
SH3773	SURGICAL HOSPITAL OF PHOENIX, THE 6501 NORTH 19TH AVENUE PHOENIX AZ 85015	Tele: (602)795-6020 Fax: (602)795-6022	07/01/2013 to 06/30/2016 Capacity : 33 Medcaid_Cert: Certified		
H0047	TEMPE ST LUKE'S HOSPITAL, A CAMPUS OF ST LUKE'S MEDICAL CENTER 1500 SOUTH MILL AVENUE TEMPE AZ 85281	Tele: (480)968-9411 Fax: (480)784-5539	09/01/2012 to 08/31/2015 Capacity : 87 Medcaid_Cert: Certified		
H3446	WEST VALLEY HOSPITAL 13677 WEST MCDOWELL ROAD GOODYEAR AZ 85395	Tele: (623)882-1500 Fax: (623)882-1510	08/01/2013 to 07/31/2015 Capacity : 2E Medcaid_Cert: Certified		

Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARIZONA TRAINING PROGRAM OF PHOENIX - CAMPBELL 2327 WEST CAMPBELL PHOENIX AZ 85015	Tele: (602)230-8494 Fax: (602)264-8561	to Capacity : Medcaid_Cert: Certified	NOT APPLIC	

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARIZONA TRAINING PROGRAM OF PHOENIX - EARLL 3043 NORTH 37TH STREET PHOENIX AZ 85018	Tele: (602)224-9986 Fax: (602)957-4259	to Capacity : Medcaid_Cert: Certified	NOT APPLIC	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARIZONA TRAINING PROGRAM OF PHOENIX - PINCHOT 3322 EAST PINCHOT PHOENIX AZ 85018	Tele: (602)956-7782 Fax: (602)957-4250	to Capacity : Medcaid_Cert: Certified	NOT APPLIC	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARIZONA TRAINING PROGRAM OF PHOENIX - WINDSOR 1750 EAST WINDSOR PHOENIX AZ 85006	Tele: (602)266-9571 Fax: (602)266-9588	to Capacity : Medcaid_Cert: Certified	NONE	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	HACIENDA DE LOS ANGELES 1402 EAST SOUTH MOUNTAIN AVENUE PHOENIX AZ 85040	Tele: (602)243-4231 Fax: (602)243-1217	to Capacity : Medcaid_Cert: Certified	NOT APPLIC	

Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4046	AMERICAN CARE HOMES, INC 4144 NORTH 36TH STREET PHOENIX AZ 85018	Tele: (602)277-8721 Fax: (602)224-1357	08/01/2014 to 07/31/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4271	ARIZONA BEHAVIORAL CARE HOMES 560 NORTH 159TH LANE GOODYEAR AZ 85338	Tele: (602)904-2772 Fax: (480)306-5732	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		
BH-3280	ARIZONA BEHAVIORAL CARE HOMES 3530 SOUTH HOLLYHOCK PLACE CHANDLER AZ 85248	Tele: (480)699-8094 Fax: (480)699-8094	05/01/2014 to 04/30/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-2609	ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC / STATE HOUSE 2022 WEST STATE AVENUE PHOENIX AZ 85021	Tele: (602)230-2222 Fax: (602)230-2026	04/01/2014 to 03/31/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-4440	ARIZONA MENTOR-JASMINE 12502 NORTH 85TH LANE PEORIA AZ 85381	Tele: (602)200-9494 Fax: (602)567-2062	02/04/2014 to 01/31/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-4133	ASCEND BEHAVIORAL HEALTH, L L C 35005 NORTH 27TH LANE PHOENIX AZ 85086	Tele: (256)426-8873 Fax: (623)249-4272	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4131	ASCEND BEHAVIORAL HEALTH, L L C 27818 NORTH 24TH LANE PHOENIX AZ 85085	Tele: (256)426-8873 Fax: (623)249-4272	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-3059	BARAKA HOUSE I I, L L C 13619 NORTH 36TH AVENUE PHOENIX AZ 85029	Tele: (602)824-9100 Fax: (602)824-9100	04/01/2014 to 03/31/2015 Capacity : 6 Medcaid_Cert: Certified		
BH-2753	BARAKA HOUSE, L L C 3740 WEST CARON STREET PHOENIX AZ 85051	Tele: (602)249-8900 Fax: (602)249-8900	07/01/2014 to 06/30/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-4285	BETTER HORIZONS BEHAVIORAL HEALTH, L L C 2851 EAST LA COSTA DRIVE CHANDLER AZ 85249	Tele: (480)268-7321 Fax: (480)719-8105	07/30/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-3849	DESTINY SOBER LIVING II (CARVER RANCH) 11629 SOUTH 43RD AVENUE LAVEEN AZ 85339	Tele: (602)249-6675 Fax: (480)921-4115	12/01/2013 to 11/30/2014 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4061	DYNAMIC CARE HOME, L L C 11238 WEST ROMA AVENUE PHOENIX AZ 85037	Tele: (602)740-1279 Fax: (480)304-4839	11/21/2012 to 10/31/2013 Capacity : 3 Medcaid_Cert: Certified		
BH4442	EAGLES NEST BOYS RESIDENTIAL AGENCY 1802 EAST DOBBINS ROAD PHOENIX AZ 85042	Tele: (602)305-9599 Fax: (602)268-4834	01/13/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-3319	EUREKA IMPERIAL RESIDENCE 1740 SOUTH HERITAGE DRIVE GILBERT AZ 85295	Tele: (480)264-2647 Fax: (480)245-6405	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		
BH4443	FREEWAY 2914 EAST CONTESSA STREET MESA AZ 85213	Tele: (480)634-1163 Fax: (480)634-1952	01/30/2014 to 12/31/2014 Capacity : 6 Medcaid_Cert: Certified		
BH-2657	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM / HEARN HOUSE 3615 WEST HEARN ROAD PHOENIX AZ 85053	Tele: (602)285-1800 Fax: (602)266-4912	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2534	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM / CABOT HOUSE 2420 EAST JOHN CABOT ROAD PHOENIX AZ 85032	Tele: (602)285-1800 Fax: (602)266-4912	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		
BH4441	HOPE BEHAVIORAL HEALTH RESIDENTIAL CARE, LLC 16181 WEST MADISON STREET GOODYEAR AZ 85338	Tele: (623)925-8606 Fax: (623)925-8606	02/11/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-4296	J F M INSPIRATIONS COUNSELING SERVICES 2427 NORTH 71ST AVENUE PHOENIX AZ 85035	Tele: (623)251-5953 Fax: (623)256-6992	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-3810	JESA HOMES, L L C 2328 WEST DARREL ROAD PHOENIX AZ 85041	Tele: (602)268-1767 Fax: (602)268-1277	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		
BH-3838	JUSSAMAL MANOR, L L C 1302 WEST KESLER LANE CHANDLER AZ 85224	Tele: (480)257-2888 Fax: (480)257-3447	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH4459	MAVERICK HOUSE 5801 NORTH 51ST AVENUE GLENDALE AZ 85301	Tele: (623)931-5810 Fax: (623)931-1302	04/01/2014 to 03/31/2015 Capacity : 29 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3443	MOUNTAIN TOP BEHAVIORAL HEALTH SERVICES, L L C 3331 WEST FRAKTUR ROAD PHOENIX AZ 85041	Tele: (602)268-2462 Fax: (888)843-7281	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2633	NATIONAL MENTOR HEALTHCARE, L L C - ARIZONA MENTOR - MEADOWBROOK 8439 WEST MEADOWBROOK PHOENIX AZ 85037	Tele: (602)200-9494 Fax: (602)567-2062	08/01/2014 to 07/31/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2779	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - DESERT WIND 7223 SOUTH 71ST LANE LAVEEN AZ 85339	Tele: (602)200-9494 Fax: (602)567-2062	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2777	NATIONAL MENTOR HEALTHCARE, L L C - DBA ARIZONA MENTOR - HORIZON 3046 EAST KINGBIRD PLACE CHANDLER AZ 85249	Tele: (602)200-9494 Fax: (602)567-2062	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		

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County MARICOPA Total = 1087

Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2778	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - CHESTNUT 9287 WEST BELVOIR ROAD PHOENIX AZ 85037	Tele: (602)200-9494 Fax: (602)567-2062	05/01/2014 to 04/30/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2877	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - AZTEC 2413 NORTH 92ND LANE PHOENIX AZ 85037	Tele: (602)200-9494 Fax: (602)567-2062	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2740	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - CAMBRIDGE 9131 WEST CAMBRIDGE AVENUE PHOENIX AZ 85037	Tele: (602)200-9494 Fax: (602)567-2062	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2876	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - CURRY 874 SOUTH SUNSET COURT CHANDLER AZ 85225	Tele: (602)200-9494 Fax: (602)567-2062	02/01/2014 to 01/31/2015 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2582	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - ECHO 8851 WEST NORTHVIEW AVENUE GLENDALE AZ 85305	Tele: (602)200-9494 Fax: (602)567-2062	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2627	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - KEATS 7561 EAST KEATS MESA AZ 85209	Tele: (602)200-9494 Fax: (602)567-2062	05/01/2013 to 04/30/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-004	NATIVE AMERICAN CONNECTIONS, INC / INDIAN REHABILITATION 636 NORTH 3RD AVENUE PHOENIX AZ 85003	Tele: (602)254-3247 Fax: (602)256-7356	02/01/2014 to 01/31/2015 Capacity : 16 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH4431	PASTALINO MANOR, II 1393 WEST KESLER LANE CHANDLER AZ 85224	Tele: (480)634-5484 Fax: (480)699-7288	12/05/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH4423	RMBHS SEGURA HOME 11231 EAST SEGURA MESA AZ 85212	Tele: (480)641-9552 Fax: (480)981-0893	01/28/2014 to 12/31/2014 Capacity : 9 Medcaid_Cert: Certified		

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Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3794	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - DESERT COVE 1601 WEST DESERT COVE AVENUE PHOENIX AZ 85029	Tele: (602)285-4330 Fax: (602)265-8533	12/01/2013 to 11/30/2014 Capacity : 15 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3800	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - TOBY I 303 WEST WILLETTA STREET PHOENIX AZ 85003	Tele: (602)285-4282 Fax: (602)265-8533	12/01/2013 to 11/30/2014 Capacity : 16 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH4435	SUNDANCE CENTER, THE 12816 EAST TURQUOISE AVENUE , 10195 NORTH 128TH ST SCOTTSDALE AZ 85259	Tele: (562)303-9516 Fax: (310)943-3297	12/13/2013 to 11/30/2014 Capacity : 14 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2683	TILDA MANOR, INC 3583 EAST WILDHORSE DRIVE GILBERT AZ 85297	Tele: (480)988-5611 Fax: (888)292-9039	03/01/2014 to 04/30/2015 Capacity : 6 Medcaid_Cert: Certified		

Sub-Type : LEVEL 3 BEHAVIORAL HEALTH RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4135	HELPING HEARTS INDIANOLA HOUSE 6129 WEST INDIANOLA AVENUE PHOENIX AZ 85033	Tele: (623)271-9346 Fax: (602)926-8036	01/01/2014 to 12/31/2014 Capacity : 6 Medcaid_Cert: Certified		

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Sub-Type : LEVEL 3 BEHAVIORAL HEALTH RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3983	HELPING HEARTS RESIDENTIAL FACILITIES CAMBRIDGE HOUSE 3829 EAST CAMBRIDGE AVENUE PHOENIX AZ 85008	Tele: (602)374-5251 Fax: (602)926-1491	12/01/2013 to 11/30/2014 Capacity : 9 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4076	HORIZON FRANCES BEHAVIORAL HEALTH AGENCY LEVEL I I I 3904 EAST FRANCES LANE GILBERT AZ 85295	Tele: (480)850-5246 Fax: (480)947-2006	08/01/2014 to 07/31/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4311	MUCO BEHAVIORAL HEALTH RESIDENTIAL HOME 7215 WEST IRONWOOD DRIVE PEORIA AZ 85345	Tele: (623)760-8378 Fax: (623)505-3556	07/01/2014 to 06/30/2015 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3931	ORION HOMES, L L C 12022 NORTH 49TH AVENUE GLENDALE AZ 85304	Tele: (602)466-3223 Fax: (602)441-3981	09/01/2013 to 08/31/2014 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3451	THE CEDAR SANCTUARY, L L C DBA DESERT CEDAR BEHAVIORAL HEALTH AGENCY LEVEL 3 2264 WEST OLIVE WAY CHANDLER AZ 85248	Tele: (480)726-7698 Fax: (408)899-6122	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		

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Sub-Type : LEVEL 3 BEHAVIORAL HEALTH RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3855	THE CEDAR SANCTUARY, L L C DBA LIVING SPRINGS SANCTUARY BEHAVIORAL HEALTH AGENCY	Tele: (602)374-5483	08/01/2013 to 07/31/2014		
	4929 EAST LAUREL LANE	Fax: (480)899-6122	Capacity : 10		
	SCOTTSDALE AZ 85254		Medcaid_Cert: Certified		

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	BANNER GOOD SAMARITAN BEHAVIORAL HEALTH CENTER	Tele: (602)239-6880	03/01/2014 to 02/28/2015		
	925 EAST MCDOWELL ROAD, 4TH FLOOR	Fax: (602)239-6988	Capacity :		
	PHOENIX AZ 85006		Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6474	CENTRO ESPERANZA CLINIC	Tele: (602)253-3084	05/01/2014 to 04/30/2015		
	310 SOUTH EXTENSION	Fax: (602)385-0380	Capacity :		
	MESA AZ 85210		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6284	101 WALL SUPPORT SERVICES, L L C	Tele: (480)285-9426	05/01/2014 to 04/30/2015		
	919 NORTH STAPLEY DRIVE, SUITE M	Fax: (480)907-1358	Capacity :		
	MESA AZ 85203		Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6461	A NEW LEAF, INC - CENTRAL CAMPUS SERVICES 960 NORTH STAPLEY DRIVE, BUILDING 2-8 & 10 MESA AZ 85203	Tele: (480)969-4024 Fax: (480)969-0039	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6462	A NEW LEAF, INC - DOROTHY B. MITCHELL COUNSELING CENTER (D B M C C) 1655 EAST UNIVERSITY DRIVE, SUITES 100 & 101 MESA AZ 85203	Tele: (480)969-4024 Fax: (480)969-0039	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6463	A NEW LEAF, INC - EAST VALLEY COUNSELING SERVICES 635 EAST BROADWAY ROAD MESA AZ 85204	Tele: (480)969-4024 Fax: (480)969-0039	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6465	A NEW LEAF, INC - WEST VALLEY BEHAVIORAL HEALTH SERVICES 8581 NORTH 61ST AVENUE, BUILDING A, STES 101 & 102 GLENDALE AZ 85302	Tele: (480)969-4024 Fax: (480)969-0039	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5834	A NEW LEAF, INC - WEST VALLEY COMMUNITY BEHAVIORAL HEALTH SERVICES 8802 NORTH 61ST AVENUE GLENDALE AZ 85302	Tele: (480)969-4024 Fax: (480)969-0039	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3389	ADDICTION SERVICES, P C 37 NORTH HIBBERT MESA AZ 85201	Tele: (602)291-5210 Fax: (480)588-5288	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6453	AID TO ADOPTION OF SPECIAL KIDS A A S K ARIZONA 2320 NORTH 20TH STREET PHOENIX AZ 85004	Tele: (602)254-2275 Fax: (602)212-2564	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6506	ALCOHOL RECOVERY SOLUTIONS, INC 15215 SOUTH 48TH STREET, SUITE 150 PHOENIX AZ 85044	Tele: (480)496-9760 Fax: (480)496-7121	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6083	ALPHA MEDICAL SERVICES 3825 NORTH 24TH STREET PHOENIX AZ 85016	Tele: (602)955-7997 Fax: (602)954-0980	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6407	ANCHORS FOR A CHANGE 16042 NORTH 32ND STREET, SUITE D1 PHOENIX AZ 85032	Tele: (602)971-3338 Fax: (602)971-2494	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5855	ARIZONA ADDICTION TREATMENT PROGRAMS, INC 525 WEST SOUTHERN AVENUE, SUITE 109 MESA AZ 85210	Tele: (480)644-9033 Fax: (480)644-8180	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6438	ARIZONA BEHAVIORAL COUNSELING & EDUCATION, INC 3029 NORTH ALMA SCHOOL ROAD, SUITES 226 & 227 CHANDLER AZ 85224	Tele: (602)788-1116 Fax: (602)788-1119	04/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4348	ARIZONA BEHAVIORAL COUNSELING & EDUCATION, INC 2525 SOUTH RURAL ROAD, SUITE 7 - SOUTH TEMPE AZ 85282	Tele: (602)788-1116 Fax: (602)788-1119	09/19/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4345	ARIZONA BEHAVIORAL COUNSELING & EDUCATION, INC 6710 NORTH 47TH AVENUE, SUITE 1 GLENDALE AZ 85301	Tele: (602)788-1116 Fax: (602)788-1119	09/19/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6333	ARIZONA BRIDGE TO RECOVERY 554 SOUTH BELLVIEW, ROOM A MESA AZ 85204	Tele: (480)831-7566 Fax: (480)831-7563	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC5906	ARIZONA CONSULTING & COUNSELING SERVICES 9162 WEST CACTUS ROAD, SUITE B PEORIA AZ 85381	Tele: (623)776-7766 Fax: (623)776-7767	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC5901	ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC OUTPATIENT REHABILITATION 110 WEST CAMELBACK ROAD PHOENIX AZ 85013	Tele: (602)230-2222 Fax: (602)230-2026	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6182	ARIZONA YOUTH & FAMILY SERVICES, INC 55 EAST THOMAS ROAD, SUITE 200 PHOENIX AZ 85012	Tele: (602)277-4833 Fax: (602)277-4820	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5830	ARIZONA'S CHILDREN ASSOCIATION 111 EAST MONROE AVENUE, SUITE 102 BUCKEYE AZ 85326	Tele: (623)889-0091 Fax: (623)889-0092	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6173	ARIZONA'S CHILDREN ASSOCIATION 375 EAST ELLIOT ROAD, SUITES 11, 12 & 13 CHANDLER AZ 85225	Tele: (480)814-7789 Fax: (480)963-3294	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6159	ARIZONA'S CHILDREN ASSOCIATION 7910 WEST THOMAS ROAD, SUITE 103 PHOENIX AZ 85033	Tele: (623)414-4805 Fax: (623)414-4825	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6098	ARIZONA'S CHILDREN ASSOCIATION 11321 WEST BELL ROAD, SUITE 401 SURPRISE AZ 85378	Tele: (623)583-2523 Fax: (623)583-2671	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2767	AURORA BEHAVIORAL HEALTHCARE SYSTEM, L L C 6015 WEST PEORIA AVENUE GLENDALE AZ 85302	Tele: (623)344-4400 Fax: (623)344-4437	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6473	AURORA BEHAVIORAL HEALTHCARE TEMPE 6350 SOUTH MAPLE AVENUE TEMPE AZ 85283	Tele: (480)345-5416 Fax: (480)345-5450	04/01/2014 to 03/31/2015 Capacity : 75 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5955	AZ CENTER FOR CHANGE 4205 NORTH 7TH AVENUE, SUITE 311 PHOENIX AZ 85013	Tele: (602)253-8488 Fax: (602)253-8340	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5988	BAART BEHAVIORAL HEALTH SERVICES, INC 908 B WEST CHANDLER BOULEVARD, SUITE 4 CHANDLER AZ 85225	Tele: (480)899-0200 Fax: (480)899-0202	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6327	BANNER BEHAVIORAL HEALTH OUTPATIENT CLINIC 7575 EAST EARLL DRIVE, BLDG 500, RMS 536-540 & 542 SCOTTSDALE AZ 85251	Tele: (480)941-7500 Fax: (480)941-7548	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6603	BANNER BEHAVIORAL HEALTH OUTPATIENT CLINIC - CHANDLER CAMPUS 1600 WEST CHANDLER BOULEVARD, SUITE 180 CHANDLER AZ 85224	Tele: (480)543-6760 Fax: (480)543-5959	09/01/2014 to 08/31/2015 Capacity : Medcaid_Cert: Certified		
OTC5945	BANNER THUNDERBIRD BEHAVIORAL HEALTH CENTER 5555 WEST THUNDERBIRD ROAD- MAIN (LOWER LEVEL) GLENDALE AZ 85306	Tele: (602)588-4716 Fax: (602)588-5948	02/01/2014 to 01/31/2015 Capacity : 62 Medcaid_Cert: Certified		
BH-512	BLACK FAMILY & CHILD SERVICES, INC 1522 EAST SOUTHERN AVENUE PHOENIX AZ 85040	Tele: (602)243-1773 Fax: (602)276-1984	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
BH-4391	BLACK MOUNTAIN BEHAVIORAL HEALTH, L L C 33755 NORTH SCOTTSDALE ROAD, SUITE J 105 SCOTTSDALE AZ 85266	Tele: (480)575-5700 Fax: (866)307-0007	09/24/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
BH-3878	CANYON STATE ACADEMY 20061 EAST RITTENHOUSE ROAD, SUITE A QUEEN CREEK AZ 85142	Tele: (480)987-9700 Fax: (480)987-9701	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5979	CATHOLIC CHARITIES COMMUNITY SERVICES 1825 WEST NORTHERN AVENUE PHOENIX AZ 85021	Tele: (602)285-1999 Fax: (602)285-0311	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6036	CENTER FOR BEHAVIORAL HEALTH 1501 EAST WASHINGTON STREET PHOENIX AZ 85034	Tele: (602)253-6553 Fax: (602)253-6554	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC5985	CENTER FOR BEHAVIORAL HEALTH, INC 2123 EAST SOUTHERN AVENUE TEMPE AZ 85282	Tele: (480)897-7044 Fax: (480)897-7943	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6335	CENTER FOR HOPE 544-1 SOUTH BELLVIEW, ROOM A MESA AZ 85204	Tele: (480)831-7566 Fax: (480)831-7563	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6550	CENTRAL CITY ADDICTION RECOVERY CENTER 2770 EAST VAN BUREN STREET, ROOMS A, B, D PHOENIX AZ 85008	Tele: (480)831-7566 Fax: (480)831-7563	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6258	CENTRAL VALLEY CLINIC 2444 EAST UNIVERSITY DRIVE, SUITE 150 PHOENIX AZ 85034	Tele: (602)304-0014 Fax: (602)304-0190	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6325	CHICANOS POR LA CAUSA, INC 3639 WEST LINCOLN STREET, BUILDING 2 PHOENIX AZ 85009	Tele: (602)233-9747 Fax: (602)352-8985	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6594	CHICANOS POR LA CAUSA, INC - CENTRO DE LA FAMILIA 6850 WEST INDIAN SCHOOL ROAD PHOENIX AZ 85033	Tele: (623)247-0464 Fax: (623)247-3875	05/28/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6564	CHILD & FAMILY SUPPORT SERVICES, INC 10439 SOUTH 51ST STREET, SUITE 100 PHOENIX AZ 85044	Tele: (480)635-9944 Fax: (480)635-9987	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6168	CHILDHELP 2346 NORTH CENTRAL AVENUE PHOENIX AZ 85004	Tele: (602)271-4500 Fax: (602)282-0102	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5884	CHILDHELP CHILDREN'S CENTER 2333 NORTH PEBBLE CREEK PARKWAY, SUITE A-200 GOODYEAR AZ 85395	Tele: (602)271-4500 Fax: (602)258-0427	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6170	CHOICES NETWORK OF ARIZONA - ARCADIA CLINIC 3311 NORTH 44TH STREET, SUITE 100 PHOENIX AZ 85018	Tele: (602)957-2220 Fax: (602)957-1750	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6187	CHOICES NETWORK OF ARIZONA - ENCLAVE CLINIC 1642 SOUTH PRIEST DRIVE, BUILDING 6, SUITE 101 TEMPE AZ 85281	Tele: (602)323-3000 Fax: (602)243-5390	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC6359	CHOICES NETWORK OF ARIZONA - MIDTOWN CLINIC 3333 NORTH 7TH AVENUE PHOENIX AZ 85013	Tele: (602)264-4331 Fax: (602)264-4095	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6163	CHOICES NETWORK OF ARIZONA - SOUTH CENTRAL CLINIC 1616 EAST ROESER ROAD PHOENIX AZ 85040	Tele: (602)323-3000 Fax: (602)243-5390	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
BH-3250	CHOICES NETWORK OF ARIZONA - TOWNLEY CLINIC 8836 NORTH 23RD AVENUE, SUITE B1 PHOENIX AZ 85021	Tele: (602)944-9810 Fax: (602)216-7040	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
BH-3128	CHOICES NETWORK OF ARIZONA - WEST MCDOWELL CLINIC 5030 WEST MCDOWELL ROAD, SUITES 12,14, 15, 16 PHOENIX AZ 85035	Tele: (602)278-1414 Fax: (602)269-8410	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6219	CHRISTIAN FAMILY CARE 3603 NORTH 7TH AVENUE PHOENIX AZ 85013	Tele: (602)234-1935 Fax: (602)234-0022	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6599	CHRYSALIS SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE, INC 2055 WEST NORTHERN AVENUE PHOENIX AZ 85021	Tele: (602)955-9059 Fax: (602)955-0165	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5561	CIGNA MEDICAL GROUP PHOENIX CENTRAL MULTI SPLTY CENTER 3003 NORTH THIRD STREET PHOENIX AZ 85012	Tele: (623)277-1131 Fax: (602)906-2789	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH4130	CINDY L TATUM, C.M.S.W, INC DBA CL TATUM & ASSOCIATES 5400 WEST NORTHERN AVENUE, SUITE 104 GLENDALE AZ 85301	Tele: (623)876-2029 Fax: (623)349-0914	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC3171	COMMUNITY ASSET AND RESOURCE ENTERPRISE PARTNERSHIP 466 SOUTH BELLVIEW STREET MESA AZ 85204	Tele: (480)962-5197 Fax: (480)833-8842	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC5972	COMMUNITY BRIDGES, INC 824 NORTH 99TH AVENUE, SUITE 108 AVONDALE AZ 85323	Tele: (480)831-7566 Fax: (480)831-7563	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6023	COMMUNITY BRIDGES, INC - EAST VALLEY ACCESS POINT 358 EAST JAVELINA AVENUE, SUITE 101 MESA AZ 85210	Tele: (480)831-7566 Fax: (480)831-7563	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6484	COMMUNITY BRIDGES, INC. - ASPIRE 1012 SOUTH STAPLEY DRIVE, BUILDING 5 MESA AZ 85204	Tele: (480)768-6022 Fax: (480)831-7566	04/09/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6399	COMMUNITY CONNECTIONS, L L C - OUTPATIENT CLINIC I I 4025 WEST BELL ROAD, SUITE 6 PHOENIX AZ 85053	Tele: (623)242-8460 Fax: (623)242-8643	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3954	COMMUNITY MEDICAL SERVICES 2301 WEST NORTHERN AVENUE PHOENIX AZ 85021	Tele: (602)866-9378 Fax: (602)866-9394	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2676	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC 1110 EAST MCDOWELL PHOENIX AZ 85006	Tele: (520)884-7954 Fax: (520)884-0383	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4336	COMMUNITY SUPPORT SERVICES, INC 525 WEST SOUTHERN AVENUE, SUITE 106 MESA AZ 85210	Tele: (480)629-5994 Fax: (480)629-5996	08/22/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3873	COMMUNITY SUPPORT SERVICES, INC 400 WEST CAMELBACK ROAD, SUITE 306 PHOENIX AZ 85013	Tele: (480)629-5994 Fax: (480)629-5996	07/01/2013 to 06/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6584	COMMUNITY SUPPORT SERVICES, INC 7011 NORTH 57TH AVENUE, SUITE E GLENDALE AZ 85301	Tele: (602)309-4210 Fax: (480)629-5996	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6531	CORE RECOVERY, L L C 34225 NORTH 27TH DRIVE, BUILDING 5, SUITE 146 PHOENIX AZ 85085	Tele: (602)810-1210 Fax: (480)247-5625	09/01/2014 to 08/31/2015 Capacity : Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6058	CORRECTIONAL HEALTHCARE COMPANIES, INC 460 NORTH MESA DRIVE, SUITE 101 MESA AZ 85201	Tele: (480)949-8871 Fax: (480)237-7221	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6061	CORRECTIONAL HEALTHCARE COMPANIES, INC 4425 WEST GLENDALE AVENUE, SUITE 5 GLENDALE AZ 85301	Tele: (480)949-8871 Fax: (480)949-9723	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6018	CORRECTIONAL HEALTHCARE COMPANIES, INC 7447 EAST EARLL DRIVE, SUITES 101, 102, 103, & 109 SCOTTSDALE AZ 85251	Tele: (480)949-8871 Fax: (480)949-9723	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6269	CORRECTIONAL HEALTHCARE COMPANIES, INC 11000 NORTH SCOTTSDALE ROAD, SUITE 150 SCOTTSDALE AZ 85254	Tele: (480)949-8871 Fax: (480)949-9723	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5902	CRISIS PREPARATION & RECOVERY, INC 3260 NORTH HAYDEN ROAD, SUITE 112 SCOTTSDALE AZ 85251	Tele: (480)804-0326 Fax: (480)302-7884	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6050	CRISIS PREPARATION & RECOVERY, INC 2120 SOUTH MCCLINTOCK DRIVE, SUITE 105 TEMPE AZ 85282	Tele: (480)804-0326 Fax: (480)302-7884	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6405	CRISIS RESPONSE NETWORK, INC 1275 WEST WASHINGTON, SUITE 201 TEMPE AZ 85281	Tele: (602)633-0515 Fax: (602)633-0520	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
BH-3880	CROSSWINDS COUNSELING SERVICES, INC 512 EAST SOUTHERN AVENUE, SUITE C TEMPE AZ 85234	Tele: (480)392-4348 Fax: (480)926-8170	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
OTC5859	DEAF ACCESS OF ARIZONA, INC 2428 EAST APACHE BOULEVARD, SUITE 123 TEMPE AZ 85281	Tele: (480)999-3323 Fax: (480)999-2234	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6090	DESERT EDGE MENTORING SERVICES 1950 WEST HEATHERBRAE DRIVE, SUITE 10 PHOENIX AZ 85015	Tele: (602)237-2485 Fax: (602)274-6531	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
BH-4075	DESERT EDGE RECOVERY 1950 WEST HEATHERBRAE, SUITE 4 PHOENIX AZ 85015	Tele: (602)792-0019 Fax: (602)279-5099	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6301	DESERT HORIZON PSYCHIATRIC SERVICES, A D M G OUTPATIENT CLINIC 840 EAST MCKELLIPS ROAD, SUITE 110 MESA AZ 85203	Tele: (602)470-5520 Fax: (480)649-0783	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4116	DESERT RAIN BEHAVIORAL HEALTH SERVICES, L L C 2111 EAST BASELINE ROAD, SUITES A 1-3 & F 7-9 TEMPE AZ 85283	Tele: (480)779-0555 Fax: (480)275-5757	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5981	DEVEREUX ARIZONA OUTPATIENT SERVICES 2320 WEST PEORIA AVENUE, SUITE B-145 PHOENIX AZ 85029	Tele: (480)998-2920 Fax: (480)443-5587	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6336	EAST VALLEY ADDICTION RECOVERY CENTER (EVARC) 560 SOUTH BELLVIEW, ROOM A MESA AZ 85204	Tele: (480)831-7566 Fax: (480)831-7563	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6562	EBONY HOUSE, INC 6222 SOUTH 13TH STREET, BUILDING Y PHOENIX AZ 85042	Tele: (602)276-4288 Fax: (602)232-2938	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5903	EBONY HOUSE, INC / CHILDREN'S BEHAVIORAL HEALTH SERVICE 1616 EAST INDIAN SCHOOL ROAD, SUITE 100 PHOENIX AZ 85016	Tele: (602)276-4288 Fax: (602)232-2938	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2957	ELDERVENTION CLINICAL SERVICES 1366 EAST THOMAS ROAD, SUITE 108 PHOENIX AZ 85014	Tele: (602)264-2255 Fax: (602)230-9132	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1958	EMPACT SUICIDE PREVENTION CENTER 4425 WEST OLIVE, SUITE 194 GLENDALE AZ 85302	Tele: (480)784-1514 Fax: (623)915-2099	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4062	EMPACT SUICIDE PREVENTION CENTER 618 SOUTH MADISON DRIVE TEMPE AZ 85281	Tele: (480)784-1514 Fax: (480)967-3528	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6601	ENCOURAGE EMPOWERMENT, LLC 1819 SOUTH DOBSON ROAD, SUITE 103 MESA AZ 85202	Tele: (480)467-2470 Fax: (480)820-2770	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6512	ENRICHMENT FAMILY & INDIVIDUAL COUNSELING, L L C 310 NORTH DOBSON ROAD, SUITE 5 MESA AZ 85201	Tele: (480)890-0864 Fax: (480)654-2716	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
BH-3920	F.A.C.T.S BEHAVIORAL HEALTH SERVICES 1122 EAST BUCKEYE ROAD, SUITE A 4 PHOENIX AZ 85034	Tele: (602)254-2704 Fax: (602)253-4899	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6517	FAMILY INVOLVEMENT CENTER 5333 NORTH 7TH STREET, SUITE A-130 PHOENIX AZ 85014	Tele: (602)412-4095 Fax: (602)393-1165	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6440	FAMILY SERVICE AGENCY 10240 NORTH 31ST AVENUE, SUITE 122 PHOENIX AZ 85051	Tele: (602)264-9891 Fax: (602)234-2639	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6324	FAMILY SERVICE AGENCY 943 SOUTH GILBERT ROAD, SUITE 204 MESA AZ 85204	Tele: (602)264-9891 Fax: (602)234-2639	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6413	FAMILY SERVICE AGENCY 2400 NORTH CENTRAL AVENUE, SUITE 400 PHOENIX AZ 85004	Tele: (602)264-9891 Fax: (602)234-2639	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6608	FLORENCE CRITTENTION SERVICES OF ARIZONA, INC 715 WEST MARIPOSA STREET, BUILDING B PHOENIX AZ 85013	Tele: (602)274-7318 Fax: (602)274-7549	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6064	FOUR DIRECTIONS, L L C 1108 EAST GREENWAY STREET, SUITE 2 MESA AZ 85203	Tele: (480)699-2344 Fax: (480)699-3035	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
CSLG6379	FRIENDLY HOUSE, INC 723 SOUTH 1ST AVENUE PHOENIX AZ 85004	Tele: (602)257-1870 Fax: (602)257-8278	06/01/2013 to 05/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6330	FRIENDSHIP C M H C, INC 730 EAST HIGHLAND AVENUE PHOENIX AZ 85014	Tele: (602)241-6656 Fax: (602)241-7506	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6147	GENERAL HEALTH CORPORATION D/B/A AMERIPSYCH 2400 WEST DUNLAP AVENUE, SUITE 124 PHOENIX AZ 85021	Tele: (602)728-0630 Fax: (602)728-0632	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6100	GRACE OF SERENITY LIVING, INC 4620 NORTH 16TH STREET, SUITE A-101 PHOENIX AZ 85016	Tele: (602)441-4690 Fax: (602)441-4694	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6425	GROSSMAN & GROSSMAN, LTD 2345 EAST THOMAS ROAD, SUITE 360 PHOENIX AZ 85016	Tele: (602)468-2077 Fax: (480)609-9552	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6499	GROSSMAN & GROSSMAN, LTD 9635 WEST PEORIA AVENUE, SUITE 107 PEORIA AZ 85345	Tele: (602)468-2077 Fax: (480)609-9552	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6604	H.O.P.E. GROUP, L L C 4530 EAST MUIRWOOD DRIVE, SUITE 103 PHOENIX AZ 85048	Tele: (480)610-6981 Fax: (480)898-7419	09/25/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6259	HAMPTON CLINIC 1440 SOUTH COUNTRY CLUB DRIVE, SUITE 12 MESA AZ 85210	Tele: (480)838-5550 Fax: (480)756-8201	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6496	HEALTH CARE FOR THE HOMELESS OUTPATIENT SERVICES CENTER 220 SOUTH 12TH AVENUE PHOENIX AZ 85007	Tele: (480)831-7566 Fax: (480)831-7563	06/01/2014 to 05/01/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4087	HELPING HANDS HEALTH SERVICES 1330 WEST AUTO DRIVE, SUITE 101 TEMPE AZ 85284	Tele: (602)487-8280 Fax: (480)458-5462	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4376	HELPING HEARTS RESIDENTIAL FACILITIES HATCHER OUTPATIENT CLINIC 927 WEST HATCHER, SUITE 106 PHOENIX AZ 85021	Tele: (602)622-1290 Fax: (602)926-8036	09/11/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6425	HUMAN RESOURCE TRAINING, INC 2131 EAST BROADWAY ROAD, SUITES 13-19, & 21 TEMPE AZ 85282	Tele: (480)967-6895 Fax: (480)967-4986	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5932	HUMAN SERVICES CONSULTANTS, L L C 4449 NORTH 12TH STREET, SUITE A-1 & B-1 PHOENIX AZ 85014	Tele: (602)279-1427 Fax: (602)279-1431	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1451	HUMANITIES RESOURCE BUILDERS, INC 2810 SOUTH 24TH STREET, SUITE 121 PHOENIX AZ 85034	Tele: (602)225-9950 Fax: (602)225-9876	07/01/2013 to 06/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6068	INTENSIVE TREATMENT SYSTEMS 7102 WEST THOMAS ROAD, SUITE 107 PHOENIX AZ 85033	Tele: (602)996-0110 Fax: (602)996-1915	07/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6070	INTENSIVE TREATMENT SYSTEMS 19401 NORTH CAVE CREEK ROAD, SUITE 18 PHOENIX AZ 85024	Tele: (602)996-0110 Fax: (602)996-1915	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6069	INTENSIVE TREATMENT SYSTEMS 651 WEST COOLIDGE PHOENIX AZ 85013	Tele: (602)996-0110 Fax: (602)996-1915	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4136	J.R. FORENSIC & CLINICAL PSYCHOLOGY SERVICES, P L L C 2331 EAST OSBORN ROAD PHOENIX AZ 85016	Tele: (602)667-7650 Fax: (602)667-7651	05/13/2013 to 04/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-157	JEWISH FAMILY & CHILDREN'S SERVICE, INC 2033 NORTH 7TH STREET PHOENIX AZ 85006	Tele: (602)452-4630 Fax: (602)452-4631	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6005	JEWISH FAMILY & CHILDREN'S SERVICE, INC 3306 WEST CATALINA PHOENIX AZ 85017	Tele: (602)353-0703 Fax: (602)353-0715	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3754	JEWISH FAMILY & CHILDREN'S SERVICE, INC 1255 WEST BASELINE ROAD, SUITE B 258 MESA AZ 85202	Tele: (480)820-0825 Fax: (480)820-7863	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6217	JEWISH FAMILY & CHILDREN'S SERVICES, INC 5701 WEST TALAVI BOULEVARD, SUITE 180 GLENDALE AZ 85306	Tele: (623)486-8202 Fax: (623)486-2739	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC6534	LESS - LEARNING EFFECTIVE SOBRIETY SKILLS 3660 EAST UNIVERSITY, SUITE 6 B MESA AZ 85205	Tele: (602)820-7509 Fax: (480)704-5550	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6415	LETT, ROHDE, AND WALLING, P C DBA A S A P / ADOLESCENT SUBSTANCE ABUSE PROGRAM 2530 SOUTH ALMA SCHOOL ROAD MESA AZ 85210	Tele: (602)434-0249 Fax: (480)704-5550	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6386	LETT, ROHDE, AND WALLING, P C DBA A S A P / ADOLESCENT SUBSTANCE ABUSE PROGRAM 3839 EAST SHEA BOULEVARD PHOENIX AZ 85028	Tele: (602)434-0249 Fax: (480)704-5550	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6416	LETT, ROHDE, AND WALLING, P C, DBA A S A P / ADOLESCENT SUBSTANCE ABUSE PROGRAM 8607 NORTH 59TH AVENUE, SUITE C-6 GLENDALE AZ 85302	Tele: (602)434-0249 Fax: (480)704-5550	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4125	LIFEWELL BEHAVIORAL WELLNESS 6915 EAST MAIN STREET MESA AZ 85208	Tele: (602)808-2800 Fax: (602)314-4624	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6575	LIFEWELL BEHAVIORAL WELLNESS - PHOENIX OUTPATIENT CLINIC 2505 WEST BERYL AVENUE PHOENIX AZ 85021	Tele: (602)599-5637 Fax: (602)599-5937	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6539	LIFEWELLNESS CENTER MITCHELL 40 EAST MITCHELL, SUITE 100 & 200 PHOENIX AZ 85012	Tele: (602)599-5637 Fax: (602)599-5937	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5920	LIFEWELLNESS CENTER UNIVERSITY 262 EAST UNIVERSITY DRIVE MESA AZ 85201	Tele: (602)599-5637 Fax: (502)599-5937	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6381	LLC COUNSELING SERVICES 3530 EAST INDIAN SCHOOL ROAD, SUITE 5 PHOENIX AZ 85018	Tele: (602)224-5499 Fax: (602)274-5791	06/01/2013 to 05/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6171	MARC COMMUNITY RESOURCES, INC 4250 EAST FLORIAN AVENUE, BUILDING 1 MESA AZ 85206	Tele: (480)969-3800 Fax: (480)644-1557	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
BH-3506	MARC COMMUNITY RESOURCES, INC - IVYGLEN 422 WEST IVYGLEN STREET MESA AZ 85201	Tele: (480)969-3800 Fax: (480)644-1557	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6526	MARC COMMUNITY RESOURCES, INC. 609 NORTH 2ND AVENUE, SUITE 200 PHOENIX AZ 85003	Tele: (480)969-3800 Fax: (480)644-1557	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
BH/H-2544	MARICOPA MEDICAL CENTER - DESERT VISTA OUTPATIENT CLINIC 570 WEST BROWN ROAD MESA AZ 85201	Tele: (480)344-2000 Fax: (480)344-0213	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3732	MARY'S MISSION AND DEVELOPMENT CENTER OUTPATIENT CLINIC 736 NORTH COUNTRY CLUB DRIVE MESA AZ 85201	Tele: (480)844-0011 Fax: (480)844-4084	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6329	MENTALLY ILL KIDS IN DISTRESS (M I K I D) 2642 EAST THOMAS ROAD PHOENIX AZ 85016	Tele: (602)253-1420 Fax: (602)253-1250	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6489	MICHAEL B BAYLESS AND ASSOCIATES 9014 SOUTH CENTRAL AVENUE PHOENIX AZ 85042	Tele: (602)230-7373 Fax: (602)441-5839	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
BH-2486	MICHAEL B BAYLESS AND ASSOCIATES DBA BAYLESS HEALTHCARE GROUP 3620 NORTH 3RD STREET PHOENIX AZ 85012	Tele: (602)230-7373 Fax: (602)230-5105	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5802	MINUTECLINIC #33 1750 EAST BROADWAY ROAD TEMPE AZ 85282	Tele: (401)770-3480 Fax: (401)652-1360	09/05/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6071	MISSION TREATMENT CENTERS, INC 617 NORTH SCOTTSDALE ROAD, SUITE D SCOTTSDALE AZ 85257	Tele: (480)990-3720 Fax: (480)990-8085	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5907	MOUNTAIN VALLEY COUNSELING ASSOCIATES, INC 2400 WEST DUNLAP AVENUE, SUITE 133 PHOENIX AZ 85021	Tele: (602)870-0972 Fax: (602)870-4271	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5929	MOUNTAIN VALLEY COUNSELING ASSOCIATES, INC 145 EAST UNIVERSITY DRIVE, SUITE 6 MESA AZ 85201	Tele: (480)962-7808 Fax: (480)962-0561	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6157	NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE	Tele: (602)264-6214	02/01/2014 to 01/31/2015		
	4201 NORTH 16TH STREET, SUITE 140	Fax: (602)265-2102	Capacity :		
	PHOENIX AZ 85016		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5941	NATIONAL MENTOR HEALTHCARE, L L C DBA ARIZONA MENTOR - OUTPATIENT CLINIC	Tele: (602)200-9494	01/01/2014 to 12/31/2014		
	2700 NORTH 3RD STREET, SUITE 4000	Fax: (602)567-2062	Capacity :		
	PHOENIX AZ 85004		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4245	NATIVE AMERICAN COMMUNITY HEALTH CENTER, INC DBA NATIVE HEALTH WEST	Tele: (602)279-5351	09/24/2013 to 08/31/2014		
	2423 WEST DUNLAP AVENUE, SUITES 120	Fax: (602)279-5361	Capacity :		
	PHOENIX AZ 85021		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2770	NATIVE AMERICAN CONNECTIONS, INC - OUTPATIENT CLINIC	Tele: (602)254-3247	09/01/2013 to 08/31/2014		
	4520 NORTH CENTRAL AVENUE, SUITE 100 & 390	Fax: (602)424-1623	Capacity :		
	PHOENIX AZ 85012		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1765	NEW CHOICES, INC	Tele: (480)377-9156	12/01/2013 to 11/30/2014		
	610 WEST BROADWAY ROAD, SUITE 111	Fax: (480)377-9159	Capacity :		
	TEMPE AZ 85282		Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6118	NEW FOUNDATION, THE 1200 NORTH 77TH STREET SCOTTSDALE AZ 85257	Tele: (480)945-3302 Fax: (480)945-9308	10/01/2012 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
OTC5992	NEW HOPE BEHAVIORAL HEALTH CENTER, INC 215 SOUTH POWER ROAD, SUITE 114 MESA AZ 85206	Tele: (480)981-1022 Fax: (480)981-1405	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
BH-3175	NEW HOPE OF ARIZONA, INC 12406 NORTH 32ND STREET, SUITE 101 PHOENIX AZ 85032	Tele: (602)535-5686 Fax: (602)535-5912	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
OTC5864	NEW HORIZON YOUTH HOMES, INC 5024 SOUTH ASH AVENUE, SUITE 106-108 TEMPE AZ 85282	Tele: (480)722-2730 Fax: (480)664-4296	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6382	NEW HORIZONS COUNSELING SERVICES, INC 5062 NORTH 19TH AVENUE, SUITE 102 PHOENIX AZ 85015	Tele: (623)939-6567 Fax: (623)939-7365	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3380	NORTHWEST ORGANIZATION FOR VOLUNTARY ALTERNATIVES, INC - DBA N O V A 4425 WEST OLIVE AVENUE, SUITE 200 GLENDALE AZ 85302	Tele: (623)937-9203 Fax: (623)930-0358	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6369	NURSEWISE LP 1501 WEST FOUNTAINHEAD PARKWAY, SUITE 201 TEMPE AZ 85282	Tele: (480)317-2141 Fax: (866)616-8773	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3867	OMEGA COUNSELING AND EDUCATION SERVICES, INC 1480 EAST BETHANY HOME ROAD, SUITE 100 PHOENIX AZ 85014	Tele: (602)495-9306 Fax: (602)495-9931	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6221	P S A BEHAVIORAL HEALTH AGENCY 2255 WEST NORTHERN AVENUE PHOENIX AZ 85021	Tele: (602)995-1767 Fax: (602)995-1863	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5978	P S A BEHAVIORAL HEALTH AGENCY 4655 SOUTH LAKESHORE DRIVE TEMPE AZ 85282	Tele: (480)894-1568 Fax: (480)894-5469	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6014	P S A BEHAVIORAL HEALTH AGENCY 8027 NORTH BLACK CANYON HIGHWAY, SUITE 2 PHOENIX AZ 85021	Tele: (602)242-1238 Fax: (602)242-1264	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6004	P S A BEHAVIORAL HEALTH AGENCY 1014 NORTH 2ND STREET PHOENIX AZ 85004	Tele: (602)340-1675 Fax: (602)340-1697	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3400	PARTNERS IN RECOVERY, L L C - WEST VALLEY CAMPUS 11361 N 99TH AVE, SUITES 102-103, 501-502, 601-602 PEORIA AZ 85345	Tele: (480)969-3800 Fax: (480)222-3221	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6373	PARTNERS IN RECOVERY, L L C - ARROWHEAD CAMPUS 5625 WEST BELL ROAD, SUITE 100 GLENDALE AZ 85308	Tele: (480)969-3800 Fax: (480)222-3221	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5925	PARTNERS IN RECOVERY, L L C - EAST VALLEY CAMPUS 4330 EAST UNIVERSITY DRIVE MESA AZ 85205	Tele: (480)969-3800 Fax: (480)222-3221	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5915	PARTNERS IN RECOVERY, L L C - METRO CENTER CAMPUS 10240 N 31ST AVE, #101,120, 200-201, 218,210A, 220 PHOENIX AZ 85051	Tele: (480)969-3800 Fax: (480)222-3221	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6006	PASCUA YAQUI BEHAVIORAL HEALTH PROGRAM 9405 SOUTH AVENIDA DEL YAQUI GUADALUPE AZ 85283	Tele: (480)768-2000 Fax: (480)768-2053	01/22/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6370	PEOPLE OF COLOR NETWORK - CAPITOL CENTER CLINIC 1540 WEST VAN BUREN STREET PHOENIX AZ 85007	Tele: (602)252-7330 Fax: (602)252-4797	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6082	PEOPLE OF COLOR NETWORK - COMUNIDAD CLINIC 1035 EAST JEFFERSON, SUITE A PHOENIX AZ 85034	Tele: (602)251-0650 Fax: (602)322-7799	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5890	PEOPLE OF COLOR NETWORK, INC 4520 NORTH CENTRAL AVENUE, SUITE 555 & 565 PHOENIX AZ 85012	Tele: (602)253-3084 Fax: (602)253-3280	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6038	PHOENIX CHILDREN'S HOSPITAL - BEHAVIORAL HEALTH CLINIC 1919 EAST THOMAS ROAD PHOENIX AZ 85016	Tele: (602)933-0990 Fax: (602)933-4251	06/01/2014 to 05/31/2015 Capacity : 11 Medcaid_Cert: Certified		
OTC6605	PHOENIX INTERFAITH COUNSELING 2400 WEST DUNLAP AVENUE, SUITE 300 PHOENIX AZ 85021	Tele: (602)532-0777 Fax: (602)532-0999	09/01/2014 to 08/31/2015 Capacity : Medcaid_Cert: Certified		
BH-481	PHOENIX INTERFAITH COUNSELING 12835 NORTH 32ND STREET PHOENIX AZ 85032	Tele: (602)992-7521 Fax: (602)992-6209	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
BH-2448	PHOENIX INTERFAITH COUNSELING 4201 NORTH 16TH STREET, SUITE 250 PHOENIX AZ 85016	Tele: (602)523-0777 Fax: (602)532-0999	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1647	PHOENIX INTERFAITH COUNSELING 3910 SOUTH RURAL ROAD, SUITE J TEMPE AZ 85282	Tele: (480)317-9868 Fax: (480)317-9867	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6241	PHOENIX SHANTI GROUP 2345 WEST GLENDALE AVENUE PHOENIX AZ 85021	Tele: (602)279-0008 Fax: (602)279-2004	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2995	POSITIVE CHANGE INSTITUTE, INC 1050 EAST UNIVERSITY DRIVE, SUITE 5 MESA AZ 85203	Tele: (480)833-4959 Fax: (480)833-3464	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5873	POTTER'S HOUSE SUBSTANCE ABUSE CENTER, THE 4220 NORTH 20TH AVENUE, SUITE 100 PHOENIX AZ 85015	Tele: (602)254-9701 Fax: (602)252-0830	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3508	PROMESA DUI SERVICES 4520 NORTH CENTRAL AVENUE, SUITE 100, OFFICE 26 PHOENIX AZ 85012	Tele: (602)648-9791 Fax: (602)648-9792	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5857	QUALITY CARE NETWORK 5326 EAST WASHINGTON STREET, BUILDING B PHOENIX AZ 85034	Tele: (602)773-4830 Fax: (602)773-4901	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
BH-4197	RECOVERY HELP 3945 EAST BROADWAY ROAD MESA AZ 85206	Tele: (800)705-5850 Fax: (855)217-5074	08/22/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6158	RECOVERY INNOVATIONS, INC 2701 NORTH 16TH STREET, SUITES 118 PHOENIX AZ 85006	Tele: (602)650-1212 Fax: (602)636-5295	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC5964	RECOVERY RX 333 EAST VIRGINIA AVENUE, SUITE 110 PHOENIX AZ 85004	Tele: (602)388-4986 Fax: (602)388-4614	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
OTC5926	RED MOUNTAIN BEHAVIORAL HEALTH SERVICES 2915 EAST BASELINE ROAD, SUITE 115 GILBERT AZ 85234	Tele: (480)641-9552 Fax: (480)981-0893	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5918	RESOLUTION GROUP, INC, THE 623 WEST SOUTHERN AVENUE, SUITES 1, 4, 5, 7 & 8 MESA AZ 85210	Tele: (480)962-9288 Fax: (480)962-1293	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
BH-2194	RIO SALADO BEHAVIORAL HEALTH SYSTEMS, INC 1308 WEST CAMELBACK ROAD PHOENIX AZ 85013	Tele: (602)252-9048 Fax: (602)252-7340	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC5935	RIVER OF LIFE BEHAVIORAL HEALTH SERVICES, L L C 1237 SOUTH VAL VISTA DRIVE, SUITE 214 MESA AZ 85204	Tele: (480)776-3392 Fax: (480)396-0532	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6191	RIVER SOURCE I O P, THE 128 WEST PEPPER PLACE MESA AZ 85201	Tele: (888)687-7332 Fax: (480)827-1637	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
BH-3030	ROSEWOOD OUTPATIENT CLINIC 20 EAST UNIVERSITY DRIVE, SUITE 301 TEMPE AZ 85281	Tele: (480)303-0848 Fax: (928)684-3181	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5994	ROSEWOOD RANCH OUTPATIENT CLINIC 521 WEST WICKENBURG WAY WICKENBURG AZ 85390	Tele: (928)684-9594 Fax: (928)684-3181	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3778	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS - QUEEN CREEK OUTPATIENT CLINIC 22711 SOUTH ELLSWORTH ROAD, BLDG G, STE 105 QUEEN CREEK AZ 85142	Tele: (480)983-0065 Fax: (480)288-5339	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6521	S.E.E.K. ARIZONA, LLC 1830 SOUTH ALMA SCHOOL ROAD, SUITE 130 MESA AZ 85210	Tele: (480)902-0771 Fax: (480)967-0804	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5956	SAGE COUNSELING, INC 1830 SOUTH ALMA SCHOOL ROAD, SUITE 101 MESA AZ 85210	Tele: (480)649-3352 Fax: (480)649-3358	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5858	SAN TAN BEHAVIORAL HEALTH SERVICES, L L C 2451 EAST BASELINE ROAD, SUITE 430 GILBERT AZ 85234	Tele: (480)507-3644 Fax: (480)632-0026	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5843	SCOTTSDALE HEALTHCARE PRIMARY CARE MESA 1124 EAST MCKELLIPS ROAD, SUITE 110 MESA AZ 85203	Tele: (480)882-7370 Fax: (480)649-2832	10/07/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6451	SEQUELCARE OF ARIZONA 2020 SOUTH MCCLINTOCK DRIVE, SUITE 105 TEMPE AZ 85282	Tele: (480)284-7304 Fax: (480)284-7616	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4371	SEQUOIA SUPPORT SERVICES, EDKEY, INC 1648 SOUTH 16TH STREET PHOENIX AZ 85034	Tele: (602)448-0935 Fax: (602)532-7202	08/27/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5968	SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER 2225 NORTH 16TH STREET PHOENIX AZ 85006	Tele: (602)218-8192 Fax: (602)218-8175	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

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License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6044	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - BROADWAY OUTPATIENT CLINIC 4420 SOUTH 32ND STREET PHOENIX AZ 85040	Tele: (602)285-4282 Fax: (602)265-8377	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5966	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - BUCKEYE OUTPATIENT 26428 WEST HIGHWAY 85 BUCKEYE AZ 85326	Tele: (602)285-4282 Fax: (602)265-8377	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6087	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - COMMUNITY RESILIENCE CENTER 5717 NORTH 7TH STREET PHOENIX AZ 85014	Tele: (602)285-4330 Fax: (602)265-8533	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6045	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - ERICKSON OUTPATIENT 2632 EAST THOMAS ROAD, SUITES 100, 101, & 103 PHOENIX AZ 85016	Tele: (602)285-4282 Fax: (602)265-8377	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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County MARICOPA Total = 1087

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6239	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - MESA OUTPATIENT 1255 WEST BASELINE, SUITE 138 MESA AZ 85202	Tele: (602)285-4282 Fax: (602)265-8377	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC5969	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - METRO OUTPATIENT 10220 NORTH 31ST AVENUE, SUITE 101 PHOENIX AZ 85051	Tele: (602)285-4330 Fax: (602)265-8533	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OTC5991	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - SUBSTANCE ABUSE SERVICES 1424 SOUTH 7TH AVENUE, BUILDING C PHOENIX AZ 85007	Tele: (602)285-3600 Fax: (602)265-0514	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
BH-4322	SOUTHWEST CENTER FOR H I V / A I D S 1101 NORTH CENTRAL AVENUE, SUITE 200 PHOENIX AZ 85004	Tele: (602)307-5330 Fax: (602)307-5021	09/06/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6162	SOUTHWEST HUMAN DEVELOPMENT 2850 NORTH 24TH STREET PHOENIX AZ 85008	Tele: (602)200-0434 Fax: (602)200-0445	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6188	SOUTHWEST NETWORK, INC - BELL ROAD CLINIC 9051 WEST KELTON LANE, SUITE 13 PEORIA AZ 85382	Tele: (602)266-8402 Fax: (602)264-0887	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
BH-3986	SOUTHWEST NETWORK, INC - BETHANY VILLAGE CLINIC 4210 WEST BETHANY HOME ROAD PHOENIX AZ 85019	Tele: (602)353-2340 Fax: (602)353-2400	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
BH-3180	SOUTHWEST NETWORK, INC - COUNTRY CLUB CLINIC 2150 SOUTH COUNTRY CLUB DRIVE, SUITE 41 MESA AZ 85210	Tele: (480)497-4040 Fax: (480)497-4041	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
BH-3130	SOUTHWEST NETWORK, INC - GARDEN LAKES CLINIC 4160 & 4170 NORTH 108TH AVENUE PHOENIX AZ 85037	Tele: (623)932-6950 Fax: (623)872-6091	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
BH-3241	SOUTHWEST NETWORK, INC - HIGHLAND CLINIC 4707 NORTH 12TH STREET PHOENIX AZ 85014	Tele: (602)241-4600 Fax: (602)241-4680	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County MARICOPA Total = 1087

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3210	SOUTHWEST NETWORK, INC - OSBORN CLINIC 3640 WEST OSBORN ROAD, SUITE 1 PHOENIX AZ 85019	Tele: (602)269-5300 Fax: (602)269-5380	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6421	SOUTHWEST NETWORK, INC - SAGUARO CLINIC 3227 EAST BELL ROAD, SUITE 170 PHOENIX AZ 85032	Tele: (602)266-8402 Fax: (602)264-0887	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6322	SOUTHWEST NETWORK, INC - SAN TAN CLINIC 1465 WEST CHANDLER BOULEVARD, BUILDING A CHANDLER AZ 85224	Tele: (480)786-8200 Fax: (480)857-3005	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC5942	ST LUKE'S BEHAVIORAL HEALTH CENTER 325 EAST ELLIOT ROAD, SUITE 26-29 CHANDLER AZ 85225	Tele: (602)251-8535 Fax: (602)251-8707	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6067	ST LUKE'S BEHAVIORAL HEALTH CENTER 20823 NORTH 19TH AVENUE, SUITE 6 & 7 PHOENIX AZ 85027	Tele: (602)251-8535 Fax: (602)251-8707	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6602	ST LUKE'S BEHAVIORAL HEALTH CENTER 1800 EAST VAN BUREN PHOENIX AZ 85006	Tele: (602)251-8535 Fax: (602)251-8707	08/01/2013 to 07/31/2014 Capacity : 1E Medcaid_Cert: Certified		
OTC6311	STONEWALL INSTITUTE, L L C 4020 NORTH 20TH STREET, SUITE 302 PHOENIX AZ 85016	Tele: (602)535-6468 Fax: (602)595-8695	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC5803	SUN HEALTH LA LOMA OUTPATIENT REHABILITATION CENTER 14260 DENNY BOULEVARD LITCHFIELD PARK AZ 85340	Tele: (623)537-7400 Fax: (623)537-7400	09/04/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6400	SUN VALLEY SERVICES, INC 2706 EAST MAIN STREET MESA AZ 85213	Tele: (480)644-9339 Fax: (480)644-0141	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3934	SURESTEP PSYCHOLOGY SERVICES 1220 SOUTH ALMA SCHOOL ROAD, SUITE 210 MESA AZ 85210	Tele: (480)246-8998 Fax: (888)503-6197	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
BH-1417	TASC, INC (TREATMENT ASSESSMENT SCREENING CENTER) 423 NORTH COUNTRY CLUB DRIVE, SUITE 19 MESA AZ 85201	Tele: (602)712-0234 Fax: (602)712-0235	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
BH-2886	TASC, INC (TREATMENT ASSESSMENT SCREENING CENTER) 6409 WEST GLENDALE AVENUE, SUITES K-L GLENDALE AZ 85301	Tele: (602)712-0234 Fax: (602)712-0235	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
BH-3225	TASC, INC (TREATMENT ASSESSMENT SCREENING CENTER) 2302 NORTH 7TH STREET, SUITE B PHOENIX AZ 85006	Tele: (602)712-0234 Fax: (602)712-0235	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6347	TERROS 4425 WEST OLIVE AVENUE, #200 & #140 GLENDALE AZ 85302	Tele: (623)937-9203 Fax: (623)930-0358	03/25/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5999	TERROS, INC 6153 WEST OLIVE ROAD GLENDALE AZ 85302	Tele: (602)685-6117 Fax: (602)685-6001	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6027	TERROS, INC 10220 NORTH 31ST AVENUE, SUITE 120 PHOENIX AZ 85051	Tele: (602)685-6117 Fax: (602)685-6001	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6001	TERROS, INC 6344 EAST BROADWAY ROAD, SUITE 118 MESA AZ 85206	Tele: (602)685-6117 Fax: (602)685-6001	09/01/2014 to 08/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6026	TERROS, INC 1455 SOUTH STAPLEY DRIVE, SUITE 13 MESA AZ 85204	Tele: (602)685-6000 Fax: (602)685-6001	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6020	TERROS, INC 3864 NORTH 27TH AVENUE PHOENIX AZ 85017	Tele: (602)685-6117 Fax: (602)685-6001	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4323	THE RESOLUTION GROUP, INC 1616 EAST INDIAN SCHOOL ROAD, SUITE 340, 350, 350A PHOENIX AZ 85016	Tele: (480)962-9288 Fax: (480)962-1293	09/05/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6313	TOUCHSTONE BEHAVIORAL HEALTH 3602 EAST GREENWAY ROAD, SUITE 102 PHOENIX AZ 85032	Tele: (602)953-9070 Fax: (602)953-9077	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6140	TOUCHSTONE BEHAVIORAL HEALTH 2150 SOUTH COUNTRY CLUB DRIVE, SUITE 35 MESA AZ 85210	Tele: (623)930-8705 Fax: (602)732-5480	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6024	TOUCHSTONE BEHAVIORAL HEALTH 15648 NORTH 35TH AVENUE PHOENIX AZ 85053	Tele: (623)930-8705 Fax: (602)732-5480	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6272	TRANSITIONAL LIVING COMMUNITIES, INC 32 SOUTH MACDONALD STREET SUITE A & B MESA AZ 85210	Tele: (480)833-0143 Fax: (480)264-0687	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6507	TREE OF LIFE MINISTRIES, INC 1921 SOUTH ALMA SCHOOL ROAD, SUITE 315 MESA AZ 85210	Tele: (480)755-5553 Fax: (480)456-2964	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3431	U-TURN FOUNDATION - RIGHT OF WAY, THE 2152 SOUTH VINEYARD, BLDG 2, STE 106 MESA AZ 85210	Tele: (480)634-1163 Fax: (480)634-1952	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5940	VALLE DEL SOL 10320 WEST MCDOWELL ROAD, SUITES G-7024, D-4011 AVONDALE AZ 85392	Tele: (602)258-6797 Fax: (602)248-8113	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6049	VALLE DEL SOL 4135 SOUTH POWER ROAD, SUITE 108 MESA AZ 85212	Tele: (602)258-6797 Fax: (602)248-8113	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-456	VALLE DEL SOL 509 SOUTH ROCKFORD DRIVE, SUITES 509 & 511 TEMPE AZ 85281	Tele: (602)258-6797 Fax: (602)248-8113	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6320	VALLE DEL SOL 502 NORTH 27TH AVENUE PHOENIX AZ 85009	Tele: (602)258-6797 Fax: (602)248-8113	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3684	VALLE DEL SOL, INC 4117 NORTH 17TH STREET PHOENIX AZ 85016	Tele: (602)258-6797 Fax: (602)248-8113	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6180	VALLE DEL SOL, INC 8410 WEST THOMAS ROAD, SUITE 116 PHOENIX AZ 85037	Tele: (602)258-6797 Fax: (602)248-8113	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3791	VALLEY HOSPITAL 3550 EAST PINCHOT AVENUE - BUILDING 2 PHOENIX AZ 85018	Tele: (602)952-3900 Fax: (602)952-3921	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3960	WINDOW TO HEALING COUNSELING CENTER 14900 WEST VAN BUREN STREET, BUILDING F GOODYEAR AZ 85338	Tele: (623)882-2509 Fax: (623)935-6228	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6073	YOUTH ADVOCATE PROGRAMS, INC 4494 WEST PEORIA AVENUE, SUITE 103 GLENDALE AZ 85302	Tele: (623)209-1510 Fax: (623)209-1513	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6432	YOUTH AND FAMILIES FIRST 5540 WEST GLENDALE AVENUE, SUITES B104 & B106 GLENDALE AZ 85301	Tele: (623)435-6840 Fax: (623)937-8502	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6573	YOUTH DEVELOPMENT INSTITUTE 1830 EAST ROOSEVELT STREET, BUILDING 2 PHOENIX AZ 85006	Tele: (602)256-5300 Fax: (602)256-5301	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6007	YOUTH EVALUATION & TREATMENT CENTERS 4414 NORTH 19TH AVENUE PHOENIX AZ 85015	Tele: (602)285-5550 Fax: (602)285-5551	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6431	ZAREPHATH, INC 4856 EAST BASELINE ROAD, SUITE 103 MESA AZ 85206	Tele: (480)518-6826 Fax: (480)361-9144	07/30/2013 to 06/30/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : PORTABLE X-RAY SUPPLIERS - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC4942	QUALITY MEDICAL IMAGING OF ARIZONA, INC 8650 NORTH 35TH AVENUE, SUITE #99 PHOENIX AZ 85051	Tele: (702)839-1133 Fax: (702)851-1616	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : RECOVERY CARE CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
RCC3694	ST JOSEPH'S RECOVERY CARE CENTER 240 WEST THOMAS ROAD, SUITE B PHOENIX AZ 85013	Tele: (602)406-3552 Fax: (602)296-0332	12/01/2013 to 11/30/2014 Capacity : 6 Medcaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2680	CAREMERIDIAN-PHOENIX 5301 EAST THOMAS ROAD PHOENIX AZ 85008	Tele: (602)687-1100 Fax: (602)687-1112	06/01/2014 to 05/31/2015 Capacity : 31 Medcaid_Cert: Certified	A	12/31/2014

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Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-334	PROVIDENCE PLACE AT GLENCROFT 8641 NORTH 67TH AVE GLENDALE AZ 85302	Tele: (623)939-9475 Fax: (623)847-3192	11/01/2013 to 10/31/2014 Capacity : 2E Medcaid_Cert: Certified	A	09/30/2013
NCI-2690	RIDGECREST HEALTHCARE 16640 NORTH 38TH STREET PHOENIX AZ 85032	Tele: (602)482-6671 Fax: (602)482-3541	12/01/2013 to 11/30/2014 Capacity : 2E Medcaid_Cert: Certified	A	08/31/2013
NCI-2711	SOLTERRA SUBACUTE SERVICES 1501 EAST ORANGEWOOD AVENUE PHOENIX AZ 85020	Tele: (602)944-1574 Fax: (602)553-7574	09/23/2013 to 08/31/2014 Capacity : 1E Medcaid_Cert: Certified	A	04/30/2013
NCI-050	SUNCREST HEALTHCARE CENTER 2211 EAST SOUTHERN AVENUE PHOENIX AZ 85040	Tele: (602)305-7134 Fax: (602)305-8862	11/01/2013 to 10/31/2014 Capacity : 1E Medcaid_Cert: Certified	D	08/31/2013

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-390	ARCHSTONE CARE CENTER 1980 WEST PECOS ROAD CHANDLER AZ 85224	Tele: (480)821-1268 Fax: (480)782-1073	09/01/2013 to 08/31/2014 Capacity : 1E Medcaid_Cert: Certified	B	03/31/2014

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County MARICOPA Total = 1087

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2656	ARIZONA GRAND SENIOR LIVING COMMUNITY 4602 NORTH 24TH STREET PHOENIX AZ 85016	Tele: (602)954-9178 Fax: (602)553-8344	10/01/2013 to 09/30/2014 Capacity : 36 Medcaid_Cert: Certified	A	02/28/2013
NCI-447	ARIZONA STATE VETERAN HOME-PHX 4141 NORTH S HERRERA WAY PHOENIX AZ 85012	Tele: (602)248-1550 Fax: (602)263-1826	03/01/2014 to 02/28/2015 Capacity : 2E Medcaid_Cert: Certified	A	11/30/2013
NCI-2641	AVALON CARE CENTER - SHADOW MOUNTAIN 11150 NORTH 92ND STREET SCOTTSDALE AZ 85260	Tele: (480)860-1766 Fax: (480)451-1539	10/01/2013 to 09/30/2014 Capacity : 1E Medcaid_Cert: Certified	A	08/31/2013
NCI-2677	BANNER BOSWELL REHABILITATION CENTER 10601 WEST SANTA FE DRIVE SUN CITY AZ 85351	Tele: (623)832-7000 Fax: (623)974-7102	09/01/2014 to 08/31/2015 Capacity : 91 Medcaid_Cert: Certified	A	10/31/2014
NCI-256	BEATITUDES CAMPUS 1712 WEST GLENDALE AVENUE PHOENIX AZ 85021	Tele: (602)995-2611 Fax: (602)995-0704	08/01/2014 to 07/31/2015 Capacity : 72 Medcaid_Cert: Certified	A	12/31/2014

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County MARICOPA Total = 1087

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-345	BELLA VITA HEALTH AND REHABILITATION CENTER 5125 NORTH 58TH AVE GLENDALE AZ 85301	Tele: (623)931-5800 Fax: (623)931-8776	12/01/2013 to 11/30/2014 Capacity : 2E Medcaid_Cert: Certified	A	09/30/2014
NCI-159	CAMELBACK POST ACUTE AND REHABILITATION 4635 NORTH 14TH STREET PHOENIX AZ 85014	Tele: (602)264-9039 Fax: (602)264-1017	03/01/2014 to 02/28/2015 Capacity : 1E Medcaid_Cert: Certified	A	10/31/2014
NCI-2642	CHANDLER HEALTH CARE CENTER 2121 WEST ELGIN STREET CHANDLER AZ 85224	Tele: (480)899-6717 Fax: (480)899-6364	09/01/2014 to 08/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	04/30/2014
NCI-2693	CHRIS RIDGE PREMIER CARE AND REHAB 6246 NORTH 19TH AVENUE PHOENIX AZ 85015	Tele: (602)433-6300 Fax: (602)433-6458	11/01/2013 to 10/31/2014 Capacity : 60 Medcaid_Cert: Certified	A	03/31/2014
NCI-332	CHRISTIAN CARE NURSING CENTER 11812 NORTH 19TH AVE PHOENIX AZ 85029	Tele: (602)861-3241 Fax: (602)443-5401	01/01/2014 to 12/31/2014 Capacity : 68 Medcaid_Cert: Certified	A	01/31/2013

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Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-356	CITADEL CARE CENTER 5121 EAST BROADWAY ROAD MESA AZ 85206	Tele: (480)832-5555 Fax: (480)924-0090	04/01/2014 to 03/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	08/31/2013

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2637	CORONADO HEALTHCARE CENTER 11411 NORTH 19TH AVE PHOENIX AZ 85029	Tele: (602)256-7500 Fax: (602)943-7697	08/01/2014 to 07/31/2015 Capacity : 2E Medcaid_Cert: Certified	A	02/28/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2696	DESERT BLOSSOM HEALTH & REHAB CENTER 60 SOUTH 58TH STREET MESA AZ 85206	Tele: (480)832-3903 Fax: (480)981-0963	01/01/2014 to 12/31/2014 Capacity : 1E Medcaid_Cert: Certified	A	08/31/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-351	DESERT COVE NURSING CENTER 1750 WEST FRYE ROAD CHANDLER AZ 85224	Tele: (480)899-0641 Fax: (480)899-1785	10/01/2013 to 09/30/2014 Capacity : 1E Medcaid_Cert: Certified	A	05/31/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2625	DESERT HAVEN CARE CENTER 2645 EAST THOMAS ROAD PHOENIX AZ 85016	Tele: (602)956-8000 Fax: (602)224-5363	07/01/2014 to 06/30/2015 Capacity : 1E Medcaid_Cert: Certified	A	07/31/2014

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Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-237	DESERT TERRACE HEALTHCARE CENTER 2509 NORTH 24TH STREET PHOENIX AZ 85008	Tele: (602)273-1347 Fax: (602)273-6260	07/01/2014 to 06/30/2015 Capacity : 1E Medcaid_Cert: Certified	A	02/28/2014
NCI-378	ESTRELLA CENTER 350 EAST LA CANADA AVONDALE AZ 85323	Tele: (623)932-2282 Fax: (623)925-8827	09/01/2013 to 08/31/2014 Capacity : 2E Medcaid_Cert: Certified	A	07/31/2014
NCI-339	GOOD SAMARITAN SOCIETY-MESA GOOD SHEPHERD 5848 EAST UNIVERSITY DRIVE MESA AZ 85205	Tele: (480)981-0098 Fax: (480)396-3023	02/01/2014 to 01/31/2015 Capacity : 80 Medcaid_Cert: Certified	A	05/31/2013
NCI-313	GOOD SAMARITAN SOCIETY-PEORIA GOOD SHEPHERD 10323 WEST OLIVE AVENUE PEORIA AZ 85345	Tele: (623)875-0100 Fax: (623)875-0110	05/01/2014 to 04/30/2015 Capacity : 2E Medcaid_Cert: Certified	A	01/31/2015
NCI-2667	GRACE HEALTHCARE OF PHOENIX 4202 NORTH 20TH AVENUE PHOENIX AZ 85015	Tele: (602)264-3824 Fax: (602)279-6234	01/01/2014 to 12/31/2014 Capacity : 1E Medcaid_Cert: Certified	A	01/31/2014

Medicaid Certified Facilities

Tuesday, July 01, 2014

County MARICOPA Total = 1087

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2617	HACIENDA NURSING FACILITY 1402 EAST SOUTH MOUNTAIN AVENUE PHOENIX AZ 85040	Tele: (602)243-4231 Fax: (602)243-1217	06/01/2014 to 05/31/2015 Capacity : 74 Medcaid_Cert: Certified	A	03/31/2014
NCI-2714	HORIZON POST ACUTE AND REHABILITATION CENTER 4704 WEST DIANA AVENUE GLENDALE AZ 85302	Tele: (623)247-3949 Fax: (623)930-1104	03/01/2014 to 02/28/2015 Capacity : 2E Medcaid_Cert: Certified	A	09/30/2013
NCI-066	IMMANUEL CAMPUS OF CARE 11301 NORTH 99TH AVENUE PEORIA AZ 85345	Tele: (623)977-8373 Fax: (623)876-6337	05/01/2014 to 04/30/2015 Capacity : 2E Medcaid_Cert: Certified	A	01/31/2014
NCI-2672	LA ESTANCIA NURSING AND REHABILITATION CENTER 15810 SOUTH 42ND STREET PHOENIX AZ 85048	Tele: (480)759-0358 Fax: (480)759-7666	03/01/2014 to 02/28/2015 Capacity : 2E Medcaid_Cert: Certified	A	12/31/2013
NCI-1251	LIFE CARE CENTER AT SOUTH MTN. 8008 S. JESSE OWENS PARKWAY PHOENIX AZ 85040	Tele: (602)243-2780 Fax: (602)243-7079	12/01/2013 to 11/30/2014 Capacity : 1E Medcaid_Cert: Certified	A	07/31/2014

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County MARICOPA Total = 1087

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-381	LIFE CARE CENTER OF NORTH GLENDALE 13620 NORTH 55TH AVENUE GLENDALE AZ 85304	Tele: (602)843-8433 Fax: (602)588-1056	05/01/2014 to 04/30/2015 Capacity : 2E Medcaid_Cert: Certified	A	10/31/2014
NCI-400	LIFE CARE CENTER OF PARADISE VALLEY 4065 EAST BELL ROAD PHOENIX AZ 85032	Tele: (602)867-0212 Fax: (602)867-0321	02/01/2014 to 01/31/2015 Capacity : 2E Medcaid_Cert: Certified	A	12/31/2014
NCI-382	LIFESTREAM AT COOK HEALTH CARE 11527 WEST PEORIA AVE YOUNGTOWN AZ 85363	Tele: (623)933-4683 Fax: (623)974-6652	11/01/2013 to 10/31/2014 Capacity : 1E Medcaid_Cert: Certified	A	06/30/2014
NCI-406	LIFESTREAM AT SUN RIDGE 12215 WEST BELL ROAD SURPRISE AZ 85374	Tele: (623)583-5482 Fax: (623)583-1465	11/01/2013 to 10/31/2014 Capacity : 58 Medcaid_Cert: Certified	A	07/31/2014
NCI-2659	MARAVILLA CARE CENTER 8825 SOUTH 7TH STREET PHOENIX AZ 85042	Tele: (602)243-6121 Fax: (602)268-3349	07/01/2014 to 06/30/2015 Capacity : 2E Medcaid_Cert: Certified	A	04/30/2015

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2670	MARYLAND GARDENS CARE CENTER 31 WEST MARYLAND AVENUE PHOENIX AZ 85013	Tele: (602)265-7484 Fax: (602)285-1320	12/01/2013 to 11/30/2014 Capacity : 60 Medcaid_Cert: Certified	A	10/31/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2675	MESA CHRISTIAN HEALTH AND REHABILITATION CENTER 255 WEST BROWN ROAD MESA AZ 85201	Tele: (480)833-3988 Fax: (480)962-1996	05/01/2014 to 04/30/2015 Capacity : 2E Medcaid_Cert: Certified	A	04/30/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-372	MI CASA NURSING CENTER 330 SOUTH PINNULE CIRCLE MESA AZ 85206	Tele: (480)981-0687 Fax: (480)396-5011	03/01/2014 to 02/28/2015 Capacity : 2E Medcaid_Cert: Certified	A	11/30/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2674	MISSION PALMS OF MESA HEALTH AND REHABILITATION CENTER 6458 EAST BROADWAY ROAD MESA AZ 85206	Tele: (480)832-5160 Fax: (480)854-7046	05/01/2014 to 04/30/2015 Capacity : 1E Medcaid_Cert: Certified	A	03/31/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2638	MONTECITO POST ACUTE CARE AND REHABILITATION 51 SOUTH 48TH STREET MESA AZ 85206	Tele: (480)832-8333 Fax: (480)830-2466	03/01/2014 to 02/28/2015 Capacity : 2E Medcaid_Cert: Certified	A	01/31/2014

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County MARICOPA Total = 1087

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2647	NORTH MOUNTAIN MEDICAL AND REHABILITATION CENTER 9155 NORTH THIRD STREET PHOENIX AZ 85020	Tele: (602)944-1666 Fax: (602)944-8549	03/01/2014 to 02/28/2015 Capacity : 2E Medcaid_Cert: Certified	A	01/31/2015
NCI-2636	OSBORN HEALTH AND REHABILITATION 3333 NORTH CIVIC CENTER PLAZA SCOTTSDALE AZ 85251	Tele: (480)994-1333 Fax: (480)990-3895	06/01/2014 to 05/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	02/28/2014
NCI-2684	PALM VALLEY REHABILITATION & CARE CENTER 13575 WEST MCDOWELL ROAD GOODYEAR AZ 85338	Tele: (623)536-9911 Fax: (623)536-9502	12/01/2013 to 11/30/2014 Capacity : 2E Medcaid_Cert: Certified	A	03/31/2014
NCI-430	PARK REGENCY CARE CENTER 2555 NORTH PRICE ROAD CHANDLER AZ 85224	Tele: (480)345-8500 Fax: (480)730-5264	04/01/2014 to 03/31/2015 Capacity : 66 Medcaid_Cert: Certified	A	09/30/2014
NCI-2673	PHOENIX MOUNTAIN NURSING CENTER 13232 NORTH TATUM BLVD PHOENIX AZ 85032	Tele: (602)996-5200 Fax: (602)996-6160	05/01/2014 to 04/30/2015 Capacity : 1E Medcaid_Cert: Certified	A	12/31/2014

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County MARICOPA Total = 1087

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2631	PLAZA DEL RIO CARE CENTER 13215 NORTH 94TH DRIVE PEORIA AZ 85381	Tele: (623)933-7722 Fax: (623)933-9796	11/01/2013 to 10/31/2014 Capacity : 1E Medcaid_Cert: Certified	A	05/31/2013
NCI-2661	PLAZA HEALTHCARE 1475 NORTH GRANITE REEF ROAD SCOTTSDALE AZ 85257	Tele: (480)990-1904 Fax: (480)946-6286	11/01/2013 to 10/31/2014 Capacity : 2E Medcaid_Cert: Certified	A	11/30/2013
NCI-2705	RESTORA HOSPITAL OF MESA 215 SOUTH POWER ROAD MESA AZ 85206	Tele: (480)985-6992 Fax: (480)981-8390	06/01/2014 to 05/31/2015 Capacity : 40 Medcaid_Cert: Certified	A	04/30/2014
NCI-2706	RESTORA HOSPITAL OF SUN CITY 13818 NORTH THUNDERBIRD BOULEVARD SUN CITY AZ 85351	Tele: (623)977-1325 Fax: (623)974-3984	06/01/2014 to 05/31/2015 Capacity : 60 Medcaid_Cert: Certified	A	06/30/2014
NCI-276	SCOTTSDALE NURSING & REHABILITATION CENTER 3293 NORTH DRINKWATER BOULEVARD SCOTTSDALE AZ 85251	Tele: (480)947-7443 Fax: (480)429-9195	08/01/2014 to 07/31/2015 Capacity : 90 Medcaid_Cert: Certified	A	02/28/2014

Medicaid Certified Facilities

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County MARICOPA Total = 1087

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-068	SCOTTSDALE VILLAGE SQUARE 2620 NORTH 68TH STREET SCOTTSDALE AZ 85257	Tele: (480)946-6571 Fax: (480)946-5942	03/01/2014 to 02/28/2015 Capacity : 1E Medcaid_Cert: Certified	A	12/31/2014
NCI-2678	SPRINGDALE VILLAGE HEALTH CARE 7255 EAST BROADWAY ROAD MESA AZ 85208	Tele: (480)981-8844 Fax: (480)981-6998	01/01/2014 to 12/31/2014 Capacity : 1E Medcaid_Cert: Certified	A	07/31/2014
NCI-2676	SUN CITY HEALTH AND REHABILITATION CENTER 9940 WEST UNION HILLS DRIVE SUN CITY AZ 85373	Tele: (623)933-0022 Fax: (623)933-0532	05/01/2014 to 04/30/2015 Capacity : 1E Medcaid_Cert: Certified	A	04/30/2014
NCI-359	SUN GROVE VILLAGE CARE CENTER 20625 NORTH LAKE PLEASANT ROAD PEORIA AZ 85382	Tele: (623)566-0642 Fax: (623)476-3664	10/01/2014 to 09/30/2015 Capacity : 1E Medcaid_Cert: Certified	A	06/30/2014
NCI-2648	SUN WEST CHOICE HEALTHCARE & REHAB 14002 WEST MEEKER BLVD SUN CITY WEST AZ 85375	Tele: (623)584-6161 Fax: (623)546-6487	09/01/2013 to 08/31/2014 Capacity : 1E Medcaid_Cert: Certified	A	04/30/2013

Medicaid Certified Facilities

Tuesday, July 01, 2014

County MARICOPA Total = 1087

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2689	SUNVIEW HEALTH & REHABILITATION CENTER 12207 NORTH 113TH AVENUE YOUNGTOWN AZ 85363	Tele: (623)977-6532 Fax: (623)977-6541	12/01/2013 to 11/30/2014 Capacity : 1E Medcaid_Cert: Certified	A	11/30/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2679	SYMPHONY OF MESA 3130 EAST BROADWAY ROAD MESA AZ 85204	Tele: (480)924-7777 Fax: (480)924-5712	01/01/2014 to 12/31/2014 Capacity : 2E Medcaid_Cert: Certified	A	08/31/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-327	WESTCHESTER CARE CENTER 6100 SOUTH RURAL ROAD TEMPE AZ 85283	Tele: (480)831-8660 Fax: (480)838-2243	02/01/2014 to 01/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	06/30/2013

County MOHAVE Total = 40

Sub-Type : ADULT FOSTER CARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL1697F	EVERLASTING GUEST HOME 2275 POTTER AVENUE KINGMAN AZ 86401	Tele: (928)757-8451 Fax: ( ) -	04/01/2014 to 03/31/2015 Capacity : 4 Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

Medicaid Certified Facilities

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County MOHAVE Total = 40

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL9024C	LAKE VIEW TERRACE MEMORY CARE RESIDENCE 320 NORTH LAKE HAVASU AVENUE LAKE HAVASU AZ 86403	Tele: (928)855-8099 Fax: (928)855-6666	04/03/2014 to 03/31/2015 Capacity : 72 Medcaid_Cert: Certified		
AL8825C	SUNHAVEN ASSISTED LIVING SOUTH 2731 SOUTH JAMAICA BOULEVARD LAKE HAVASU CITY AZ 86406	Tele: (928)855-5558 Fax: (928)855-2339	09/01/2014 to 08/31/2015 Capacity : 16 Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL3027H	CASA GRANDE ASSISTED LIVING HOME 3801 BUENA VISTA LAKE HAVASU CITY AZ 86406	Tele: (928)854-8787 Fax: (928)453-8487	11/01/2013 to 10/31/2014 Capacity : 10 Medcaid_Cert: Certified		

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1940	MOHAVE MENTAL HEALTH CLINIC, INC 1741 SYCAMORE AVENUE KINGMAN AZ 86409	Tele: (928)757-8111 Fax: (928)757-3256	09/01/2014 to 08/31/2015 Capacity : 14 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

Medicaid Certified Facilities

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County MOHAVE Total = 40

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2292	MOHAVE MENTAL HEALTH CLINIC, INC - HOLMES HOUSE I I 1091 CALUMET AVENUE KINGMAN AZ 86409	Tele: (928)757-5711 Fax: (928)757-3256	05/01/2014 to 04/30/2015 Capacity : 8 Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA5050	APISMELLIS HOMECARE, LLC 500 NORTH LAKE HAVASU AVENUE, SUITE D102 LAKE HAVASU CITY AZ 86404	Tele: (928)505-6473 Fax: (314)433-4517	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
HHA4952	DESERT TRAILS HOME HEALTH 2771 SILVER CREEK ROAD, SUITE 107 BULLHEAD CITY AZ 86442	Tele: (928)444-1010 Fax: (928)444-1011	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
HHA0063	HAVASU REGIONAL MEDICAL CENTER HOME HEALTH 1851 MESQUITE BOULEVARD, SUITE 206 LAKE HAVASU CITY AZ 86403	Tele: (928)680-1209 Fax: (928)680-7914	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County MOHAVE Total = 40

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA0059	KINGMAN HOSPITAL INC 2202 STOCKTON HILL ROAD, SUITE 200 KINGMAN AZ 86409	Tele: (928)692-4630 Fax: (928)692-2733	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
HHA3820	MOHAVE HOME HEALTH 2755 SILVER CREEK ROAD, SUITE 127 BULLHEAD CITY AZ 86442	Tele: (928)763-6979 Fax: (928)704-8815	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
HHA5328	VALLEY VIEW HOME HEALTH 1520 HAMMER LANE, SUITE 102 FORT MOHAVE AZ 86426	Tele: (928)788-4140 Fax: (928)788-4148	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H3864	VALLEY VIEW MEDICAL CENTER 5330 SOUTH HIGHWAY 95 FORT MOHAVE AZ 86426	Tele: (928)788-2273 Fax: (928)788-7828	07/01/2013 to 06/30/2016 Capacity : 90 Medcaid_Cert: Certified		

Sub-Type : LEVEL 2 RESIDENTIAL

Medicaid Certified Facilities

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County MOHAVE Total = 40

Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3903	SEQUELCARE OF ARIZONA 3240 HAULAPAI MOUNTAIN ROAD KINGMAN AZ 86401	Tele: (928)753-2665 Fax: (928)753-1556	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		

Sub-Type : LEVEL 3 BEHAVIORAL HEALTH RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-647	MOHAVE MENTAL HEALTH CLINIC, INC- HOLMES HOUSE I 1080 SHELDON AVENUE KINGMAN AZ 86409	Tele: (928)692-7701 Fax: (928)757-3256	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6304	A B C THERAPY, L L C 1748 HIGHWAY 95, SUITE 14 BULLHEAD CITY AZ 86442	Tele: (928)763-0250 Fax: (928)763-0271	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6448	ABC THERAPY, LLC 2401 STOCKTON HILL ROAD, SUITE 4 KINGMAN AZ 86401	Tele: (928)753-0409 Fax: (928)763-0271	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6055	ARIZONA'S CHILDREN ASSOCIATION 228 LONDON BRIDGE ROAD, SUITE 202 LAKE HAVASU CITY AZ 86403	Tele: (928)680-4458 Fax: (520)622-7027	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6048	ENCOMPASS HEALTH SERVICES, INC 4103 EAST FLEET, SUITE 100 LITTLEFIELD AZ 86432	Tele: (928)347-4566 Fax: (928)347-5174	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5896	MOHAVE MENTAL HEALTH CLINIC, INC 3505-A WESTERN AVENUE KINGMAN AZ 86409	Tele: (928)757-8111 Fax: (928)757-3256	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6117	MOHAVE MENTAL HEALTH CLINIC, INC 1145 MARINA BOULEVARD BULLHEAD CITY AZ 86442	Tele: (928)758-5905 Fax: (928)757-3256	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MOHAVE Total = 40

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5950	MOHAVE MENTAL HEALTH CLINIC, INC 2002 STOCKTON HILL ROAD, SUITE 104 KINGMAN AZ 86401	Tele: (928)757-8111 Fax: (928)757-3256	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5983	MOHAVE MENTAL HEALTH CLINIC, INC 2580 HIGHWAY 95, SUITES 208, 209 & 210 BULLHEAD CITY AZ 86442	Tele: (928)758-5905 Fax: (928)757-3256	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5982	MOHAVE MENTAL HEALTH CLINIC, INC 1115 STOCKTON HILL ROAD, SUITES 103, 104, & 105 KINGMAN AZ 86401	Tele: (928)757-8111 Fax: (928)757-3256	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5973	MOHAVE MENTAL HEALTH CLINIC, INC 2187 SWANSON AVENUE LAKE HAVASU CITY AZ 86403	Tele: (928)855-3432 Fax: (928)757-3256	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County MOHAVE Total = 40

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5971	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC 2580 HIGHWAY 95, SUITES 119-125 BULLHEAD CITY AZ 86442	Tele: (602)285-4330 Fax: (602)265-8533	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6052	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - BULLHEAD CITY ORS 809 HANCOCK RD, STE 1 & 2/817 HANCOCK RD, STE 2 BULLHEAD CITY AZ 86442	Tele: (928)763-7111 Fax: (928)763-7172	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC5967	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - KINGMAN OUTPATIENT 2215 HUALAPAI MOUNTAIN ROAD, SUITES E, H & I KINGMAN AZ 86401	Tele: (602)285-4248 Fax: (602)265-8377	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6043	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - LAKE HAVASU CITY OUTPATIENT 1845 MCCULLOCH BOULEVARD, SUITE B-1 LAKE HAVASU CITY AZ 86403	Tele: (602)285-4282 Fax: (602)265-8377	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5949	TASC, INC (TREATMENT ASSESSMENT SCREENING CENTER) 2364 KINGMAN AVENUE KINGMAN AZ 86401	Tele: (928)753-9678 Fax: (928)753-5764	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6436	WESTCARE ARIZONA I, INC / KINGMAN 220 FIRST STREET NORTH KINGMAN AZ 86401	Tele: (928)718-5604 Fax: (928)718-5604	09/27/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6434	WESTCARE ARIZONA I, INC / LAKE HAVASU CITY 2152 NORTH MCCULLOCH BOULEVARD, SUITE A LAKE HAVASU AZ 86403	Tele: (928)854-1540 Fax: (928)854-1540	09/27/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-306	DESERT HIGHLANDS CARE CENTER 1081 KATHLEEN AVE KINGMAN AZ 86401	Tele: (928)753-5580 Fax: (928)753-3880	11/01/2013 to 10/31/2014 Capacity : 1E Medcaid_Cert: Certified	B	10/31/2013

Medicaid Certified Facilities

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County MOHAVE Total = 40

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-1979	GARDENS CARE CENTER 3131 WESTERN AVENUE KINGMAN AZ 86401	Tele: (928)718-0718 Fax: (928)718-1177	05/01/2014 to 04/30/2015 Capacity : 1E Medcaid_Cert: Certified	A	04/30/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-355	HAVASU NURSING CENTER 3576 KEARSAGE DRIVE LAKE HAVASU CITY AZ 86406	Tele: (928)453-1500 Fax: (928)453-6675	02/01/2014 to 01/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	02/28/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2716	HAVASU REGIONAL MEDICAL CENTER, LLC 1811 EAST MESQUITE AVE LAKE HAVASU CITY AZ 86403	Tele: (928)505-5793 Fax: (928)505-5799	05/01/2014 to 04/30/2015 Capacity : 19 Medcaid_Cert: Certified	NONE	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-1209	LAKE HILLS INN 2781 OSBORN DRIVE LAKE HAVASU CITY AZ 86406	Tele: (928)505-5552 Fax: (928)505-2660	04/01/2014 to 03/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	09/30/2013

Medicaid Certified Facilities

Tuesday, July 01, 2014

County MOHAVE Total = 40

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2664	THE LEGACY REHAB & CARE CENTER 2812 SILVER CREEK ROAD BULLHEAD CITY AZ 86442	Tele: (928)763-1404 Fax: (928)763-9795	09/01/2014 to 08/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	06/30/2014
NCI-2635	THE LINGENFELTER CENTER 1099 SUNRISE AVENUE KINGMAN AZ 86401	Tele: (928)718-4852 Fax: (928)718-1729	10/01/2014 to 09/30/2015 Capacity : 88 Medcaid_Cert: Certified	A	05/31/2014
NCI-2660	THE RIVER GARDENS REHAB AND CARE CENTER 2150 SILVER CREEK ROAD BULLHEAD CITY AZ 86442	Tele: (928)763-8700 Fax: (928)763-9795	02/01/2014 to 01/31/2015 Capacity : 90 Medcaid_Cert: Certified	B	02/28/2015

County NAVAJO Total = 21

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL1054C	CARRIAGE HOUSE ON WEST GARDEN LANE 395 WEST GARDEN LANE SNOWFLAKE AZ 85937	Tele: (928)536-7935 Fax: (928)536-5444	11/01/2013 to 10/31/2014 Capacity : 32 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

Medicaid Certified Facilities

Tuesday, July 01, 2014

County NAVAJO Total = 21

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3657	SAN TAN BEHAVIORAL HEALTH SERVICES, L L C 1277 HUMMINGBIRD LAKESIDE AZ 85929	Tele: (480)507-3644 Fax: (480)632-0026	11/01/2013 to 10/31/2014 Capacity : 8 Medcaid_Cert: Certified		

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5677	NORTH COUNTRY HEALTHCARE SHOW LOW 2500 SHOW LOW LAKE ROAD, BUILDING B SHOW LOW AZ 85901	Tele: (928)213-6300 Fax: (928)774-6687	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA0032	SUMMIT HEALTHCARE HOME HEALTH 2200 SHOW LOW LAKE ROAD SHOW LOW AZ 85901	Tele: (928)537-6900 Fax: (928)537-1336	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5741	ACCORD HOSPICE OF THE WHITE MOUNTAINS 5658 HWY 260, SUITE 9 LAKESIDE AZ 85929	Tele: (928)271-8013 Fax: ( ) -	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - CRITICAL ACCESS

Medicaid Certified Facilities

Tuesday, July 01, 2014

County NAVAJO Total = 21

Sub-Type : HOSPITAL - CRITICAL ACCESS

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
FED ONLY	DHHS IHS PHOENIX AREA HIGHWAY 264, MILEPOST 388 POLACCA AZ 86042	Tele: (928)737-6000 Fax: ( ) -	to Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
RGH0076	LITTLE COLORADO MEDICAL CENTER 1501 NORTH WILLIAMSON AVENUE WINSLOW AZ 86047	Tele: (928)289-4691 Fax: (928)289-3855	01/01/2014 to 12/31/2014 Capacity : 25 Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0132	SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER 2200 SHOW LOW LAKE ROAD SHOW LOW AZ 85901	Tele: (928)537-4375 Fax: (928)537-8839	09/01/2014 to 08/31/2015 Capacity : 89 Medcaid_Cert: Certified		

Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SABH6350	COMMUNITY BRIDGES, INC - HOLBROOK S R U 993 HERMOSA DRIVE HOLBROOK AZ 86025	Tele: (480)831-7566 Fax: (480)831-7563	03/01/2014 to 02/28/2015 Capacity : 16 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County NAVAJO Total = 21

Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SABH6349	WINSLOW STABILIZATION & RECOVERY UNIT 105 NORTH COTTONWOOD WINSLOW AZ 86047	Tele: (480)831-7566 Fax: (480)831-7563	03/01/2014 to 02/28/2015 Capacity : 16 Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3829	COMMUNITY BRIDGES, INC - WINSLOW OUTPATIENT SERVICES CENTER 110 EAST 2ND STREET WINSLOW AZ 86047	Tele: (480)831-7566 Fax: (480)831-7563	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6041	COMMUNITY COUNSELING CENTERS, INC - HOLBROOK 105 NORTH FIFTH AVENUE HOLBROOK AZ 86025	Tele: (928)524-6126 Fax: (928)524-6090	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6054	COMMUNITY COUNSELING CENTERS, INC - SHOW LOW 2500 SHOW LOW LAKE ROAD, BUILDINGS A & B SHOW LOW AZ 85901	Tele: (928)537-2951 Fax: (928)537-4841	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County NAVAJO Total = 21

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6042	COMMUNITY COUNSELING CENTERS, INC - WINSLOW 1015 EAST SECOND STREET WINSLOW AZ 86047	Tele: (928)289-4658 Fax: (928)289-3375	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6040	COMMUNITY COUNSELING CENTERS, INC / SNOWFLAKE 423 SOUTH MAIN STREET SNOWFLAKE AZ 85937	Tele: (928)536-6869 Fax: (928)536-4788	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6190	GABRIEL OUTREACH INC DBA WHITE MOUNTAIN COUNSELING 1141 EAST COOLEY, SUITE O SHOW LOW AZ 85901	Tele: (928)532-3238 Fax: (928)532-3292	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC5954	WINSLOW GUIDANCE ASSOCIATES, INC 1301 WEST SECOND STREET WINSLOW AZ 86047	Tele: (928)289-2650 Fax: (928)289-0477	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : RURAL HEALTH CLINICS - MEDICARE

Medicaid Certified Facilities

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County NAVAJO Total = 21

Sub-Type : RURAL HEALTH CLINICS - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC4341	SUMMIT HEALTHCARE HEBER-OVERGAARD COMMUNITY CLINIC 2931 SOUTH HIGHWAY 260 OVERGAARD AZ 85933	Tele: (928)535-3616 Fax: (928)535-3615	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2704	HAVEN OF SHOW LOW, LLC 2401 EAST HUNT STREET SHOW LOW AZ 85901	Tele: (928)537-5333 Fax: (928)537-1762	02/01/2014 to 01/31/2015 Capacity : 71 Medcaid_Cert: Certified	A	11/30/2014
NCI-2691	SIERRA BLANCA REHABILITATION 3401 NORTH LOCKWOOD DRIVE LAKESIDE AZ 85929	Tele: (928)368-2060 Fax: (928)368-2061	09/01/2013 to 08/31/2014 Capacity : 1E Medcaid_Cert: Certified	A	03/31/2014
NCI-2284	WINSLOW CAMPUS OF CARE 826 WEST DESMOND STREET WINSLOW AZ 86047	Tele: (928)289-4678 Fax: (928)289-2893	08/01/2014 to 07/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	06/30/2013

County PIMA Total = 225

Sub-Type : ADULT FOSTER CARE

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : ADULT FOSTER CARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL7939F	EDNNA LEYVA AFC SPONSOR 410 EAST 34TH STREET TUCSON AZ 85713	Tele: (520)903-1455 Fax: (520)882-2858	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		

Sub-Type : ADULT THERAPEUTIC FOSTER HOME

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2358	AMALIA URIAS 7343 NORTH PILGRIM PLACE TUCSON AZ 85741	Tele: (520)638-5080 Fax: ( ) -	12/01/2013 to 11/30/2014 Capacity : 3 Medcaid_Cert: Certified		
BH-2347	CASA ESPERANZA 10285 EAST SKY CASTLE WAY TUCSON AZ 85730	Tele: (520)296-3499 Fax: (520)733-3735	12/01/2013 to 11/30/2014 Capacity : 3 Medcaid_Cert: Certified		
BH-3327	JUANITA HAMMONS - VICTORIA HOUSE 8125 EAST VICTORIA DRIVE TUCSON AZ 85730	Tele: (520)790-5258 Fax: ( ) -	06/01/2014 to 05/31/2015 Capacity : 2 Medcaid_Cert: Certified		
BH-3831	KOMAKO HOUSE 3560 WEST FENTON WAY TUCSON AZ 85746	Tele: (520)272-7911 Fax: ( ) -	01/01/2014 to 12/31/2014 Capacity : 3 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : ADULT THERAPEUTIC FOSTER HOME

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4445	SHANTI HOUSE 7420 EAST LAKESIDE DRIVE TUCSON AZ 85730	Tele: (520)551-7305 Fax: (520)867-6060	02/11/2014 to 02/28/2015 Capacity : 3 Medcaid_Cert: Certified		

Sub-Type : ADULTH BH THERAPEUTIC HOME

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3938	BRENETTA'S HOUSE 1318 SOUTH COATI DRIVE TUCSON AZ 85713	Tele: (520)623-1022 Fax: ( ) -	09/01/2014 to 08/31/2015 Capacity : 3 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3916	ESTHER'S HOUSE 2752 WEST CALLE ARANDAS TUCSON AZ 85745	Tele: (520)327-0317 Fax: ( ) -	08/01/2014 to 07/31/2015 Capacity : 3 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3784	IBRAHIM & MUNIRA KRESO 121 EAST FOUR HORSES PLACE TUCSON AZ 85704	Tele: (520)742-5913 Fax: (520)742-5913	02/01/2014 to 01/31/2015 Capacity : 2 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2086	KAYE HASPEL-HUNT 8770 WEST BOPP ROAD TUCSON AZ 85735	Tele: (520)578-8629 Fax: ( ) -	10/01/2013 to 09/30/2014 Capacity : 3 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : ADULTH BH THERAPEUTIC HOME

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3896	THE PNEUMA HOUSE 6781 SOUTH AQUILINE DRIVE TUCSON AZ 85756	Tele: (520)551-0643 Fax: (520)445-6983	08/01/2013 to 07/31/2014 Capacity : 2 Medcaid_Cert: Certified		

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6476	AZ PAIN CENTERS OF TUCSON 1925 W ORANGE GROVE RD SUITE 111 TUCSON AZ 85741	Tele: (623)486-1510 Fax: (623)486-1529	04/03/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OSC4905	MESQUITE SURGERY CENTER, LLC 7445 EAST TANQUE VERDE ROAD TUCSON AZ 85715	Tele: (520)722-0929 Fax: (520)722-0930	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL5044H	CROSSROADS ADULT CARE HOMES 5825 NORTH ESCONDIDO LANE TUCSON AZ 85704	Tele: (520)297-4434 Fax: (520)797-6596	11/01/2013 to 10/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL8340H	DESERT SERENITY, LLC 132 EAST AJO WAY TUCSON AZ 85713	Tele: (520)294-5000 Fax: (520)294-5000	03/01/2014 to 02/28/2015 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC/SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH/H-3958	JOAN E MCNAMARA CENTER 2950 NORTH DODGE BOULEVARD TUCSON AZ 85716	Tele: (520)882-5608 Fax: (520)882-5676	11/01/2013 to 10/31/2014 Capacity : 62 Medcaid_Cert: Certified		

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6554	COMPASS BEHAVIORAL HEALTH CARE 2499 EAST AJO WAY, ROOMS 1-9 TUCSON AZ 85713	Tele: (520)882-5608 Fax: (520)882-5676	06/01/2014 to 05/31/2015 Capacity : 12 Medcaid_Cert: Certified		
IFBH6346	CONNECTIONS SOUTHERNAZ, LLC 2802 EAST DISTRICT STREET, 2ND FLOOR TUCSON AZ 85714	Tele: (602)253-5100 Fax: (602)266-0139	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
BH3748	MIRASOL, INC 10490 EAST ESCALANTE TUCSON AZ 85730	Tele: (520)549-3200 Fax: (520)546-3205	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6469	PSYCHIATRIC HEALTH FACILITY 1601 EAST APACHE PARK PLACE TUCSON AZ 85714	Tele: (520)746-0260 Fax: (520)295-0834	05/01/2014 to 04/30/2015 Capacity : 16 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3966	AZI HOUSE, L L C 6914 SOUTH BITTERCRESS ROAD TUCSON AZ 85756	Tele: (520)398-5907 Fax: (520)396-4658	10/01/2013 to 09/30/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-3100	CHALET HOUSE NORTH 6633 NORTH AMAHL TUCSON AZ 85704	Tele: (520)395-1796 Fax: (520)762-7575	05/01/2014 to 04/30/2015 Capacity : 10 Medcaid_Cert: Certified		
BH-939	CODAC BEHAVIORAL HEALTH SERVICES, INC - LAS AMIGAS 502 NORTH SILVERBELL TUCSON AZ 85745	Tele: (520)327-4505 Fax: (520)622-2525	06/01/2014 to 05/31/2015 Capacity : 21 Medcaid_Cert: Certified		
BH-1031	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / GRANDE 5548 NORTH GRANDE AVENUE TUCSON AZ 85704	Tele: (520)884-7954 Fax: (520)884-0383	01/01/2014 to 12/31/2014 Capacity : 6 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3946	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC/ PACIFICA 2002 WEST CALLE PACIFICA TUCSON AZ 85745	Tele: (520)884-7954 Fax: (520)884-0383	10/01/2013 to 09/30/2014 Capacity : 4 Medcaid_Cert: Certified		
BH-1006	COPE COMMUNITY SERVICES, INC. 1331 WEST GIACONDA WAY TUCSON AZ 85705	Tele: (520)575-0525 Fax: (520)544-3761	10/01/2013 to 09/30/2014 Capacity : 7 Medcaid_Cert: Certified		
BH-2023	EPIDAURUS DBA AMITY FOUNDATION 10500 EAST TANQUE VERDE ROAD TUCSON AZ 85749	Tele: (520)749-5980 Fax: (520)749-4852	11/01/2013 to 10/31/2014 Capacity : 1E Medcaid_Cert: Certified		
BH-1012	INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT 3626 EAST LEE STREET, BUILDING 1 TUCSON AZ 85716	Tele: (520)721-1887 Fax: (520)721-0069	12/01/2013 to 11/30/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-1520	LA FRONTERA CENTER, INC / CASA ALEGRE 1441 SOUTH NO LE HACE TUCSON AZ 85713	Tele: (520)622-5805 Fax: (520)622-5981	01/01/2014 to 12/31/2014 Capacity : 6 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-015	LA FRONTERA CENTER, INC / CASA DE VIDA 1900 WEST SPEEDWAY BOULEVARD TUCSON AZ 85745	Tele: (520)792-0591 Fax: (520)882-5817	05/01/2014 to 04/30/2015 Capacity : 53 Medcaid_Cert: Certified		
BH-2642	LA FRONTERA CENTER, INC / MOUNTAIN ROSE RANCH 10841 NORTH THORNYDALE ROAD TUCSON AZ 85742	Tele: (520)572-9320 Fax: (520)572-8978	02/01/2014 to 01/31/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-2168	LA FRONTERA CENTER, INC / THORNYDALE RANCH 10845 NORTH THORNYDALE ROAD TUCSON AZ 85742	Tele: (520)579-8786 Fax: (520)579-8794	12/01/2013 to 11/30/2014 Capacity : 6 Medcaid_Cert: Certified		
BH-3425	MWANGAZA RESIDENTIAL CARE, L L C 2234 EAST CALLE SIERRA DEL MANANTIAL TUCSON AZ 85706	Tele: (520)207-9283 Fax: (520)305-4377	09/01/2014 to 08/31/2015 Capacity : 4 Medcaid_Cert: Certified		
BH-3996	MWANGAZA RESIDENTIAL CARE, L L C 4449 EAST ELMWOOD STREET TUCSON AZ 85711	Tele: (520)777-8768 Fax: (520)305-4377	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4178	NEEMA, LLC 6607 EAST HAWK DRIVE TUCSON AZ 85730	Tele: (520)248-1919 Fax: (520)745-5361	05/01/2014 to 04/30/2015 Capacity : 3 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2151	NEW HORIZONS BEHAVIORAL HEALTH SERVICES, INC. 6871 EAST NELSON DRIVE TUCSON AZ 85730	Tele: (520)747-9443 Fax: (520)745-2925	09/01/2013 to 08/31/2014 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-053	THE HAVEN 1107 EAST ADELAIDE DRIVE TUCSON AZ 85719	Tele: (520)623-4590 Fax: (520)623-6015	02/01/2014 to 01/31/2015 Capacity : 44 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4044	THE OASIS HOME I I, L L C 845 WEST CALLE BARBITAS SAHUARITA AZ 85629	Tele: (520)777-5215 Fax: (520)777-6391	06/01/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4484	THE VILLAS 6849 SOUTH TACKWEED WAY TUCSON AZ 85756	Tele: (520)256-7835 Fax: (520)574-4237	06/16/2014 to 05/31/2015 Capacity : 10 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4395	ANIMALS FACILITATING ADOLESCENTS AND CHILDREN THERAPEUTICALLY, INC (A F A C T)	Tele: (520)400-9444	01/27/2014 to 12/31/2014		
	39213 SOUTH WILD HARDT WAY, SUITE A	Fax: ( ) -	Capacity : 7		
	MARANA AZ 85658		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1941	CASA DE TUCSON, L L C	Tele: (520)572-0404	08/01/2014 to 07/31/2015		
	3700 WEST GAILEY DRIVE	Fax: (520)572-0776	Capacity : 10		
	TUCSON AZ 85741		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2757	COMMUNITY PROVIDER OF ENRICHMENT SERVICE, INC / MANZANITA	Tele: (520)884-7954	05/01/2014 to 04/30/2015		
	355 WEST 24TH STREET	Fax: (520)884-0383	Capacity : 3		
	TUCSON AZ 85713		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2806	COMMUNITY PROVIDER OF ENRICHMENT SERVICES/ COOL HOUSE	Tele: (520)884-7954	07/01/2014 to 06/30/2015		
	4873 EAST 12TH STREET	Fax: (520)884-0383	Capacity : 3		
	TUCSON AZ 85711		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3426	CPES, INC. / VERACRUZ	Tele: (520)884-7954	08/01/2014 to 07/31/2015		
	2104 VERA CRUZ VISTA	Fax: (520)884-0383	Capacity : 4		
	TUCSON AZ 85713		Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4400	DEVEREUX ARIZONA - ESPERANZA 100 NORTH CAMINO SECO TUCSON AZ 85710	Tele: (480)998-2920 Fax: (480)443-5587	12/04/2013 to 11/30/2014 Capacity : 7 Medcaid_Cert: Certified		
BH-4295	DEVEREUX ARIZONA - PIMA RESPITE #1 1202 NORTH DODGE BOULEVARD TUCSON AZ 85716	Tele: (480)998-2920 Fax: (480)443-5587	08/01/2014 to 07/31/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-1618	INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT 8571 EAST TANQUE VERDE ROAD TUCSON AZ 85749	Tele: (520)721-1887 Fax: (520)721-0069	09/01/2014 to 08/31/2015 Capacity : 8 Medcaid_Cert: Certified		
BH-3029	LA PALOMA FAMILY SERVICES, INC - FAIRVIEW HOUSE 870 WEST MIRACLE MILE, BUILDINGG B TUCSON AZ 85705	Tele: (520)750-9667 Fax: (520)750-0056	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		
BH-2114	PASCUA YAQUI TRIBE YOEME KARI GROUP HOME 2861 WEST VIA HACIENDA TUCSON AZ 85741	Tele: (520)297-6414 Fax: (520)297-6419	07/01/2014 to 06/30/2015 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3618	ZAREPHATH, INC 2194 WEST PAINTED SUNSET CIRCLE TUCSON AZ 85745	Tele: (480)518-6826 Fax: (480)361-9144	07/01/2014 to 06/30/2015 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4117	ZAREPHATH, INC 3035 WEST MONTAGE VISTA DRIVE TUCSON AZ 85745	Tele: (480)518-6826 Fax: (480)361-9144	11/01/2013 to 10/31/2014 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3619	ZAREPHATH, INC. 5230 SOUTH MISSIONDALE ROAD TUCSON AZ 85706	Tele: (480)518-6826 Fax: (480)361-9144	07/01/2014 to 06/30/2015 Capacity : 8 Medcaid_Cert: Certified		

Sub-Type : BH RESPITE HOME - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1528	COPE COMMUNITY SERVICES, INC 7020 NORTH ANTONIETTA DRIVE TUCSON AZ 85704	Tele: (520)219-8747 Fax: (520)219-8747	02/01/2014 to 01/31/2015 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1469	COPE COMMUNITY SERVICES, INC. 535 EAST DRACHMAN TUCSON AZ 85705	Tele: (520)903-1563 Fax: (520)622-8148	09/01/2013 to 08/31/2014 Capacity : 15 Medcaid_Cert: Certified		

Sub-Type : BH RESPITE HOME - CHILD

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : BH RESPITE HOME - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4052	LA PALOMA FAMILY SERVICES / MENNINGER HOUSE 240 WEST NAVAJO ROAD TUCSON AZ 85705	Tele: (520)750-9667 Fax: (520)750-0056	09/01/2014 to 08/31/2015 Capacity : 10 Medcaid_Cert: Certified		

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC4350	FRESENIUS MEDICAL CARE TUCSON WEST 100 WEST GRANT ROAD TUCSON AZ 85705	Tele: (520)624-0266 Fax: (520)624-4786	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC4340	NORTHWEST TUCSON DIALYSIS LLC 2945 WEST INA ROAD, SUITE 105 TUCSON AZ 85741	Tele: (520)797-0049 Fax: (520)229-8957	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC4103	CLINICA DEL ALMA 3690 SOUTH PARK AVENUE, SUITE 805 TUCSON AZ 85713	Tele: (520)616-6760 Fax: (520)616-6799	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC3892	FLOWING WELLS FAMILY HEALTH CENTER 1323 WEST PRINCE ROAD TUCSON AZ 85705	Tele: (520)887-0800 Fax: (520)887-1393	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC3955	MARANA HEALTH CENTER, INC 2055 WEST HOSPITAL DRIVE, SUITE 115 TUCSON AZ 85704	Tele: (520)797-0011 Fax: (520)797-7550	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC5399	WILMOT FAMILY HEALTH CENTER 899 NORTH WILMOT ROAD TUCSON AZ 85711	Tele: (520)290-1100 Fax: (520)290-8997	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3957	AMEDISYS HOME HEALTH CARE 3443 NORTH CAMPBELL AVENUE, SUITE #155 TUCSON AZ 85719	Tele: (520)325-9056 Fax: (520)325-9101	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA5330	BAYADA HOME HEALTH CARE INC 7070 NORTH ORACLE ROAD, SUITE 100 TUCSON AZ 85704	Tele: (520)544-2300 Fax: (520)544-4717	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA1562	BAYADA NURSES 6367 EAST TANQUE VERDE ROAD, SUITE 150 TUCSON AZ 85715	Tele: (520)721-8800 Fax: (520)721-5007	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA3118	DEPENDABLE HOME HEALTH, INC 1120 SOUTH SWAN ROAD TUCSON AZ 85711	Tele: (520)721-3822 Fax: (520)512-0439	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
HHA3556	DEPENDABLE NURSES, INC. 1120 SOUTH SWAN ROAD, SUITE A TUCSON AZ 85711	Tele: (520)795-1290 Fax: (520)571-1817	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3447	F C OF ARIZONA, INC 10371 N ORACLE ROAD, SUITE 105 ORO VALLEY AZ 85737	Tele: (520)742-0272 Fax: (520)742-0313	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		
HHA5470	FIRST CHOICE HOME HEALTH AND HOSPICE, INC 2970 NORTH SWAN ROAD, SUITE 220 TUCSON AZ 85712	Tele: (520)625-1700 Fax: (520)625-1805	06/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
HHA0171	GENTIVA HEALTH SERVICES 6400 EAST EL DORADO CIRCLE, SUITE 120 TUCSON AZ 85715	Tele: (520)731-1333 Fax: (520)731-2722	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA4052	HEALTHSOUTH HOME HEALTH OF TUCSON 2650 NORTH WYATT DRIVE TUCSON AZ 85712	Tele: (520)320-6578 Fax: (520)320-6577	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA0018	INTERIM HEALTHCARE 5055 EAST BROADWAY, SUITE D-104 TUCSON AZ 85711	Tele: (520)747-1800 Fax: (520)747-0138	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA0263	JELODON HC, INC, NURSING SOLUTIONS OF SOUTHERN ARIZONA 6601 EAST GRANT ROAD, SUITE 212 TUCSON AZ 85715	Tele: (520)886-6620 Fax: (520)751-9242	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
HHA3307	LIFE CARE AT HOME 1820 EAST RIVER ROAD SUITE D100 TUCSON AZ 85718	Tele: (520)498-2288 Fax: (520)498-4693	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
HHA4712	MAXIM HEALTHCARE SERVICES, INC 5151 EAST BROADWAY BOULEVARD, SUITE 750 TUCSON AZ 85711	Tele: (520)790-8200 Fax: (877)717-2779	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA0140	NSI NURSING SERVICE, INC 3075 NORTH SWAN ROAD TUCSON AZ 85712	Tele: (520)731-1117 Fax: (520)731-1118	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA0166	NURSECORE OF TUCSON 2980 NORTH CAMPBELL, SUITE 160 TUCSON AZ 85719	Tele: (817)649-1166 Fax: (817)649-5532	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA5507	PATIENT CARE ADVOCATES, LLC 2122 NORTH CRAYCROFT ROAD, SUITE 116 TUCSON AZ 85712	Tele: (520)546-4141 Fax: (520)546-7002	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
HHA4345	PHOENIX HOME HEALTH-TUCSON 5055 EAST BROADWAY, SUITE C205 TUCSON AZ 85711	Tele: (602)789-8282 Fax: (602)789-1989	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4414	RELIABLE NURSES, LLC 1004 NORTH SIXTH AVENUE TUCSON AZ 85705	Tele: (520)889-1328 Fax: (520)889-2355	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4732	SUNLIFE HOME HEALTH, LLC 627 NORTH 6TH AVENUE TUCSON AZ 85705	Tele: (520)888-1311 Fax: (520)577-2160	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA0053	UNIVERSITY OF ARIZONA MEDICAL CENTER-HOME HEALTH SERVICES, THE 655 EAST RIVER ROAD, SUITE B209 TUCSON AZ 85704	Tele: (520)694-4663 Fax: (520)694-2560	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4958	WATERMARK AT HOME 5830 NORTH FOUNTAINS AVENUE TUCSON AZ 85704	Tele: (520)886-4400 Fax: (520)290-1900	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPICE - MEDICARE

Medicaid Certified Facilities

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Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC3560	CASA DE LA LUZ HOSPICE INPATIENT UNIT 5830 NORTH FOUNTAINS AVENUE, BUILDING 2 TUCSON AZ 85704	Tele: (520)544-9890 Fax: (250)202-2111	12/01/2013 to 11/30/2014 Capacity : 10 Medcaid_Cert: Certified		
HSPC5681	HEARTLAND HOSPICE SERVICES 75 WEST CALLE DE LAS TIENDAS, SUITE 109B GREEN VALLEY AZ 85614	Tele: (520)625-4368 Fax: (520)625-1188	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
HSPC6479	HOSPICE FAMILY CARE INC -GREEN VALLEY 275 WEST CONTINENTAL ROAD, SUITE #145 GREEN VALLEY AZ 85622	Tele: (704)664-2876 Fax: (704)664-1306	04/22/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
HSPC5033	SOREO PATHWAYS LLC 2475 EAST WATER STREET TUCSON AZ 85719	Tele: (520)547-7000 Fax: (520)547-7002	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - LONG TERM

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : HOSPITAL - LONG TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH3843	CORNERSTONE HOSPITAL OF SOUTHEAST ARIZONA 7220 EAST ROSEWOOD STREET TUCSON AZ 85710	Tele: (520)546-4595 Fax: (520)290-1465	03/01/2014 to 02/28/2015 Capacity : 34 Medcaid_Cert: Certified		
SH0192	KINDRED HOSPITAL - TUCSON 355 NORTH WILMOT ROAD TUCSON AZ 85711	Tele: (520)584-4500 Fax: (520)790-8133	05/01/2013 to 04/30/2016 Capacity : 51 Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - PSYCHIATRIC

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH6265	UNIVERSAL HEALTH SERVICES OF TUCSON, INC. 2695 NORTH CRAYCROFT ROAD TUCSON AZ 85712	Tele: (520)324-4340 Fax: (520)324-4790	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - REHABILITATION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH0187	HEALTHSOUTH REHABILITATION HOSPITAL OF SOUTHERN ARIZONA 1921 WEST HOSPITAL DRIVE TUCSON AZ 85704	Tele: (520)742-2800 Fax: (520)742-2639	06/01/2014 to 05/31/2017 Capacity : 60 Medcaid_Cert: Certified		
SH0181	HEALTHSOUTH REHABILITATION INSTITUTE OF TUCSON 2650 NORTH WYATT DRIVE TUCSON AZ 85712	Tele: (520)325-1300 Fax: (520)322-4400	05/01/2013 to 04/30/2016 Capacity : 80 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0099	CARONDELET ST JOSEPH'S HOSPITAL 350 NORTH WILMOT ROAD TUCSON AZ 85711	Tele: (520)873-3000 Fax: (520)873-3921	12/01/2012 to 05/31/2015 Capacity : 5E Medcaid_Cert: Certified		
H0011	CARONDELET ST. MARY'S HOSPITAL 1601 WEST ST MARY'S ROAD TUCSON AZ 85745	Tele: (520)872-3000 Fax: (520)873-3921	09/20/2013 to 07/31/2015 Capacity : 4E Medcaid_Cert: Certified		
H0152	NORTHWEST MEDICAL CENTER 6200 NORTH LA CHOLLA BOULEVARD TUCSON AZ 85741	Tele: (520)742-9000 Fax: (520)469-8101	09/04/2013 to 05/31/2015 Capacity : 3E Medcaid_Cert: Certified		
H3683	ORO VALLEY HOSPITAL 1551 EAST TANGERINE ROAD ORO VALLEY AZ 85755	Tele: (520)901-3500 Fax: (520)901-3525	12/01/2011 to 11/30/2014 Capacity : 1E Medcaid_Cert: Certified		
H3577	UNIVERSITY OF ARIZONA MEDICAL CENTER- SOUTH CAMPUS, THE 2800 EAST AJO WAY TUCSON AZ 85713	Tele: (520)294-4471 Fax: (520)741-4042	09/01/2013 to 08/31/2016 Capacity : 2E Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0134	UNIVERSITY OF ARIZONA MEDICAL CENTER- UNIVERSITY CAMPUS, THE 1501 NORTH CAMPBELL AVENUE TUCSON AZ 85724	Tele: (520)694-0111 Fax: (520)694-4085	06/26/2012 to 12/31/2014 Capacity : 5E Medcaid_Cert: Certified		

Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3822	CODAC BEHAVIORAL HEALTH SERVICES, INC - ARIZONA RESIDENTIAL CARE 2226 NORTH AVENIDA EL CAPITAN TUCSON AZ 85705	Tele: (520)327-4505 Fax: (520)622-2525	02/01/2014 to 01/31/2015 Capacity : 6 Medcaid_Cert: Certified		
BH4429	EASTER SEALS BLAKE FOUNDATION - AGAPE HOUSE 4454 EAST 3RD STREET TUCSON AZ 85711	Tele: (520)327-1529 Fax: (520)327-1836	12/01/2013 to 11/30/2014 Capacity : 5 Medcaid_Cert: Certified		
BH4425	EASTER SEALS BLAKE FOUNDATION - KACHINA HOUSE 5626 EAST 2ND STREET TUCSON AZ 85711	Tele: (520)327-1529 Fax: (520)327-1836	11/15/2013 to 10/31/2014 Capacity : 6 Medcaid_Cert: Certified		
BH4428	EASTER SEALS BLAKE FOUNDATION - PIMA HOUSE 3327 EAST BROADWAY BOULEVARD TUCSON AZ 85716	Tele: (520)327-1529 Fax: (520)327-1836	12/01/2013 to 11/15/2014 Capacity : 6 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH4426	EASTER SEALS BLAKE FOUNDATION - SAGUARO HOUSE 5120 EAST ALBERTA DRIVE TUCSON AZ 85711	Tele: (520)327-1529 Fax: (520)327-1836	12/01/2013 to 11/30/2014 Capacity : 6 Medcaid_Cert: Certified		
BH4427	EASTER SEALS BLAKE FOUNDATION - SIERRA HOUSE 5752 EAST WAVERLY STREET TUCSON AZ 85712	Tele: (520)327-1529 Fax: (520)327-1836	11/15/2013 to 10/31/2014 Capacity : 6 Medcaid_Cert: Certified		
BH-2914	INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT 1310 NORTH SPEEDWAY PLACE TUCSON AZ 85715	Tele: (520)721-1887 Fax: (520)721-0069	12/01/2013 to 11/30/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-3687	PASADERA BEHAVIORAL HEALTH NETWORK - SERENE LIFE 302 WEST VENTURA STREET TUCSON AZ 85705	Tele: (520)882-5608 Fax: (520)882-5676	08/01/2014 to 07/31/2015 Capacity : 30 Medcaid_Cert: Certified		
BH-2831	THE OASIS HOME, L L C 78 EAST VIA TERESITA SAHUARITA AZ 85629	Tele: (520)777-4547 Fax: (520)207-2138	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

Medicaid Certified Facilities

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Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	NORTHWEST TUCSON SURGERY CENTER	Tele: (520)877-6700	09/09/2013 to 05/31/2015		
	6320 N LA CHOLLA BOULEVARD, SUITE 100	Fax: (520)544-0195	Capacity :		
	TUCSON AZ 85741		Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6203	(A) TURN YOUR LIFE AROUND, INC	Tele: (520)887-2643	01/01/2014 to 12/31/2014		
	1109 WEST PRINCE ROAD, SUITE 111	Fax: (520)293-6956	Capacity :		
	TUCSON AZ 85705		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6089	AJO COMMUNITY HEALTH CENTER, INC DBA DESERT SENITA COMMUNITY HEALTH CENTER	Tele: (520)387-5651	12/01/2013 to 11/30/2014		
	410 MALACATE STREET	Fax: (520)387-5347	Capacity :		
	AJO AZ 85321		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5835	ARIZONA'S CHILDREN ASSOCIATION	Tele: (520)622-7611	12/01/2013 to 11/30/2014		
	2820 SOUTH 8TH AVENUE	Fax: (520)622-7027	Capacity :		
	TUCSON AZ 85713		Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5998	ARIZONA'S CHILDREN ASSOCIATION DBA SU VOZ VALE 101 WEST IRVINGTON ROAD, OFFICE 3 A TUCSON AZ 85714	Tele: (520)434-0195 Fax: (520)434-0248	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3672	CACTUS COUNSELING ASSOCIATES, P L L C 110 SOUTH CHURCH AVENUE, SUITE 2070 TUCSON AZ 85701	Tele: (520)798-3659 Fax: (520)903-0309	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4299	CACTUS COUNSELING ASSOCIATES, P L L C 3710 SOUTH PARK AVENUE, SUITE 704 TUCSON AZ 85713	Tele: (520)777-7857 Fax: (520)838-0094	08/19/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4330	CACTUS COUNSELING ASSOCIATES, P L L C 6810 EAST BROADWAY BOULEVARD, SUITE 102 TUCSON AZ 85710	Tele: (520)296-0729 Fax: (520)296-0726	08/19/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4090	CASA DE LOS NINOS 2224 NORTH CRAYCROFT TUCSON AZ 85712	Tele: (520)514-2211 Fax: (520)514-2215	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6008	CASA DE LOS NINOS 3131 NORTH COUNTRY CLUB, SUITES 101 & 102 TUCSON AZ 85716	Tele: (520)325-9498 Fax: ( ) -	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
OTC5965	CASA DE LOS NINOS 140 NORTH TUCSON BOULEVARD TUCSON AZ 85716	Tele: (520)881-1292 Fax: (520)881-1648	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC6591	CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA, INC 140 WEST SPEEDWAY BOULEVARD, SUITE 130 TUCSON AZ 85705	Tele: (520)623-0344 Fax: (520)770-8578	10/01/2014 to 09/30/2015 Capacity : Medcaid_Cert: Certified		
OTC5986	CENTER FOR BEHAVIORAL HEALTH TUCSON, INC 368 EAST GRANT ROAD, SUITE C TUCSON AZ 85705	Tele: (520)624-0250 Fax: (520)623-7909	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6247	CENTER FOR LIFE SKILLS DEVELOPMENT, L L C 1625 NORTH ALVERNON WAY TUCSON AZ 85712	Tele: (520)325-3753 Fax: ( ) -	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6184	CENTER FOR LIFE SKILLS DEVELOPMENT, L L C 3425 EAST GRANT ROAD, SUITE 101 TUCSON AZ 85716	Tele: (520)546-1642 Fax: (520)325-0436	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC6315	CENTER FOR LIFE SKILLS DEVELOPMENT, L L C 2001 WEST ORANGE GROVE ROAD, SUITE 604 TUCSON AZ 85704	Tele: (520)229-6220 Fax: (520)544-3033	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6218	CENTER FOR LIFE SKILLS DEVELOPMENT, L L C 5700 EAST PIMA STREET, SUITE E TUCSON AZ 85712	Tele: (520)885-1738 Fax: (520)544-3033	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6547	CHILD & FAMILY SUPPORT SERVICES, INC 3950 NORTH CAMPBELL AVENUE TUCSON AZ 85719	Tele: (520)505-3464 Fax: (520)323-5045	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6060	CODAC BEHAVIORAL HEALTH SERVICES, INC 1080 SOUTH 10TH AVENUE TUCSON AZ 85701	Tele: (520)327-4505 Fax: (620)622-2525	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5996	CODAC BEHAVIORAL HEALTH SERVICES, INC 3100 NORTH FIRST AVENUE TUCSON AZ 85719	Tele: (520)327-4505 Fax: (520)622-2525	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6275	CODAC BEHAVIORAL HEALTH SERVICES, INC - CODAC AT ALVERNON SITE 630 NORTH ALVERNON, SUITE 161 TUCSON AZ 85711	Tele: (520)318-9222 Fax: (520)622-2525	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6033	CODAC BEHAVIORAL HEALTH SERVICES, INC - DOWNTOWN 127 SOUTH 5TH AVENUE TUCSON AZ 85701	Tele: (520)327-4505 Fax: (520)622-2525	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6306	CODAC BEHAVIORAL HEALTH SERVICES, INC - M C A S 502 NORTH SILVERBELL, SUITE B TUCSON AZ 85745	Tele: (520)327-4505 Fax: (520)622-2525	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC6032	CODAC BEHAVIORAL HEALTH SERVICES, INC - NORTH 3550 NORTH 1ST AVENUE, SUITE 125, 150 TUCSON AZ 85719	Tele: (520)327-4505 Fax: (520)622-2525	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6012	COMMUNITY MEDICAL SERVICES 6626 EAST CARONDELET DRIVE TUCSON AZ 85710	Tele: (520)298-1650 Fax: (520)298-2038	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5944	COMMUNITY PARTNERSHIP CARE CORRDINATION, L L C 4601 EAST BROADWAY TUCSON AZ 85711	Tele: (520)322-4107 Fax: (520)322-4120	10/28/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2709	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / COUNSELING & CONSULTING SERVICE 2430 EAST 6TH STREET TUCSON AZ 85719	Tele: (520)884-7954 Fax: (520)884-0383	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5938	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / EL SOL NUEVO 3700 NORTH FAIRVIEW, SUITE 209 TUCSON AZ 85705	Tele: (520)884-7954 Fax: (520)884-0383	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6414	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / SABINO 4825 NORTH SABINO CANYON ROAD TUCSON AZ 85750	Tele: (520)884-7954 Fax: (520)884-0383	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6138	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / SILVERADO 1821 EAST SILVER STREET TUCSON AZ 85719	Tele: (520)884-7954 Fax: (520)884-0383	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6555	COMPASS BEHAVIORAL HEALTH CARE 2499 EAST AJO WAY, ROOMS 10-15 TUCSON AZ 85713	Tele: (520)882-5608 Fax: (520)882-4676	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6164	COMPASS-SAMHC THREE POINTS SITE 15921 WEST AJO WAY TUCSON AZ 85735	Tele: (520)407-5900 Fax: (520)617-1608	12/31/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6497	CONNECTIONS SOUTHERNAZ, LLC 2802 EAST DISTRICT STREET, 1ST FLOOR TUCSON AZ 85714	Tele: (602)253-5100 Fax: (602)266-0139	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6121	COPE COMMUNITY SERVICES, INC 3332 NORTH LOS ALTOS TUCSON AZ 85705	Tele: (520)888-6332 Fax: (520)888-6391	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6046	COPE COMMUNITY SERVICES, INC 8050 EAST LAKESIDE PARKWAY TUCSON AZ 85730	Tele: (520)584-5820 Fax: (520)514-1514	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC6074	COPE COMMUNITY SERVICES, INC 1501 WEST COMMERCE COURT TUCSON AZ 85746	Tele: (520)741-3180 Fax: (520)807-2383	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
BH-3094	COPE COMMUNITY SERVICES, INC 732 NORTH STONE AVENUE TUCSON AZ 85705	Tele: (520)884-9505 Fax: (520)884-9503	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6039	COPE COMMUNITY SERVICES, INC 170 NORTH LA CANADA, SUITE 90 GREEN VALLEY AZ 85614	Tele: (520)625-3835 Fax: (520)625-5585	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3942	COPE COMMUNITY SERVICES, INC 85 WEST FRANKLIN TUCSON AZ 85701	Tele: (520)624-9818 Fax: (520)624-7654	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6389	COPE COMMUNITY SERVICES, INC 101 SOUTH STONE AVENUE TUCSON AZ 85701	Tele: (520)884-0707 Fax: (520)624-8289	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5990	CORRECTIONAL HEALTHCARE COMPANIES, INC 110 SOUTH CHURCH STREET, SUITE 6140 TUCSON AZ 85701	Tele: (520)624-5000 Fax: (520)624-5001	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6581	CRISIS RESPONSE NETWORK OF SOUTHERN ARIZONA, INC 2802 EAST DISTRICT STREET TUCSON AZ 85713	Tele: (602)427-4600 Fax: (602)633-0520	07/01/2013 to 06/30/2014 Capacity : 15 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6580	DESERT MILAGROS, L L C 3438 NORTH COUNTRY CLUB TUCSON AZ 85716	Tele: (520)531-1040 Fax: (520)325-1040	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6031	DESERT STAR ADDICTION RECOVERY CENTER 7493 NORTH ORACLE ROAD, SUITE 203 TUCSON AZ 85704	Tele: (520)638-6000 Fax: (520)395-2489	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		
OTC5924	DEVEREUX ARIZONA 6141 EAST GRANT ROAD TUCSON AZ 85712	Tele: (480)998-2920 Fax: (480)443-5587	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
BH-3907	EASTER SEALS BLAKE FOUNDATION 6420 EAST BROADWAY BOULEVARD, SUITE B- 200 TUCSON AZ 85710	Tele: (520)207-7310 Fax: (520)795-4981	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6062	EASTER SEALS BLAKE FOUNDATION 320 SOUTH CONVENT AVENUE TUCSON AZ 85701	Tele: (520)622-3933 Fax: (520)670-9221	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6596	ELANTE COUNSELING CENTER 6280 EAST PIMA STREET, SUITE 100 TUCSON AZ 85716	Tele: (520)882-5608 Fax: (520)882-5676	09/10/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4071	EVOLVED, L L C 4905 EAST 29TH STREET TUCSON AZ 85711	Tele: (520)704-6572 Fax: (520)704-6072	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4043	HELPING EVERYDAY YOUTH 4575 SOUTH PALO VERDE, SUITE 307 TUCSON AZ 85714	Tele: (520)393-3715 Fax: (520)393-8759	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6155	HELPING OURSELVES PURSUE ENRICHMENT (HOPE, INC) 2802 EAST DISTRICT STREET, SUITE 100 TUCSON AZ 85701	Tele: (520)770-1197 Fax: (520)622-3784	12/17/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4098	HELPING OURSELVES PURSUE ENRICHMENT, INC (H O P E, INC) 1200 NORTH COUNTRY CLUB ROAD TUCSON AZ 85716	Tele: (520)770-1197 Fax: (520)622-3784	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6193	INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT 3815 EAST MONTE VISTA, APARTMENT 1101 TUCSON AZ 85716	Tele: (520)721-1887 Fax: (520)721-0069	12/26/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5916	INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT 994 SOUTH HARRISON TUCSON AZ 85748	Tele: (520)721-1887 Fax: (520)721-0069	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3628	INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT 3626 EAST LEE STREET, BUILDING 2 TUCSON AZ 85716	Tele: (520)721-1887 Fax: (520)721-0069	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4144	INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT 1020 SOUTH HARRISON ROAD, SUITE 100 TUCSON AZ 85748	Tele: (520)721-1887 Fax: (520)721-0069	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4284	JEWISH FAMILY & CHILDREN'S SERVICE OF SOUTHERN ARIZONA 190 WEST MAGEE ROAD, SUITE 162 B TUCSON AZ 85704	Tele: (520)123-4567 Fax: (520)795-8206	09/25/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6548	JEWISH FAMILY AND CHILDREN'S SERVICES OF SOUTHERN ARIZONA, INC 4301 EAST 5TH STREET TUCSON AZ 85711	Tele: (520)795-0300 Fax: (520)795-8206	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6321	LA FRONTERA CENTER, INC / EAST 4891 EAST GRANT ROAD TUCSON AZ 85712	Tele: (520)296-3296 Fax: (520)751-9856	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6372	LA FRONTERA CENTER, INC / GRANT ROAD CLINIC 1141 WEST GRANT ROAD, SUITE 100 TUCSON AZ 85705	Tele: (520)206-8600 Fax: (520)622-2490	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6028	LA FRONTERA CENTER, INC / BROADWAY 1101 EAST BROADWAY, SUITE 130 TUCSON AZ 85719	Tele: (520)838-5700 Fax: (520)882-8508	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3360	LA FRONTERA CENTER, INC / CASA LUCERO 410 SOUTH 6TH AVENUE TUCSON AZ 85701	Tele: (520)838-5610 Fax: (520)258-0125	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6257	LA FRONTERA CENTER, INC / HOPE CENTER 260 SOUTH SCOTT AVENUE TUCSON AZ 85701	Tele: (520)884-8470 Fax: (520)620-0434	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6244	LA FRONTERA CENTER, INC / MOUNTAIN 3620 NORTH MOUNTAIN TUCSON AZ 85719	Tele: (520)882-5145 Fax: (520)882-7504	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC5948	LA FRONTERA CENTER, INC / NEW LIFE 1082 EAST AJO, SUITE 100 TUCSON AZ 85713	Tele: (520)741-3120 Fax: (520)741-3155	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6260	LA FRONTERA CENTER, INC / SOUTH TUCSON / DR NELBA CHAVEZ CHILD FAMILY CENTER 502 WEST 29TH STREET TUCSON AZ 85713	Tele: (520)884-9920 Fax: (520)792-0654	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC5989	LA FRONTERA CENTER, INC / SOUTHWEST 1210 EAST PENNSYLVANIA TUCSON AZ 85714	Tele: (520)741-2351 Fax: (520)741-2191	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6189	LA PALOMA FAMILY SERVICES, INC / MIRACLE MILE CLINIC 870 WEST MIRACLE MILE, BUILDING 1 TUCSON AZ 85705	Tele: (520)750-9667 Fax: (520)750-0056	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6308	MARK YOUTH AND FAMILY CARE CAMPUS, INC, THE 4653 EAST PIMA STREET TUCSON AZ 85712	Tele: (520)326-6182 Fax: (520)326-9034	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4332	MENTALLY ILL KIDS IN DISTRESS (M I K I D) 4500 EAST SPEEDWAY BOULEVARD, SUITE 58 TUCSON AZ 85712	Tele: (520)882-0145 Fax: (520)882-0124	10/02/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5709	MHC HEALTHCARE- BEHAVIORAL HEALTH SERVICES 13395 NORTH MARANA MAIN STREET, BLDG B MARANA AZ 85653	Tele: (520)682-1091 Fax: (520)682-4132	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	MIRASOL, INC 1615 EAST FORT LOWELL, SUITE 141 TUCSON AZ 85719	Tele: (520)546-3200 Fax: (520)546-3205	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4174	NATIONAL COMMUNITY HEALTH PARTNERS 3365 NORTH CAMPBELL AVENUE, SUITE 141 TUCSON AZ 85719	Tele: (520)795-9756 Fax: (520)887-0432	09/11/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6149	NEW BEGINNINGS TREATMENT CENTER, INC 2445 NORTH ORACLE ROAD, SUITES 1A, 20, & 21C TUCSON AZ 85705	Tele: (520)293-8085 Fax: (520)293-8089	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		
OTC6319	NEW HOPE BEHAVIORAL HEALTH CENTER, INC 2001 WEST ORANGE GROVE ROAD, SUITE 204 TUCSON AZ 85704	Tele: (520)297-3329 Fax: (520)297-1133	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
BH-3664	OLD PUEBLO COMMUNITY SERVICES OUTPATIENT PROGRAM 4501 EAST 5TH STREET, SUITE 1 TUCSON AZ 85711	Tele: (520)546-0122 Fax: (520)546-0098	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6294	OUR FAMILY SERVICES, INC 3830 EAST BELLEVUE STREET TUCSON AZ 85716	Tele: (520)323-1708 Fax: (520)323-9077	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5860	P S A BEHAVIORAL HEALTH AGENCY 450 NORTH 6TH AVENUE TUCSON AZ 85705	Tele: (520)882-3687 Fax: (520)882-3844	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6034	P S A BEHAVIORAL HEALTH AGECNY - ART AWAKENING 412 NORTH 6TH AVENUE, SUITE 100 TUCSON AZ 85705	Tele: (520)792-2801 Fax: (520)792-2806	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6152	P S A BEHAVIORAL HEALTH AGENCY 220 EAST 6TH STREET TUCSON AZ 85705	Tele: (520)461-1956 Fax: (520)461-1959	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
OTC5888	PANTANO BEHAVIORAL HEALTH SERVICES, INC 5055 EAST BROADWAY, STE C-104, C-220, D-101, D-106 TUCSON AZ 85711	Tele: (520)623-9833 Fax: (520)512-4056	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6261	PEOPLE'S HEALTH CARE CONNECTION, L L C 2919 EAST 22ND STREET SOUTH TUCSON AZ 85713	Tele: (520)326-8953 Fax: (520)881-0146	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
BH-4373	PERCEPTION COUNSELING, L L C 1360 WEST IRVINGTON, SUITE 280 TUCSON AZ 85701	Tele: (520)623-7077 Fax: (520)623-9244	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
OTC5917	PERCEPTION COUNSELING, L L C 36 WEST FRANKLIN STREET TUCSON AZ 85701	Tele: (520)623-7077 Fax: (520)623-9244	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6411	PIMA PREVENTION PARTNERSHIP 1475 NORTH ORACLE ROAD TUCSON AZ 85705	Tele: (520)791-2711 Fax: (520)791-2202	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
BH-2352	PORTABLE PRACTICAL EDUCATIONAL PREPARATION 1021 EAST PALMDALE STREET, SUITE 110 & 130 TUCSON AZ 85714	Tele: (520)792-5704 Fax: (520)792-5724	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6376	PORTABLE PRACTICAL EDUCATIONAL PREPARATION 111 LA MINA AVENUE, SUITE 5 AJO AZ 85321	Tele: (520)434-3670 Fax: (520)792-5724	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6491	PROVIDENCE OF ARIZONA 3295 WEST INA ROAD, SUITE 150 & 200 TUCSON AZ 85741	Tele: (520)748-7108 Fax: (580)748-1458	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6480	PROVIDENCE OF ARIZONA 1161 & 1181 NORTH EL DORADO PLACE TUCSON AZ 85715	Tele: (520)748-7108 Fax: (520)748-1458	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6160	REFLECTION FAMILY SERVICES, INC 2530 EAST BROADWAY BOULEVARD, SUITE A TUCSON AZ 85716	Tele: (520)795-0981 Fax: (520)795-0924	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5987	SONORA BEHAVIORAL HEALTH OUTPATIENT SERVICES 2001 WEST ORANGE GROVE ROAD, SUITES 206 & 208 TUCSON AZ 85704	Tele: (520)469-8700 Fax: (520)878-2320	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6525	SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC - TUCSON OUTPATIENT CLINIC 1430 EAST FORT LOWELL, SUITE 210 TUCSON AZ 85719	Tele: (520)221-0468 Fax: (520)586-6111	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6011	SOUTHERN ARIZONA CENTER AGAINST SEXUAL ASSAULT - LAS FAMILIAS 1600 NORTH COUNTRY CLUB ROAD TUCSON AZ 85716	Tele: (520)327-1171 Fax: (520)327-8231	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6597	SOUTHERN ARIZONA MENTAL HEALTH CENTER (SAMHC) 2502 NORTH DODGE BOULEVARD, SUITE 190 TUCSON AZ 85716	Tele: (520)617-0043 Fax: (520)617-1608	09/10/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6598	SUMMIT SERVICES, L L C 4411 EAST 5TH STREET, SUITE E TUCSON AZ 85711	Tele: (520)808-1403 Fax: (855)659-0691	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2760	TOUCHSTONE BEHAVIORAL HEALTH 4595 SOUTH PALO VERDE ROAD, SUITE 533 TUCSON AZ 85714	Tele: (520)745-5244 Fax: (520)747-1846	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6590	UNIVERSITY OF ARIZONA MEDICAL CENTER, SOUTH CAMPUS PSYCHIATRY CLINIC 2800 EAST AJO WAY, SUITES 300, BHP-1E & BHP-2SE TUCSON AZ 85713	Tele: (520)874-7500 Fax: (520)874-7539	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6066	UNIVERSITY PHYSICIANS HEALTHCARE, DEPARTMENT OF PSYCHIATRY OUTPATIENT CLINIC 1501 NORTH CAMPBELL AVENUE, ROOM 7429 TUCSON AZ 85724	Tele: (520)626-4263 Fax: (520)626-4070	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : PORTABLE X-RAY SUPPLIERS - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NONE	RAPID-RAY 450 WEST CONTINENTAL ROAD GREEN VALLEY AZ 85614	Tele: (520)625-7670 Fax: (520)625-7362	to Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2666	MANORCARE HEALTH SERVICES 3705 NORTH SWAN ROAD TUCSON AZ 85718	Tele: (520)299-7088 Fax: (520)529-0038	12/01/2013 to 11/30/2014 Capacity : 1E Medcaid_Cert: Certified	A	10/31/2013
NCI-2621	SANTA ROSA CARE CENTER 1650 NORTH SANTA ROSA AVENUE TUCSON AZ 85712	Tele: (520)795-1610 Fax: (520)795-6355	04/01/2014 to 03/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	01/31/2014
NCI-2698	VILLA CAMPANA REHABILITATION HOSPITAL LLC 6651 EAST CARONDELET DRIVE TUCSON AZ 85710	Tele: (520)731-8500 Fax: (714)256-2003	03/01/2014 to 02/28/2015 Capacity : 1E Medcaid_Cert: Certified	A	08/31/2014
NCI-263	VILLA MARIA CARE CENTER, LLC 4310 EAST GRANT ROAD TUCSON AZ 85712	Tele: (520)323-9351 Fax: (520)323-6490	05/01/2014 to 04/30/2015 Capacity : 83 Medcaid_Cert: Certified	A	02/28/2014

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARCHIE HENDRICKS SENIOR SKILLED NURSING FACILITY HCO 1 BOX 9100 SELLS AZ 85634	Tele: (520)361-1800 Fax: (520)361-3656	to Capacity : Medcaid_Cert: Certified	NONE	

Medicaid Certified Facilities

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County PIMA Total = 225

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-212	ARIZONA STATE VETERAN HOME-TUCSON 555 EAST AJO WAY TUCSON AZ 85713	Tele: (520)638-2150 Fax: (520)638-2166	12/01/2013 to 11/30/2014 Capacity : 1E Medcaid_Cert: Certified	A	04/30/2014
NCI-2643	AVALON SOUTHWEST HEALTH & REHAB 2900 EAST MILBER STREET TUCSON AZ 85714	Tele: (520)294-0005 Fax: (520)294-0076	03/01/2014 to 02/28/2015 Capacity : 2E Medcaid_Cert: Certified	A	02/28/2015
NCI-2715	CASAS ADOBES POST ACUTE REHAB CENTER 1919 WEST MEDICAL STREET TUCSON AZ 85704	Tele: (520)297-8311 Fax: (520)742-7597	05/01/2014 to 04/30/2015 Capacity : 2E Medcaid_Cert: Certified	B	06/30/2014
NCI-2634	CATALINA POST ACUTE AND REHABILITATION 2611 NORTH WARREN AVENUE TUCSON AZ 85719	Tele: (520)795-9574 Fax: (520)321-4983	05/01/2014 to 04/30/2015 Capacity : 1E Medcaid_Cert: Certified	A	01/31/2014
NCI-2652	DEVON GABLES REHABILITATION CENTER 6150 EAST GRANT ROAD TUCSON AZ 85712	Tele: (520)296-6181 Fax: (520)298-0997	08/31/2014 to 07/31/2015 Capacity : 3E Medcaid_Cert: Certified	B	11/30/2013

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2702	FOOTHILLS REHABILITATION CENTER 2250 NORTH CRAYCROFT ROAD TUCSON AZ 85712	Tele: (520)733-8700 Fax: (520)733-8980	01/01/2014 to 12/31/2014 Capacity : 1E Medcaid_Cert: Certified	B	05/31/2014
NCI-235	HANDMAKER HOME FOR THE AGING 2221 NORTH ROSEMONT BOULEVARD TUCSON AZ 85712	Tele: (520)881-2323 Fax: (520)881-3466	05/01/2014 to 04/30/2015 Capacity : 74 Medcaid_Cert: Certified	A	01/31/2014
NCI-408	LA CANADA CARE CENTER 7970 NORTH LA CANADA DRIVE TUCSON AZ 85704	Tele: (520)797-1191 Fax: (520)742-3437	11/01/2013 to 10/31/2014 Capacity : 1E Medcaid_Cert: Certified	A	06/30/2014
NCI-396	LIFE CARE CENTER OF TUCSON 6211 NORTH LA CHOLLA BOULEVARD TUCSON AZ 85741	Tele: (520)575-0900 Fax: (520)575-0483	01/01/2014 to 12/31/2014 Capacity : 2E Medcaid_Cert: Certified	A	09/30/2014
NCI-446	MOUNTAIN VIEW CARE CENTER 1313 WEST MAGEE ROAD TUCSON AZ 85704	Tele: (520)797-2600 Fax: (520)575-6234	01/01/2014 to 12/31/2014 Capacity : 1E Medcaid_Cert: Certified	A	11/30/2013

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PIMA Total = 225

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2639	PARK AVENUE HEALTH AND REHABILITATION CENTER 2001 NORTH PARK AVENUE TUCSON AZ 85719	Tele: (520)882-6151 Fax: (520)620-1546	12/01/2013 to 11/30/2014 Capacity : 2E Medcaid_Cert: Certified	A	12/31/2014
NCI-2688	PUEBLO SPRINGS REHABILITATION CENTER 5545 EAST LEE STREET TUCSON AZ 85712	Tele: (520)296-2306 Fax: (520)296-4072	11/01/2013 to 10/31/2014 Capacity : 1E Medcaid_Cert: Certified	A	05/31/2013
NCI-279	SABINO CANYON REHABILITATION & CARE CENTER 5830 EAST PIMA STREET TUCSON AZ 85712	Tele: (520)722-5515 Fax: (520)886-8082	03/01/2014 to 02/28/2015 Capacity : 1E Medcaid_Cert: Certified	A	01/31/2015
NCI-2649	SANTA RITA NURSING & REHABILITATION CENTER 150 NORTH LA CANADA DRIVE GREEN VALLEY AZ 85614	Tele: (520)625-0178 Fax: (520)625-7107	12/01/2013 to 11/30/2014 Capacity : 1E Medcaid_Cert: Certified	A	07/31/2014
NCI-419	THE HEALTH CARE CENTER AT THE FORUM AT TUCSON 2500 NORTH ROSEMONT BOULEVARD TUCSON AZ 85712	Tele: (520)795-7892 Fax: (520)319-4078	08/01/2014 to 07/31/2015 Capacity : 67 Medcaid_Cert: Certified	A	05/31/2014

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8298H	ALOTT OF CARE SUPERSTITION LLC 5375 EAST SUPERSTITION BLVD APACHE JUNCTION AZ 85119	Tele: (480)288-9621 Fax: (480)288-9629	01/01/2014 to 12/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL0371H	BAXTER ELDERLY CARE, INC. 3463 SOUTH MAMMOTH DRIVE CASA GRANDE AZ 85193	Tele: (520)836-9177 Fax: (520)836-8577	10/01/2013 to 09/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL6880H	IGH - ADULT CARE 689 EAST HONDO AVENUE APACHE JUNCTION AZ 85219	Tele: (480)747-4977 Fax: (480)214-5871	01/01/2014 to 12/31/2014 Capacity : 8 Medcaid_Cert: Certified		
AL6379H	MELODY CARE HOME LLC 1796 WEST RAY LANE APACHE JUNCTION AZ 85220	Tele: (480)983-4646 Fax: (480)474-9321	10/01/2013 to 09/30/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7839H	SUPREME ADULT CARE HOME 3629 EAST THAMES CIRCLE SAN TAN VALLEY AZ 85140	Tele: (480)987-8831 Fax: (480)987-8831	01/01/2014 to 12/31/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PINAL Total = 81

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8834H	SUPREME ASSISTED LIVING CARE HOME 3611 EAST THAMES CIRCLE SAN TAN VALLEY AZ 85140	Tele: (480)840-5824 Fax: (480)987-8831	11/01/2013 to 10/31/2014 Capacity : 5 Medcaid_Cert: Certified		
AL5451H	ZEN FAMILY CARE AT WAYNE RANCH 1256 EAST ELM ROAD SAN TAN VALLEY AZ 85140	Tele: (480)677-3471 Fax: (703)907-2744	09/01/2014 to 08/31/2015 Capacity : 4 Medcaid_Cert: Certified		

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2809	SOUTHWESTERN CHILDREN'S HEALTH SERVICES, INC DBA OASIS BEHAVIORAL HEALTH 1120 EAST 6TH STREET CASA GRANDE AZ 85122	Tele: (480)917-9301 Fax: (480)917-9301	09/01/2013 to 08/31/2014 Capacity : 33 Medcaid_Cert: Certified		

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3428	RIVER SOURCE TREATMENT CENTER, THE 950 NORTH ARIZOLA ROAD, SUITE 3 CASA GRANDE AZ 85122	Tele: (480)735-8346 Fax: (520)836-1882	10/01/2013 to 09/30/2014 Capacity : 42 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6213	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS, PSYCHIATRIC INPATIENT FACILITY OF 150 NORTH OCOTILLO DRIVE, BUILDING 1 APACHE JUNCTION AZ 85120	Tele: (480)983-0065 Fax: (480)288-5339	03/01/2014 to 02/28/2015 Capacity : 14 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3789	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / ASPEN 419 NORTH COLORADO CASA GRANDE AZ 85122	Tele: (520)884-7954 Fax: (520)884-0383	01/01/2014 to 12/31/2014 Capacity : 6 Medcaid_Cert: Certified		
BH-046	HORIZON HUMAN SERVICES 2269 SOUTH PEART ROAD CASA GRANDE AZ 85122	Tele: (520)836-1911 Fax: (520)836-4046	03/01/2014 to 02/28/2015 Capacity : 9 Medcaid_Cert: Certified		
BH-1804	HORIZON HUMAN SERVICES 2271 SOUTH PEART ROAD CASA GRANDE AZ 85122	Tele: (520)836-1713 Fax: (520)836-4046	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		
BH-4017	HOUSE OF HOPE BEHAVIORAL HEALTH AGENCY LEVEL 3 1149 EAST 11TH STREET CASA GRANDE AZ 85122	Tele: (520)251-5160 Fax: (520)421-2877	05/01/2014 to 04/30/2015 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

Tuesday, July 01, 2014

County PINAL Total = 81

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2268	NATIONAL MENTOR HEALTHCARE, LLC DBA ARIZONA MENTOR - MELISSA 1668 EAST MELISSA STREET CASA GRANDE AZ 85122	Tele: (602)200-9494 Fax: (602)567-2062	04/01/2014 to 03/31/2015 Capacity : 5 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2477	NATIONAL MENTOR HEALTHCARE, LLC -DBA ARIZONA MENTOR - RACINE 621 WEST RACINE LOOP CASA GRANDE AZ 85122	Tele: (602)200-9494 Fax: (602)567-2062	09/01/2013 to 08/31/2014 Capacity : 5 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3324	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC - HOMESTEAD PROGRAM 14921 WEST CAMDON DRIVE CASA GRANDE AZ 85294	Tele: (520)884-7954 Fax: (520)884-0383	07/01/2014 to 06/30/2015 Capacity : 8 Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4335	OLIVE BRANCH, LLC 411 WEST 9TH STREET CASA GRANDE AZ 85122	Tele: (520)423-7376 Fax: (520)518-5633	11/06/2013 to 10/31/2014 Capacity : 6 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3368	PARK PLACE OUTREACH & COUNSELING CENTERS, INC. - ESPERANZA 11140 WEST COVE DRIVE ARIZONA CITY AZ 85123	Tele: (520)466-5939 Fax: (520)466-8851	08/01/2014 to 07/31/2015 Capacity : 6 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2153	PARK PLACE OUTREACH & COUNSELING CENTERS, INC. - HACIENDA DE DESERTO 13626 DEL RIO DRIVE ARIZONA CITY AZ 85123	Tele: (520)466-6630 Fax: (520)466-8851	12/01/2013 to 11/30/2014 Capacity : 12 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3086	YAJCIN, L L C 1609 EAST HEATHER DRIVE SAN TAN VALLEY AZ 85140	Tele: (480)393-0662 Fax: (602)283-3476	08/01/2013 to 07/31/2014 Capacity : 8 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4213	YOUTH DEVELOPMENT SERVICES 45762 WEST AMSTERDAM MARICOPA AZ 85138	Tele: (480)403-1365 Fax: (520)208-9920	08/05/2013 to 07/31/2014 Capacity : 5 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH4307	YOUTH DEVELOPMENT SERVICES / ASPIRE HOUSE 2833 SUNSHINE BUTTE SAN TAN VALLEY AZ 85143	Tele: (480)403-1315 Fax: (520)208-9920	09/26/2013 to 08/31/2014 Capacity : 5 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3620	ZAREPHATH, INC 1701 SOUTH CACTUS ROAD APACHE JUNCTION AZ 85119	Tele: (480)518-6826 Fax: (480)361-9144	07/01/2014 to 06/30/2015 Capacity : 8 Medcaid_Cert: Certified		

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NONE	GILA RIVER DIALYSIS EAST 565 WEST SEED FARM ROAD SACATON AZ 85247	Tele: (602)271-7900 Fax: (480)602-6209	to Capacity : Medcaid_Cert: Certified		

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC4752	SUN LIFE FAMILY HEALTH CENTER, INC 1856 EAST FLORENCE BOULEVARD CASA GRANDE AZ 85222	Tele: (520)381-0380 Fax: (520)836-1826	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
OTC3743	SUN LIFE FAMILY HEALTH CENTER, INC. - ORACLE SATELLITE 1870 WEST AMERICAN WAY ORACLE AZ 85623	Tele: (520)896-2092 Fax: (520)896-2449	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4812	ANGEL CARE HEALTH SERVICES, INC 1821 NORTH TREKELL ROAD, SUITE 6 CASA GRANDE AZ 85122	Tele: (520)876-0622 Fax: (520)876-0747	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		
HHA4417	OASIS HOME HEALTH CARE 1106 NORTH PINAL AVENUE CASA GRANDE AZ 85122	Tele: (520)421-1120 Fax: (520)421-2877	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
HHA5646	PRINCE OF PEACE HOME HEALTH, LLC 660 SOUTH PINAL PARKWAY, SUITE 201 FLORENCE AZ 85132	Tele: (602)441-3501 Fax: (602)865-4970	10/01/2012 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC6532	INTEGRITY HOSPICE CARE, LLC 6877 SOUTH KINGS RANCH RAOD, SUITE #2 GOLD CANYON AZ 85118	Tele: (480)426-0255 Fax: (480)499-5859	05/14/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - SHORT TERM

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Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H5738	BANNER GOLDFIELD MEDICAL CENTER 2050 WEST SOUTHERN AVENUE APACHE JUNCTION AZ 85120	Tele: (480)237-3200 Fax: (480)237-3206	06/01/2014 to 05/31/2015 Capacity : 30 Medcaid_Cert: Certified		
H4946	BANNER IRONWOOD MEDICAL CENTER 37000 NORTH GANTZEL ROAD SAN TAN VALLEY AZ 85140	Tele: (480)394-4030 Fax: (480)394-8003	06/27/2012 to 09/30/2014 Capacity : 47 Medcaid_Cert: Certified		

Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARIZONA TRAINING PROGRAM AT COOLIDGE - 30 OASIS COURT 2800 N HWY 87 COOLIDGE AZ 85128	Tele: (520)723-2600 Fax: (520)723-7618	to Capacity : Medcaid_Cert: Certified	NOT APPLICABLE	
	ARIZONA TRAINING PROGRAM OF COOLIDGE - 10 SANDSTONE COURT 2800 N HWY 87 COOLIDGE AZ 85128	Tele: (520)723-2600 Fax: (520)723-7618	to Capacity : Medcaid_Cert: Certified	NOT APPLICABLE	

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARIZONA TRAINING PROGRAM OF COOLIDGE - 20 SANDSTONE COURT 2800 N HWY 87 COOLIDGE AZ 85128	Tele: (520)723-2600 Fax: (520)723-7618	to Capacity : Medcaid_Cert: Certified	NOT APPLICABLE	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARIZONA TRAINING PROGRAM OF COOLIDGE - 30 SANDSTONE COURT 2800 N HWY 87 COOLIDGE AZ 85128	Tele: (520)723-2600 Fax: (520)723-7618	to Capacity : Medcaid_Cert: Certified	NOT APPLICABLE	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARIZONA TRAINING PROGRAM OF COOLIDGE - 40 SANDSTONE COURT 2800 N HWY 87 COOLIDGE AZ 85128	Tele: (520)723-2600 Fax: (520)723-7618	to Capacity : Medcaid_Cert: Certified	NOT APPLICABLE	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARIZONA TRAINING PROGRAM OF COOLIDGE - 50 OASIS COURT 2800 N HWY 87 COOLIDGE AZ 85128	Tele: (520)723-2600 Fax: (520)723-7618	to Capacity : Medcaid_Cert: Certified	NONE	

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	ARIZONA TRAINING PROGRAM OF COOLIDGE - 50 SANDSTONE COURT 2800 N HWY 87 COOLIDGE AZ 85128	Tele: (520)723-2600 Fax: (520)723-7618	to Capacity : Medcaid_Cert: Certified	NOT APPLICABLE	

Sub-Type : JUVENILE GROUP HOME

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4368	BEFORE & AFTER HOME 4 BOYS, L L C 41402 WEST HOPPER DRIVE MARICOPA AZ 85138	Tele: (520)350-2198 Fax: (520)423-3915	12/04/2013 to 11/30/2014 Capacity : 4 Medcaid_Cert: Certified		

Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2651	NATIONAL MENTOR HEALTHCARE, LLC - DBA ARIZONA MENTOR - OCOTILLO 1918 SOUTH OCOTILLO DRIVE APACHE JUNCTION AZ 85120	Tele: (602)200-9494 Fax: (602)567-2062	09/01/2013 to 08/31/2014 Capacity : 5 Medcaid_Cert: Certified		
BH-2581	NATIONAL MENTOR HEALTHCARE, LLC DBA ARIZONA MENTOR - ARIZONA CITY 8428 WEST ROYAL BLACKHEATH ARIZONA CITY AZ 85223	Tele: (602)200-9494 Fax: (602)567-2062	04/01/2014 to 03/31/2015 Capacity : 7 Medcaid_Cert: Certified		

Sub-Type : LEVEL 3 BEHAVIORAL HEALTH RESIDENTIAL

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : LEVEL 3 BEHAVIORAL HEALTH RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4194	LUMINARIA, LLC 4040 NORTH DEL MONTE ELOY AZ 85131	Tele: (520)840-0431 Fax: (520)466-2242	06/01/2014 to 05/31/2015 Capacity : 6 Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3945	ARIZONA COUNSELING & TREATMENT SERVICES, L L C 13100 SOUTH SUNLAND GIN ROAD, SUITE 1 ARIZONA CITY AZ 85123	Tele: (928)376-0220 Fax: (928)376-0709	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6501	ARIZONA COUNSELING & TREATMENT SERVICES, L L C 120B NORTH ARIZONA BOULEVARD, SUITE F COOLIDGE AZ 85128	Tele: (928)376-0220 Fax: (928)783-9262	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6009	ARIZONA'S CHILDREN ASSOCIATION 2800 NORTH HIGHWAY 87 COOLIDGE AZ 85128	Tele: (520)723-6893 Fax: (520)723-6896	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6056	ARIZONA'S CHILDREN ASSOCIATION 2066 WEST APACHE TRAIL, SUITES 101, 111, & 112 APACHE JUNCTION AZ 85120	Tele: (480)503-8530 Fax: (480)503-8531	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6445	COMMUNITY BRIDGES, INC - CASA GRANDE OUTPATIENT SERVICES CENTER 675 EAST COTTONWOOD LANE, SUITE 101 CASA GRANDE AZ 85122	Tele: (480)831-7566 Fax: (480)831-7563	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
BH-4313	CORAZON INTEGRATED HEALTHCARE SERVICES 418 EAST 3RD STREET CASA GRANDE AZ 85122	Tele: (520)836-4278 Fax: (520)836-1786	08/21/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		
BH-2129	CORAZON INTEGRATED HEATLHCARE SERVICES 900 E FLORENCE BLVD A1 A2 D2 E F F1 G H1 H2 CASA GRANDE AZ 85122	Tele: (520)836-4278 Fax: (520)836-1786	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6383	EASTER SEALS BLAKE FOUNDATION 1115 EAST FLORENCE BOULEVARD, SUITE A CASA GRANDE AZ 85122	Tele: (520)723-4429 Fax: (520)421-6400	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4162	EMPACT - SUICIDE PREVENTION CENTER 21476 NORTH JOHN WAYNE PARKWAY, SUITE C 101 MARICOPA AZ 85239	Tele: (520)316-6068 Fax: (520)568-6289	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6013	HELPING ASSOCIATES, INC 1901 NORTH TREKELL ROAD, SUITE A CASA GRANDE AZ 85122	Tele: (520)836-1029 Fax: (520)836-6733	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6015	HELPING ASSOCIATES, INC 1000 EAST RACINE PLACE CASA GRANDE AZ 85122	Tele: (520)421-2566 Fax: (520)421-2775	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6057	HELPING ASSOCIATES, INC 1929 NORTH TREKELL ROAD CASA GRANDE AZ 85122	Tele: (520)421-3321 Fax: (520)421-0087	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
BH-2460	HORIZON HUMAN SERVICES 210 EAST COTTONWOOD LANE CASA GRANDE AZ 85122	Tele: (520)836-1688 Fax: (520)421-2708	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5961	HORIZON HUMAN SERVICES 102 NORTH FLORENCE STREET CASA GRANDE AZ 85122	Tele: (520)836-1688 Fax: (520)421-2708	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5958	HORIZON HUMAN SERVICES 5497 WEST MCCARTNEY ROAD CASA GRANDE AZ 85122	Tele: (520)836-1688 Fax: (520)421-2708	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5946	HORIZON HUMAN SERVICES 107 EAST FIRST STREET CASA GRANDE AZ 85122	Tele: (520)836-1688 Fax: (520)421-2708	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5962	HORIZON HUMAN SERVICES 120 WEST MAIN STREET CASA GRANDE AZ 85122	Tele: (520)836-1688 Fax: (520)421-2708	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5960	HORIZON HUMAN SERVICES 222 EAST COTTONWOOD LANE CASA GRANDE AZ 85122	Tele: (520)836-1688 Fax: (520)421-2708	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5861	P S A BEHAVIORAL HEALTH AGENCY - ART AWAKENINGS 309 WEST 2ND STREET CASA GRANDE AZ 85222	Tele: (520)423-0707 Fax: (520)423-0511	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2437	PARK PLACE OUTREACH & COUNSELING CENTERS, INC - MAIN OFFICE 9373 WEST BATTAGLIA ROAD ARIZONA CITY AZ 85123	Tele: (520)466-8850 Fax: (520)466-8851	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3367	PINAL HISPANIC COUNCIL 330 NORTH PICACHO STREET CASA GRANDE AZ 85122	Tele: (520)876-5833 Fax: (520)836-9702	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6037	PINAL HISPANIC COUNCIL 107 EAST 4TH STREET ELOY AZ 85131	Tele: (520)466-7765 Fax: (520)466-4475	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6003	PINAL HISPANIC COUNCIL 556 SOUTH ARIZONA BOULEVARD COOLIDGE AZ 85128	Tele: (520)723-7405 Fax: (520)723-7410	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6540	RESOLUTION GROUP, INC, THE 564 NORTH IDAHO ROAD, SUITE 10 APACHE JUNCTION AZ 85120	Tele: (480)962-9288 Fax: (480)962-1293	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3671	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS (H.A.B.I.T.) 2525 SOUTH IRONWOOD, ROOM 291 APACHE JUNCTION AZ 85120	Tele: (480)983-0065 Fax: (480)288-5339	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5930	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS - ORACLE 980 EAST MT LEMON ROAD ORACLE AZ 85623	Tele: (480)983-0065 Fax: (480)288-5339	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6348	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS - RECOVERY CENTER	Tele: (480)983-0065	11/01/2013 to 10/31/2014		
	447 BUILDING A, 477, 507 & 525 E BROADWAY RD	Fax: (480)288-5339	Capacity :		
	APACHE JUNCTION AZ 85119		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5937	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS - SPECIAL SERVICES	Tele: (480)983-0065	01/01/2014 to 12/31/2014		
	447 EAST BROADWAY ROAD, BUILDING B	Fax: (480)288-5339	Capacity :		
	APACHE JUNCTION AZ 85119		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6220	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS (M H W) OF APACHE JUNCTION	Tele: (480)983-0065	03/01/2014 to 02/28/2015		
	625 NORTH PLAZA DRIVE	Fax: (480)288-5339	Capacity :		
	APACHE JUNCTION AZ 85120		Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6092	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS- MOUNTAIN HEIGHTS ACADEMY & COU	Tele: (480)983-0065	12/01/2013 to 11/30/2014		
	2805 SOUTH IRONWOOD DRIVE, ROOMS 309C-315C	Fax: (480)288-5339	Capacity :		
	APACHE JUNCTION AZ 85120		Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5886	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS OF SAN MANUEL 23 MCNAB PARKWAY SAN MANUEL AZ 85631	Tele: (480)938-0065 Fax: (480)288-5339	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
OTC5885	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS OF SUPERIOR 400 WEST MAIN STREET SUPERIOR AZ 85173	Tele: (480)983-0065 Fax: (480)288-5339	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6586	SMMHC, INC DBA MOUNTAIN HEALTH & WELLNESS 100 TILBURY ROAD KEARNY AZ 85137	Tele: (480)474-5664 Fax: (480)671-4551	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		
BH-3172	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - APACHE JUNCTION OUTPATIENT 1545 WEST BROADWAY, SUITE 101, 102 & 103 APACHE JUNCTION AZ 85220	Tele: (602)285-4282 Fax: (602)265-8377	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

Medicaid Certified Facilities

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County PINAL Total = 81

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-363	APACHE JUNCTION HLTH CENTER 2012 WEST SOUTHERN AVE APACHE JUNCTION AZ 85120	Tele: (480)983-0700 Fax: (480)983-7318	02/01/2014 to 01/31/2015 Capacity : 2E Medcaid_Cert: Certified	B	11/30/2013

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
	GILA RIVER INDIAN CARE CENTER PO BOX 2187 SACATON AZ 85247	Tele: (520)562-7400 Fax: (520)562-7406	to Capacity : Medcaid_Cert: Certified	NONE	

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2692	OASIS PAVILION NURSING & REHABILITATION CENTER 161 WEST RODEO ROAD CASA GRANDE AZ 85122	Tele: (520)836-1772 Fax: (520)421-4966	08/01/2014 to 07/31/2015 Capacity : 1E Medcaid_Cert: Certified	C	01/31/2014

County SANTA CRUZ Total = 8

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC0750	MARIPOSA COMMUNITY HEALTH CENTER, INC. 1835 NORTH MASTICK WAY NOGALES AZ 85621	Tele: (520)281-1550 Fax: (520)281-1112	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

Medicaid Certified Facilities

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County SANTA CRUZ Total = 8

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3393	DEPENDABLE HOME HEALTH, INC. 857 WEST BELL ROAD, SUITE 7 NOGALES AZ 85621	Tele: (520)761-3211 Fax: (520)281-9213	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - CRITICAL ACCESS

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0090	CARONDELET HOLY CROSS HOSPITAL 1171 WEST TARGET RANGE ROAD NOGALES AZ 85621	Tele: (520)285-3000 Fax: (520)285-8015	12/01/2013 to 11/30/2016 Capacity : 25 Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4020	ALLIANCE COUNSELING CENTER, L L C 1790 NORTH MASTICK WAY, SUITE A NOGALES AZ 85621	Tele: (520)281-0009 Fax: (520)281-0009	07/01/2013 to 06/30/2014 Capacity : Medcaid_Cert: Certified		
License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5995	ARIZONA'S CHILDREN ASSOCIATION 1740 NORTH MASTICK WAY, SUITE D NOGALES AZ 85621	Tele: (520)377-0843 Fax: (520)761-1272	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County SANTA CRUZ Total = 8

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6515	COMMUNITY INTERVENTION ASSOCIATES 32 BOULEVARD DEL REY DAVID NOGALES AZ 85621	Tele: (928)376-0026 Fax: (928)782-2298	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6086	CORAZON INTEGRATED HEALTHCARE SERVICES 1891 NORTH MASTICK WAY, SUITE A & B NOGALES AZ 85621	Tele: (520)836-4278 Fax: (520)836-1786	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5856	PINAL HISPANIC COUNCIL 275 NORTH GRAND COURT PLAZA NOGALES AZ 85621	Tele: (520)287-0015 Fax: (520)287-0180	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

County YAVAPAI Total = 59

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC4997	TOMAR PAIN CENTERS II, PLLC 1055 WEST IRON SPRINGS ROAD, SUITE 101 PRESCOTT AZ 86305	Tele: (928)771-2700 Fax: (928)771-2747	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL2369C	WILLOW WIND RESIDENCE 3191 ASTER DRIVE PRESCOTT AZ 86305	Tele: (928)443-9999 Fax: (928)443-5334	03/01/2013 to 02/28/2014 Capacity : 62 Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING CENTER-PERSONAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL8914C	BOULDER GARDENS ASSISTED LIVING 860 DOUGHERTY STREET PRESCOTT AZ 86305	Tele: (928)778-9777 Fax: (928)717-0587	12/01/2013 to 11/30/2014 Capacity : 80 Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL0116C	STERLING RANCH 5200 SOUTH OLD SKULL VALLEY ROAD SKULL VALLEY AZ 86338	Tele: (928)442-3289 Fax: (928)442-9272	08/01/2014 to 07/31/2015 Capacity : 19 Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6884H	NORTH STAR ADULT CARE HOME 6530 EAST STRATFORD DRIVE PRESCOTT VALLEY AZ 86314	Tele: (928)775-2409 Fax: (928)775-2409	11/01/2013 to 10/31/2014 Capacity : 10 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL2452H	SANTA FE HOUSE 4988 NORTH COWPOKE ROAD PRESCOTT VALLEY AZ 86314	Tele: (928)308-6293 Fax: (928)759-2489	02/01/2014 to 01/31/2015 Capacity : 6 Medcaid_Cert: Certified		
AL6710H	WESTFIELD ASSISTED LIVING, LLC 3225 NORTH PLEASANT VIEW DRIVE PRESCOTT VALLEY AZ 86314	Tele: (928)775-4336 Fax: (928)775-6672	07/01/2014 to 06/30/2015 Capacity : 10 Medcaid_Cert: Certified		

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6441	MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC 15801 EAST DON CARLOS DRIVE PRESCOTT VALLEY AZ 86315	Tele: (602)335-2000 Fax: (602)476-1910	05/01/2014 to 04/30/2015 Capacity : 1E Medcaid_Cert: Certified		

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6488	GALLUS DETOX ARIZONA 134 SOUTH GRANITE STREET PRESCOTT AZ 86303	Tele: (928)227-2300 Fax: (928)445-1416	05/01/2014 to 04/30/2015 Capacity : 6 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
IFBH6398	VALLE DEL SOL 5940 EAST COPPER HILL DRIVE, SUITE B PRESCOTT VALLEY AZ 86314	Tele: (602)258-6797 Fax: (602)248-8113	05/01/2014 to 04/30/2015 Capacity : 8 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4021	DECISION POINT CENTER, INC 615 / 621 / 623 / 625 CAMPBELL STREET PRESCOTT AZ 86301	Tele: (928)778-4600 Fax: (928)778-2221	06/01/2014 to 05/31/2015 Capacity : 42 Medcaid_Cert: Certified		
BH-3144	SEQUELCARE OF ARIZONA 3160 NORTH PINE VIEW DRIVE PRESCOTT VALLEY AZ 86314	Tele: (928)775-3280 Fax: (928)717-1660	09/01/2014 to 08/31/2015 Capacity : 10 Medcaid_Cert: Certified		
BH-3197	SEQUELCARE OF ARIZONA 14410 EAST BLUE RIDGE ROAD DEWEY AZ 86327	Tele: (928)777-3280 Fax: (928)717-1660	10/01/2013 to 09/30/2014 Capacity : 8 Medcaid_Cert: Certified		
BH-1394	WEST YAVAPAI GUIDANCE CLINIC - HADDON HOUSE 711 HILLSIDE AVENUE PRESCOTT AZ 86301	Tele: (928)445-5211 Fax: (928)776-8031	04/01/2014 to 03/31/2015 Capacity : 8 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : BH RESIDENTIAL FACILITY - ADULT/CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-309	HILLSIDE CENTER RESIDENTIAL 642 DAMERON PRESCOTT AZ 86301	Tele: (928)445-5211 Fax: (928)776-8031	02/01/2014 to 01/31/2015 Capacity : 23 Medcaid_Cert: Certified		
BH-1122	MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC / FARRINGTON HOUSE 100 DEWEY ROAD DEWEY AZ 86327	Tele: (602)335-2000 Fax: (602)249-1311	05/01/2014 to 04/30/2015 Capacity : 9 Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-1487	MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC / EMILY HOUSE 3801 NORTH ROBERT ROAD PRESCOTT VALLEY AZ 86314	Tele: (602)335-2000 Fax: (602)249-1311	05/01/2014 to 04/30/2015 Capacity : 7 Medcaid_Cert: Certified		
BH-3196	SEQUELCARE OF ARIZONA 9435 SMOKI TRAIL DEWEY AZ 86327	Tele: (928)777-3280 Fax: (928)717-1660	01/01/2014 to 12/31/2014 Capacity : 8 Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3071	ANGELS CARE HOME HEALTH OF ARIZONA 301 SOUTH WILLARD COTTONWOOD AZ 86326	Tele: (928)649-8890 Fax: (928)649-8891	07/07/2014 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
HHA5119	BAYADA NURSES, INC 2971 WILLOW CREEK ROAD, BUILDING 1, SUITE A PRESCOTT AZ 86301	Tele: (928)759-5900 Fax: (928)759-5982	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
HHA3582	GOOD SAMARITAN SOCIETY PRESCOTT HOME HEALTH 1065 RUTH STREET, SUITE 104 PRESCOTT AZ 86301	Tele: (928)778-5655 Fax: (928)445-2497	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
HHA0186	GRANITE MOUNTAIN HOME CARE 3107 CLEARWATER DRIVE, SUITE A PRESCOTT AZ 86305	Tele: (928)445-2522 Fax: (928)445-1910	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA0204	NNI HOME CARE SERVICES 3085 NORTH WINDSONG DRIVE, SUITE A PRESCOTT VALLEY AZ 86314	Tele: (928)772-8707 Fax: (928)772-7054	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
HHA0048	NORTHERN ARIZONA HOMECARE COTTONWOOD 203 SOUTH CANDY LANE, SUITE 10 B COTTONWOOD AZ 86326	Tele: (928)639-6674 Fax: (928)639-6004	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC6437	HOSPICE FAMILY CARE, INC- CHINO VALLEY 448 NORTH HIGHWAY 89, SUITE G&H CHINO VALLEY AZ 86323	Tele: (704)664-2876 Fax: (704)604-1306	04/10/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - PSYCHIATRIC

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH4435	WINDHAVEN PSYCHIATRIC HOSPITAL 3347 NORTH WINDSONG DRIVE PRESCOTT VALLEY AZ 86314	Tele: (928)445-5211 Fax: (928)445-9522	09/01/2012 to 07/31/2015 Capacity : 16 Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - REHABILITATION

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Sub-Type : HOSPITAL - REHABILITATION

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SH3974	MOUNTAIN VALLEY REGIONAL REHABILITATION HOSPITAL 3700 NORTH WINDSONG DRIVE PRESCOTT VALLEY AZ 86314	Tele: (928)759-8800 Fax: (928)759-8806	03/01/2013 to 02/29/2016 Capacity : 40 Medcaid_Cert: Certified		

Sub-Type : HOSPITAL - SHORT TERM

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
H0122	VERDE VALLEY MEDICAL CENTER 269 SOUTH CANDY LANE COTTONWOOD AZ 86326	Tele: (928)639-6000 Fax: (928)639-6070	06/05/2012 to 02/28/2015 Capacity : 1E Medcaid_Cert: Certified		
H3964	YAVAPAI REGIONAL MEDICAL CENTER-EAST 7700 EAST FLORENTINE ROAD PRESCOTT VALLEY AZ 86314	Tele: (928)442-8165 Fax: (928)442-8161	01/01/2014 to 12/31/2014 Capacity : 72 Medcaid_Cert: Certified		

Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH4424	CARLETON RECOVERY CENTER WOMEN'S RESIDENTIAL PRESCOTT 135 BRUSH STREET, 791 & 795 WESTERN STREET PRESCOTT AZ 86305	Tele: (928)445-5351 Fax: (928)445-1637	02/03/2014 to 01/30/2015 Capacity : 24 Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : LEVEL 2 RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH4422	CARLETON RECOVERY CENTERS 1118 WILLOW CREEK ROAD PRESCOTT AZ 86301	Tele: (928)445-5351 Fax: (928)445-1637	02/03/2014 to 01/31/2015 Capacity : 31 Medcaid_Cert: Certified		
BH-2871	SPECTRUM HEALTHCARE GROUP, INC 8 EAST COTTONWOOD STREET, BUILDING B COTTONWOOD AZ 86326	Tele: (928)634-2236 Fax: (928)634-8960	02/01/2014 to 01/31/2015 Capacity : 12 Medcaid_Cert: Certified		

Sub-Type : LEVEL 3 BEHAVIORAL HEALTH RESIDENTIAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3650	SEQUELCARE OF ARIZONA 8070 PRESCOTT ROAD PRESCOTT VALLEY AZ 86314	Tele: (928)777-3280 Fax: (928)717-1660	09/01/2014 to 08/31/2015 Capacity : 6 Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4350	ARIZONA BEHAVIORAL COUNSELING & EDUCATION, INC 3050 NORTH NAVAJO DRIVE, SUITE 105 PRESCOTT VALLEY AZ 86314	Tele: (602)788-1116 Fax: (602)788-1119	09/19/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5874	CATHOLIC CHARITIES COMMUNITY SERVICES, INC 434 WEST GURLEY STREET PRESCOTT AZ 86301	Tele: (928)778-2531 Fax: (928)771-9531	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6530	CHILD & FAMILY SUPPORT SERVICES, INC 8652 EAST EASTRIDGE, SUITE 103 PRESCOTT VALLEY AZ 86314	Tele: (928)775-2500 Fax: (928)775-2800	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6593	DESERT FOOTHILLS COUNSELING 723 COVE PARKWAY, SUITE D COTTONWOOD AZ 86326	Tele: (928)646-0347 Fax: (928)646-7153	08/19/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6423	FAMILY INVOLVEMENT CENTER 8766 EAST STATE ROUTE 69, SUITE G PRESCOTT VALLEY AZ 86314	Tele: (928)379-5077 Fax: (928)458-5915	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6205	HILLSIDE OUTPATIENT CLINIC 642 DAMERON, SUITE B PRESCOTT AZ 86301	Tele: (928)583-6411 Fax: (928)776-1213	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6310	MENTALLY ILL KIDS IN DISTRESS (M I K I D) 3075 NORTH WINDSONG DRIVE PRESCOTT VALLEY AZ 86314	Tele: (928)775-4448 Fax: (928)775-5383	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5905	NORTHLAND CARES 3112 CLEARWATER DRIVE, SUITE A PRESCOTT AZ 86305	Tele: (928)776-4612 Fax: (928)771-1767	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6085	SEQUELCARE OF ARIZONA 8603 EAST EASTRIDGE DRIVE, SUITE A PRESCOTT VALLEY AZ 86314	Tele: (928)777-3280 Fax: (928)717-1660	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3898	SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - PRESCOTT VALLEY OUTPATIENT 7763 EAST FLORENTINE ROAD, SUITES 101- 104 PRESCOTT VALLEY AZ 86314	Tele: (602)285-4282 Fax: (602)265-8377	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-2174	SPECTRUM HEALTHCARE GROUP, INC 452 FINNIE FLATS ROAD, OUTPOST MALL, SUITE F CAMP VERDE AZ 86322	Tele: (928)634-2236 Fax: (928)634-8960	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5984	SPECTRUM HEALTHCARE GROUP, INC 8 EAST COTTONWOOD STREET, BULIDING C COTTONWOOD AZ 86326	Tele: (928)634-2236 Fax: (928)634-8960	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5976	SPECTRUM HEALTHCARE GROUP, INC 8 EAST COTTONWOOD STREET, BUILDING A COTTONWOOD AZ 86326	Tele: (928)634-2236 Fax: (928)634-8960	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-178	WEST YAVAPAI GUIDANCE CLINIC - CORTEZ CLINIC 505 SOUTH CORTEZ STREET PRESCOTT AZ 86303	Tele: (928)445-5211 Fax: (928)772-8483	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6571	WEST YAVAPAI GUIDANCE CLINIC - DBA RUTH STREET CLINIC 625 HILLSIDE AVENUE PRESCOTT AZ 86301	Tele: (928)445-5211 Fax: (928)776-8031	07/01/2014 to 06/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6375	WEST YAVAPAI GUIDANCE CLINIC - WINDSONG CLINIC 3345 NORTH WINDSONG DRIVE PRESCOTT VALLEY AZ 86314	Tele: (928)583-6411 Fax: (928)776-8031	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6262	WEST YAVAPAI GUIDANCE CLINIC- CHINO CLINIC 555 WEST ROAD NORTH CHINO VALLEY AZ 86323	Tele: (928)445-5211 Fax: (928)776-8031	02/21/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		
BH-3202	WEST YAVAPAI GUIDANCE CLINIC- WINDHAVEN CENTER 3347 NORTH WINDSONG DRIVE PRESCOTT VALLEY AZ 86314	Tele: (928)445-5211 Fax: (928)776-8031	09/01/2013 to 08/31/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : RURAL HEALTH CLINICS - MEDICARE

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : RURAL HEALTH CLINICS - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5350	COMMUNITY HOSPITAL CLINIC-CONGRESS 26750 B SOUTH SANTA FE ROAD CONGRESS AZ 85332	Tele: (928)684-5421 Fax: (928)684-5081	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-1500	GOOD SAMARITAN SOCIETY-PRESCOTT VALLEY 3380 NORTH WINDSONG DRIVE PRESCOTT VALLEY AZ 86314	Tele: (928)775-0045 Fax: (928)775-2752	04/01/2014 to 03/31/2015 Capacity : 80 Medcaid_Cert: Certified	A	02/28/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-321	GOOD SAMARITAN SOCIETY-PRESCOTT VILLAGE 1030 SCOTT DRIVE PRESCOTT AZ 86301	Tele: (928)778-2450 Fax: (928)778-5251	05/01/2014 to 04/30/2015 Capacity : 80 Medcaid_Cert: Certified	A	04/30/2014

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2699	HAVEN OF CAMP VERDE 86 WEST SALT MINE ROAD CAMP VERDE AZ 86322	Tele: (928)567-5253 Fax: (928)567-3794	02/01/2014 to 01/31/2015 Capacity : 80 Medcaid_Cert: Certified	A	03/31/2014

Medicaid Certified Facilities

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County YAVAPAI Total = 59

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-2707	HAVEN OF COTTONWOOD, LLC 197 SOUTH WILLARD STREET COTTONWOOD AZ 86326	Tele: (928)634-5548 Fax: (928)639-9602	02/01/2014 to 01/31/2015 Capacity : 70 Medcaid_Cert: Certified	A	04/30/2014
NCI-387	LAS FUENTES CARE CENTER 1045 SCOTT DRIVE PRESCOTT AZ 86301	Tele: (928)778-9603 Fax: (928)778-5909	08/01/2014 to 07/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	02/28/2013
NCI-358	MOUNTAIN VIEW MANOR 1045 SANDRETTO DRIVE PRESCOTT AZ 86305	Tele: (928)778-4837 Fax: (928)445-8311	08/01/2014 to 07/31/2015 Capacity : 1E Medcaid_Cert: Certified	A	06/30/2014
NCI-2651	PRESCOTT NURSING AND REHABILITATION CENTER 864 DOUGHERTY STREET PRESCOTT AZ 86305	Tele: (928)778-9667 Fax: (928)771-9620	10/01/2013 to 11/30/2014 Capacity : 64 Medcaid_Cert: Certified	A	05/31/2014

County YUMA Total = 38

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

Medicaid Certified Facilities

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County YUMA Total = 38

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OSC5356	TUSCANY SURGICAL CENTER LLC 2851 SOUTH AVENUE B, SUITE 2801 YUMA AZ 85364	Tele: (928)581-8894 Fax: (928)344-5655	03/01/2014 to 02/28/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : ASSISTED LIVING HOME-DIRECTED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
AL6096H	GRACE'S PLACE ASSISTED LIVING HOME 447 EAST VILLA STREET SAN LUIS AZ 85349	Tele: (928)722-6670 Fax: (928)627-1656	09/01/2013 to 08/31/2014 Capacity : 10 Medcaid_Cert: Certified		
AL7772H	KINDRED HOMES II 2686 EAST COUNTY 15 1/2 STREET YUMA AZ 85365	Tele: (928)317-2857 Fax: (928)726-2151	10/01/2013 to 09/30/2014 Capacity : 8 Medcaid_Cert: Certified		
AL7492H	KINDRED HOMES, LLC 5238 EAST 47TH STREET YUMA AZ 85365	Tele: (928)726-2522 Fax: (928)726-2151	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		
AL4243H	PARADISE OASIS 8691 SOUTH MOHAVE LANE YUMA AZ 85364	Tele: (928)329-0481 Fax: (928)329-0481	03/01/2014 to 02/28/2015 Capacity : 10 Medcaid_Cert: Certified		

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

Medicaid Certified Facilities

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County YUMA Total = 38

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3460	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS - PSYCHIATRIC INPATIENT FACILITY	Tele: (480)983-0065	12/01/2013 to 11/30/2014		
	3180 EAST 40TH STREET	Fax: (480)288-5339	Capacity : 16		
	YUMA AZ 85365		Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3480	LIGHTHOUSE	Tele: (480)831-7566	12/01/2013 to 11/30/2014		
	3250 B EAST 40TH STREET, ROOMS A & C	Fax: (480)831-7563	Capacity : 24		
	YUMA AZ 85365		Medcaid_Cert: Certified		

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-4308	PARK PLACE OUTREACH & COUNSELING CENTERS, INC - CASA DE VIDA	Tele: (928)345-4777	07/01/2014 to 06/30/2015		
	11349 EAST 24TH LANE	Fax: (520)466-8855	Capacity : 8		
	YUMA AZ 85367		Medcaid_Cert: Certified		

Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA4734	ADVANTAGE HEALTH INC	Tele: (928)317-1300	11/01/2013 to 10/31/2014		
	2281 WEST 24TH STREET, SUITE 7	Fax: (928)317-1315	Capacity :		
	YUMA AZ 85364		Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : HOME HEALTH AGENCY - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA3767	ANGELS PRN, INC. 2755 SOUTH 4TH AVENUE, BUILDING 3, SUITE 101 YUMA AZ 85364	Tele: (928)726-9163 Fax: (928)726-1040	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HHA5479	VITAL WELLNESS HOME HEALTH 230 WEST MORRISON SUITE B YUMA AZ 85364	Tele: (928)782-3365 Fax: (928)783-5205	08/01/2013 to 07/31/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : HOSPICE - MEDICARE

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
HSPC5642	ARIZONA BEST HOSPICE, LLC 291 SOUTH MAIN STREET, SUITE L YUMA AZ 85364	Tele: (928)783-4336 Fax: (928)783-4349	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
SABH6424	CROSSROADS MISSION 944 SOUTH ARIZONA AVENUE, BUILDING 300 YUMA AZ 85364	Tele: (928)783-9362 Fax: (928)329-6020	07/01/2014 to 06/30/2015 Capacity : 16 Medcaid_Cert: Certified		

Sub-Type : OUTPATIENT TREATMENT CENTER

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6318	ACHIEVE HUMAN SERVICES, INC 3220 EAST 40TH STREET YUMA AZ 85365	Tele: (928)341-0335 Fax: (928)329-8950	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3461	ARIZONA COUNSELING & TREATMENT SERVICES, L L C 679 NORTH FIRST AVENUE, SUITE E SAN LUIS AZ 85349	Tele: (928)376-0220 Fax: (928)376-0709	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5904	ARIZONA COUNSELING & TREATMENT SERVICES, L L C 10318 WILLIAM STREET WELLTON AZ 85356	Tele: (928)376-0220 Fax: (928)376-0709	02/01/2014 to 01/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6420	ARIZONA'S CHILDREN ASSOCIATION 3780 SOUTH 4TH AVENUE, SUITE J & K YUMA AZ 85365	Tele: (928)344-8800 Fax: (928)344-4016	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3861	CAMPESINOS SIN FRONTERAS 788 EAST B STREET SAN LUIS AZ 85349	Tele: (928)627-9777 Fax: (928)627-7446	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6081	CATHOLIC COMMUNITY SERVICES IN WESTERN ARIZONA 690 EAST 32ND STREET YUMA AZ 85365	Tele: (928)341-9400 Fax: (928)726-4400	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6323	CHILD & FAMILY SERVICES OF YUMA, INC 251 SOUTH 3RD AVENUE YUMA AZ 85364	Tele: (928)783-2427 Fax: (928)783-0179	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6002	COMMUNITY BRIDGES, INC - YUMA OUTPATIENT SERVICES CENTER 3250 EAST 40TH STREET, SUITE C YUMA AZ 85365	Tele: (480)831-7566 Fax: (480)831-7563	09/01/2014 to 08/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6468	COMMUNITY HEALTH ASSOCIATES, L L C 2851 SOUTH AVENUE B, BUILDING 29 A, SUITE 2902 YUMA AZ 85364	Tele: (928)376-0026 Fax: (928)782-2298	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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County YUMA Total = 38

Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6600	COMMUNITY INTERVENTION ASSOCIATES 1938 EAST JUAN SANCHEZ BOULEVARD, SUITE 4 SAN LUIS AZ 85349	Tele: (928)376-0026 Fax: (928)728-2298	08/01/2014 to 07/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
otc6458	COMMUNITY INTERVENTION ASSOCIATES 2851 SOUTH AVENUE B, BLDG 4A & 4B, STE 1101 & 1102 YUMA AZ 85364	Tele: (928)376-0026 Fax: (928)782-2298	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5943	COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC - C C S YUMA 2180 SOUTH 4TH AVENUE, SUITE H YUMA AZ 85364	Tele: (520)884-7954 Fax: (520)884-0383	01/01/2014 to 12/31/2014 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6510	EASTER SEALS BLAKE FOUNDATION 1060 SOUTH 5TH AVENUE YUMA AZ 85364	Tele: (928)276-9225 Fax: (928)276-4313	06/01/2014 to 05/31/2015 Capacity : Medcaid_Cert: Certified		

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
BH-3478	HORIZON HUMAN SERVICES 791 SOUTH 4TH AVENUE, SUITE B YUMA AZ 85364	Tele: (928)329-4322 Fax: (928)329-4594	10/01/2013 to 09/30/2014 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC6212	HORIZON HUMAN SERVICES, INC 791 SOUTH 4TH AVENUE, SUITE A YUMA AZ 85364	Tele: (520)836-1688 Fax: (520)421-2708	04/01/2014 to 03/31/2015 Capacity : Medcaid_Cert: Certified		
OTC6332	LIGHTHOUSE 3250 B EAST 40TH STREET, ROOM B YUMA AZ 85365	Tele: (480)831-7566 Fax: (480)831-7563	12/01/2013 to 11/30/2014 Capacity : Medcaid_Cert: Certified		
OTC6179	P S A BEHAVIORAL HEALTH AGENCY - ART AWAKENING 1314 SOUTH 4TH AVENUE, SUITE B & C YUMA AZ 85364	Tele: (928)344-3870 Fax: (928)344-3796	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
OTC6417	PORTABLE PRACTICAL EDUCATION PREPARATION, INC 201 SOUTH BINGHAM AVENUE, SUITE 9 SOMERTON AZ 85350	Tele: (928)627-7768 Fax: (928)627-0784	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Medicaid Certified Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
OTC5912	PROVIDENCE OF ARIZONA 3220 EAST 40TH STREET, BUILDING A YUMA AZ 85365	Tele: (928)317-0177 Fax: (928)317-0179	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		
BH-3462	S M M H C, INC DBA MOUNTAIN HEALTH & WELLNESS - YUMA OUTPATIENT CLINIC 290 SOUTH 1ST AVENUE, SUITES 1, 2, 3, & 4 YUMA AZ 85364	Tele: (480)983-0065 Fax: (480)288-5339	11/01/2013 to 10/31/2014 Capacity : Medcaid_Cert: Certified		
OTC6022	YUMA TREATMENT CENTER, L L C 1290 WEST 8TH PLACE, SUITE A YUMA AZ 85364	Tele: (928)344-4310 Fax: (928)344-4366	05/01/2014 to 04/30/2015 Capacity : Medcaid_Cert: Certified		

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-369	LA MESA HEALTHCARE CENTER 2470 SOUTH ARIZONA AVENUE YUMA AZ 85364	Tele: (928)344-8541 Fax: (928)344-0823	12/01/2013 to 11/30/2014 Capacity : 1E Medcaid_Cert: Certified	A	09/30/2014
NCI-391	LIFE CARE CENTER OF YUMA 2450 SOUTH 19TH AVENUE YUMA AZ 85364	Tele: (928)344-0425 Fax: (928)344-4526	05/01/2014 to 04/30/2015 Capacity : 1E Medcaid_Cert: Certified	A	03/31/2014

Medicaid Certified Facilities

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Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-253	PALM VIEW REHABILITATION & CARE 2222 SOUTH AVENUE A YUMA AZ 85364	Tele: (928)783-8831 Fax: (928)329-0149	03/01/2014 to 02/28/2015 Capacity : 1E Medcaid_Cert: Certified	A	02/28/2015

License #	Name	Contact Information	License/Approval Dates	Quality Rating	Evaluation Date
NCI-365	YUMA NURSING CENTER 1850 WEST 25TH STREET YUMA AZ 85364	Tele: (928)726-6700 Fax: (928)344-1413	10/01/2013 to 09/30/2014 Capacity : 1E Medcaid_Cert: Certified	A	08/31/2014