

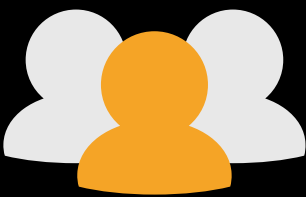


WHAT IS ARIZONA LONG TERM CARE SYSTEM (ALTCS)?

Health plan providing: medical, behavioral, & long-term care services.



WHAT GROUPS ARE COVERED?



(1) **Categorical** Requirement: Aged, blind, disabled, children, pregnant women, or the caretaker relative of a deprived child. Medical need is determined under the Pre-Admission Screening Process (PAS) + (2) **Coverage** Group: see **Appendix D** of our ALTCS Guide.

WHAT SERVICES ARE COVERED?



- Medical, institutional, behavioral, long-term care, home & community based, & EPSDT services
- Case management
- Family planning
- Medicare cost sharing.

BASIC ELIGIBILITY REQUIREMENTS



1. Arizona Resident & US Citizen or qualified immigrant
2. Social Security Number (or apply for one)
3. Apply for all benefits you may be entitled to
4. Live in an institutional setting (nursing home or your home)

FINANCIAL ELIGIBILITY REQUIREMENTS



1. Gross Income test -- income can't exceed 300% of Federal Benefit Rate
2. Net Income test -- income can't exceed 100% of FBR
3. SOBRA Income test -- income limit ranges from 100% - 150% of Federal Poverty Level

THE PRE-ADMISSION SCREENING PROCESS



Once financial eligibility has been determined, a registered nurse or social worker conducts a face-to-face interview to determine medical eligibility. Medically eligible if determined to be "at immediate risk of institutionalization."

GUIDE: HOW TO APPLY FOR ALTCS

Arizona Long Term care Services

START THE APPLICATION PROCESS

You may apply for yourself or another person may apply on your behalf. Application forms can be obtained from any local ALTCS office or downloaded at www.azahcccs.gov.



ELIGIBILITY FOR DDD SERVICES

ALTCS staff must screen applicants to determine if an applicant has a developmental disability and is potentially eligible for DDD services. If so, applicants must be referred to the DDD office for an eligibility determination.

PERSONAL INTERVIEW (IN PERSON OR PHONE)

Certain information must be explained: eligibility & PAS requirements; how to report changes; appeal rights & hearing process, & that a nurse or social worker will complete a medical assessment.



FURTHER INFORMATION REQUEST

All requests must be in writing & give you at least 10 days to provide the information/documentation. Due dates may be extended & you can ask ALTCS staff for help getting the information.



DECISION

Decisions must be issued in writing within 45 days. If approved, notice must state effective date & provide info about share of cost payment. If denied, notice must state the reason, specific financial info, cite legal authority, and explain your hearing rights.

