Before proceeding with the ALTCS application…

JACKSONWHITE
ATTORNEYS AT LAW
Elder Law Attorneys

Determine if the applicant needs the assistance of an Elder Law attorney to proceed with the ALTCS application by answering the following questions:

YES	NO	
☐	☐	Is the applicant single, having gross income over $2,901 each month?
☐	☐	Is the applicant single, having more than $2,000 in assets?
☐	☐	Is the applicant married, having more than $33,584 in assets?
☐	☐	Does the applicant's assets include any of the following: Trust, life insurance, annuities, long term care insurance, interests in real property (including a residence), time shares, promissory notes, loan agreements, personally held stocks/bonds, multiple vehicles, business property, and/or a life care contract?
☐	☐	Has the applicant or the applicant's spouse gifted or transferred any cash, bank accounts, real property, or personal property (i.e. something other than typical birthday and Christmas presents) to another person or entity within the last 60 months? (This would include placing another's name on any accounts and/or property.)
☐	☐	If the applicant has enough income and assets to currently pay for his/her care needs, is the applicant, due to a chronic, long-term illness, going to be paying for long-term care services longer than a period of two months with private funds?
☐	☐	Does the applicant need a guardian, conservator, or fiduciary to assist with the application?
☐	☐	Has the applicant recently been diagnosed with a chronic illness and need to financially plan for future medical needs?
☐	☐	Does the applicant want to legally protect assets for a spouse and/or children?

If YES was checked on one or more of the above questions, it is in the best interest of the applicant to speak with an Elder Care Advisor BEFORE applying for benefits.

Have questions concerning ALTCS eligibility? Call an Elder Care Advisor at 1-800-243-1160 for a FREE benefits analysis.

ALTCS Information Packet

Table of Contents

- **Form DE-828:** Filing an Application for the Long Term Care System (ALTCS)
- **Form DE-101SP/DE-202SP Combo:** Request for Application for AHCCCS Long Term Care Services and Authorization To Disclose Protected Health Information To AHCCCS.
- **Document Check List**
- **ALTCS Medical Eligibility Pre-Admission Screening**
- **(PAS) ALTCS Financial Eligibility Fact Sheet**
- **ALTCS Program Contractors**

WARNING: *Some enclosed documents are needed to apply for the Arizona Long-Term Care System (ALTCS). We strongly encourage you to speak with the Elder Law department at JacksonWhite BEFORE proceeding with the application process yourself. Incorrectly filing for the ALTCS program, either too soon or too late, can cause unnecessary ineligibility. Call 1-800-243-1160 today to speak with an Elder Care Advisor.*

Filing an Application for the Arizona Long Term Care System (ALTCS)

What is ALTCS?

ALTCS is the State of Arizona's Medicaid program that provides long term care services, at little or no cost, to financially and medically eligible Arizona residents who are aged, blind, disabled, or have a developmental disability.

This information sheet provides general information about the ALTCS application process and includes basic program requirements about residency, age, disability, and citizenship status, as well as general guidelines for financial eligibility which includes resources and income. You must also meet medical eligibility requirements. This is a guide only. Additional information sheets about Community Spouse rules (that apply when you are legally married), trusts and transfers are available upon request. **For more specific questions, contact ALTCS toll-free at (888) 621-6880.**

How do I apply for ALTCS?

- To apply, you must complete an application.
- To start an application, call ALTCS toll-free at (888) 621-6880.
- Another person can act on your behalf during the application process.
- You will need to provide documents to show that you meet financial and non-financial eligibility requirements.
- You must be determined as needing a nursing home level of care.

What are the Non-Financial Eligibility Requirements?

To be eligible for ALTCS, you must:

- Be determined in need of a nursing home level of care as determined by AHCCCS;
- Be a citizen or qualified immigrant;
- Have a Social Security Number (SSN) or apply for one;
- Be an Arizona resident;
- Apply for all cash benefits that you may be entitled to, such as Pensions or VA benefits;
- Live in an approved living arrangement, such as your own home, or an AHCCCS certified nursing facility or assisted living facility.

How are Resources Treated?

For single applicants, countable resources cannot be more than $2,000. If you are legally married, you may be able to set aside some of your resources for the needs of your spouse, so long as your spouse is not living in a medical facility. If you are married, please ask for a Community Spouse Information Sheet.

Countable Resources	Resources That We Do Not Count
• Checking, savings, and credit union accounts • Real property that you do not live in • Cash value of some life insurance policies • Cash, stocks, bonds, certificates of deposits • Non-exempt vehicles	• Your home that you live in, unless it is held in a trust • One vehicle • Burial plots and irrevocable burial plans • $1500 designated for burial • Household and personal belongings • Certain financial accounts that are excluded by federal law. Examples include qualified ABLE accounts, Flexible Spending Arrangements (FSA), and 530 Coverdell Education Savings Accounts.

If your resources are over $2,000, and you are under the age of 65, you may still be able to qualify by setting up a special type of trust. Please ask for the Special Treatment Trust Information Sheet.

How is my Income Treated?

Income that we count includes, but is not limited to, wages, Social Security, Supplemental Security Income and disability or retirement pensions.

The ALTCS gross monthly income limit is $2,901 (effective January 1, 2025) for an individual. If you are married, ask for a Community Spouse Information Sheet. If your income is over the limit, you may still be able to qualify by setting up a special type of trust. If you are over income, ask for a Special Treatment Trust Information Sheet.

Will I Have to Pay Any of My Income Toward the Cost of My Care?

Once you have been determined eligible for ALTCS, a calculation will be made to determine if, or how much, you will need to pay towards the cost of your nursing home or home and community-based services. This amount is called the Share of Cost. Your monthly gross income will be totaled and then the following deductions may be allowed:

- A personal needs allowance;
- A Community Spouse allowance for the needs of your spouse still living in the home;
- A family allowance for any dependents living in your home;
- A home maintenance allowance if you are in a nursing home but will go home within 6 months;
- Your medical insurance premiums; and
- Medical expenses that ALTCS does not pay for like hearing aids, eyeglasses, and dental care.

How does ALTCS Determine if I am Medically Eligible?

Once you have been determined financially eligible, a registered nurse or social worker will determine if you are medically eligible in a face-to-face interview. To meet medical requirements, you must be at immediate risk of institutionalization in a nursing facility or intermediate care facility for individuals with intellectual disabilities (you must require that level of care, but you do not need to reside in a facility).

What are the Different Types of ALTCS Services?

Once you have been determined eligible for ALTCS services, you will be enrolled with a Program Contractor and assigned to a case manager. The case manager will meet with you and your family to develop a service plan. Covered services may include the following:

- Institutional Care in a Nursing Facility;
- Home and Community Based Services, combining out-patient and in-home care;
- Medical Services, such as Doctor's office visits and prescriptions (prescription coverage is limited for people with Medicare);
- Behavioral health services;
- Preventive and well care for children; and
- Hospice services.

If you have additional questions, contact your Benefits and Eligibility Specialist, or contact ALTCS toll-free at (888) 621-6880. Additional contact information for ALTCS can be found by going online to: https://www.azahcccs.gov/members/ALTCSlocations.html

For more information, go to the following site on the Internet: https://epm.azahcccs.gov/EligibilityPolicyManual

Request For Application For Arizona Long Term Care System (ALTCS)

Customer Address:

To start the application process, you can call us at **888-621-6880 (toll-free)** or register an application online in Health-e-Arizona Plus. You may also complete this form and return it using one of the methods found on page 4 of this Request for Application. Missing or incomplete information may cause a delay in the processing of your application. Bolded questions are required to be answered in order for us to register the application.

Customer Information

Customer's Legal Name (First, Middle Initial, Last, Suffix):	Customer's Date of Birth:
Customer's Social Security Number:	☐ Male ☐ Female
Marital Status: ☐ Never Married ☐ Married (including separated if not legally divorced) ☐ Divorced ☐ Widowed Date of spouse's death:	
Spouse's Legal Name (First, Middle Initial, Last, Suffix):	Spouse's Date of Birth:
Spouse's Social Security Number (optional if not applying):	
Customer's Home Address:	Customer's Mailing Address (<u>if different</u> from home address):
Phone Number:	E-mail Address:

Authorized Representative/Spouse and Legal Guardian/Conservator Information

Name of the Customer's Authorized Representative:		Relationship to Customer:
Representative Date of Birth (optional):	Name of the Representative Organization (when applicable):	
Name of the Customer's Legal Guardian/Conservator:		Relationship to Customer:
Authorized Representative's Mailing Address:		
City:	State:	ZIP Code:

Phone Number:	E-mail Address:	
Legal Guardian's/Conservator's Mailing Address:		
City:	State:	ZIP Code:
Phone Number:	E-mail Address:	

Customer's Current Living Arrangement

Where is the customer currently residing? ☐ Hospital ☐ Nursing Facility ☐ At Home ☐ Other:	Date Admitted:	Expected Date of Discharge:
Name of the Hospital, Assisted Living or Nursing Facility:		Phone Number:
Hospital, Assisted Living, or Nursing Facility Address:		
City:	State:	ZIP Code:

Accommodations for Printed Letters

Does the customer, authorized representative, or legal guardian have a visual impairment that requires an alternative format for printed letters?
☐ No ☐ Yes If yes, who needs the accommodation?

If yes, what kind of alternative format do you need? Please choose one option:
☐ Readable PDF sent by secure email
☐ Large print: larger print letters sent by U.S. mail will be provided Arial 24-point font.
☐ Other:

Additional Questions

Does the customer need help paying for medical expenses from the last three months? Is the customer pregnant or had a pregnancy end in the last 5 months?	☐ Yes ☐ No If yes, what months? , ☐ Yes ☐ No
Is the customer receiving services from the DES Division of Developmental Disabilities?	☐ Yes ☐ No If yes, date services began:
Prior to the age of 18 was the customer **diagnosed** with any of the following medical conditions? Check all that apply.	☐ Autism ☐ Cerebral Palsy ☐ Intellectual/Cognitive Disability ☐ Down syndrome ☐ Seizure Disorder
If the customer is under the age of 6, has the customer been **diagnosed** with Developmental Delay?	☐ Yes ☐ No
Is the customer a trustor, trustee, or beneficiary of any type of trust?	☐ Yes ☐ No
Has the customer sold, traded, transferred, or given away any assets within the last five years?	☐ Yes ☐ No

Interview Information: An interview is required to complete the ALTCS application process. The customer is not required to attend the financial interview if the legal guardian/conservator or authorized representative completes the interview for the customer.

What are the best days and times for you to complete the interview?	
☐ Monday Time:	
☐ Tuesday Time:	
☐ Wednesday Time:	
☐ Thursday Time:	
☐ Friday Time:	
Does the person completing the interview need an interpreter? ☐ Yes ☐ No	If yes, what language?

How We Will Use Your Information

The following information describes how your personal information will be used by Health-e-Arizona Plus, AHCCCS, DES, and their contractors.

- We will use your information, including Social Security number, to computer match with financial institutions, state, local, and federal agencies, and our other programs to verify information. Income and verification systems such as the Social Security Administration, State Unemployment Insurance, and State Wage may be used. This information may affect eligibility and benefit level.
- Applying and providing information is voluntary, but some information is required to make a determination. For example, you must provide or apply for a Social Security number for every applicant. (Immigrants who are not legally able to obtain a Social Security number are not required to provide one.) Therefore, if personal information is not provided, you may not be eligible for benefits.

Name of Person Completing Form:	Phone Number:

The person completing this form is the:

☐ Customer
☐ Spouse of the customer
☐ Parent of the customer (if the customer is a minor)

If one of the boxes above is checked, the person completing this form must:

- check the on the next page; and
- sign this form on the next page.

If one of the boxes above is **NOT** checked, the person completing this form may:

- complete an Authorized Representative form found at: https://www.azahcccs.gov/Members/GetCovered/apply.html;
- attach the completed Authorized Representative form with this request for an application;
- check the box on the next page; and
- sign this form on the next page.

A request for an application may be returned without the completed authorized representative form, checking the box below and signing below, but may cause the application process to take more time.

☐ I agree to allow you to check information sources and use it for this application.

Signature	Date

AHCCCS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

To submit a Request for Application by phone, or for help contact:

Arizona Long Term Care System (ALTCS)

Call (toll-free): 888-621-6880

A completed Request for Application may also be returned by:

- **Online:** Health-e-Arizona Plus
- **Fax (toll-free):** 888-507-3313
- **E-mail:** altcsregistration@azahcccs.gov
- **Mail:** ALTCS
  801 E Jefferson St
  MD 3900
  Phoenix AZ 85034

A completed Request for Application may also be taken to a local ALTCS office:

CHINLE Tseyi Shopping Center Hwy 191 Chinle AZ 86503	**PHOENIX** 801 E Jefferson St Phoenix AZ 85034
FLAGSTAFF 2717 N Fourth St Ste 130 Flagstaff AZ 86004	**TUCSON** 7202 E Rosewood St Ste 125 Tucson AZ 85710
KINGMAN 2400 Airway Ave Kingman AZ 86409	**YUMA** 1800 E Palo Verde St Yuma AZ 85365

Authorization To Disclose Protected Health Information To AHCCCS

Attention ALTCS Customer:

Please complete the “Authorization to Disclose Protected Health Information to AHCCCS” form. A signature on the form is required by one of the following people:

- Customer;
- Customer’s parent if the customer is under the age of 18; or
- Customer’s Legal Guardian or Legal Representative. Copy of court documents must be provided.

Return this completed form using one of the return options below. For any questions, call (602) 417-6600 or toll-free (888) 621-6880. Please note, returning this form quickly will allow us to assist in getting medical documentation for your application.

Return Options:
Fax (toll-free): 888-507-3313
E-mail: altcsregistration@azahcccs.gov
Mail: AHCCCS
801 E Jefferson St
MD 3900
Phoenix AZ 85034

Authorization To Disclose Protected Health Information To AHCCCS

Customer Name:	Date of Birth:
AHCCCS ID Number or PID:	Date of Request:
Customer Address:	Social Security Number (SSN): (SSN is optional but may help the provider locate records)

For use by AHCCCS customers/applicants who want a doctor or other entity to give AHCCCS their protected health information.

I give my permission for any health care provider to disclose any of my protected health information to AHCCCS, for the purpose of determining my eligibility for any of the publicly-funded programs administered by AHCCCS. I give AHCCCS permission to share this information with the Arizona Department of Economic Security, Disability Determination Services Administration, if necessary, to determine my disability status.

In addition, by checking these boxes, I specifically authorize the disclosure of the following types of medical records:

	Medical Records
☐	HIV/AIDS and communicable disease related information and/or records
☐	Mental health information and/or records
☐	Genetic testing information and/or records
☐	Alcohol and drugs screening information and/or records
	School Records
☐	Educational and evaluation records

By signing this Authorization, I understand that:

- AHCCCS is required by state and federal law to keep confidential the information described above and may only use or disclose that information with my approval, for purposes directly related to the administration of the AHCCCS program, or as otherwise permitted or required by law.

- I also understand that if I revoke this authorization or refuse to sign, AHCCCS may not be able to determine my current or future eligibility for the publicly funded medical assistance programs administered by AHCCCS. As a result, my application for assistance may be denied or the assistance may be discontinued.

- I may revoke this authorization at any time, in writing, by phone, or fax to:

  Arizona Health Care Cost Containment
  System Office of the General Counsel
  Attention: Privacy Officer
  801 E Jefferson St, MD 6200
  PO Box 25520
  Phoenix AZ 85034
  Phone 602-417-4455
  Fax 1-602-253-9115

Once AHCCCS receives the revocation, this authorization will be revoked, except to the extent that AHCCCS has already taken action in reliance upon this authorization.

By checking the box below, I revoke this authorization upon the following date or event.

This authorization will expire on:		
☐	Insert specific date:	
☐	Insert specific event:	

The customer's signature is required to get medical records. If the customer is under the age of 18, the signature of the customer's parent is needed. If the customer has a legal guardian or legal representative, the signature of the legal guardian or legal representative is needed.

Signature:	Date:
Printed name of person signing form:	Relationship to customer:
Printed name of witness (only needed if customer signed with mark):	Signature of witness:

AHCCCS will not pay for medical records per Arizona Administrative Code R9-22-512.E.

Return Information to: AHCCCS 801 E Jefferson St MD 3900 Phoenix AZ 85034 Fax: 888-507-3313	AHCCCS Worker Name:
	E-mail:
	Phone Number:

If you choose to retain us for ALTCS and/or VA planning, the following list includes the documentation we will need. To expedite your case, you may bring these items with you at the time of your consultation. However, a detailed list will be provided after our office has been retained.

Please note: If married, these items apply to BOTH spouses.

- ☐ PROOF OF U.S. CITIZENSHIP, One of the following: U.S. PASSPORT, U.S. NATURALIZATION CERTIFICATE, BIRTH CERTIFICATE(s), or ALIEN ID CARD(s)
- ☐ PROOF OF IDENTITY, One of the following: DRIVER'S LICENSE, STATE ISSUED ID, TRIBAL GOVERNMENT ID, or U.S. MILITARY ID
- ☐ MARRIAGE CERTIFICATE, DIVORCE DECREE, and/or DEATH CERTIFICATE
- ☐ MILITARY DISCHARGE PAPERS
- ☐ MEDICARE CARD(s) & SOCIAL SECURITY CARD(s)
- ☐ ALL OTHER HEALTH INSURANCE/PRESCRIPTION DRUG CARD(s) & PREMIUM BILL(s)
- ☐ LONG-TERM CARE INSURANCE POLICY & PREMIUM BILL
- ☐ **ALL PAGES** (even if blank) OF ALL ACCOUNT STATEMENTS FOR CHECKING, SAVINGS, MONEY MARKET, CREDIT UNION, CDs OR TIME DEPOSITS, INVESTMENTS, IRAs, MUTUAL FUNDS, 401(k), HSA and FSA, etc. **We will need statements for the last 3 months to get started with the planning process. However, ALTCS will need statements for the last FIVE YEARS for all accounts, both open and closed. Be prepared to explain all transactions exceeding $2,000.00.**
- ☐ ALL STOCKS, BONDS, and SAVINGS BONDS
- ☐ ALL PROMISSORY NOTES, LOANS, or PROPERTY AGREEMENTS (ones that you receive payments from)
- ☐ ALL DOCUMENTS FOR ITEMS SOLD WITHIN THE PAST 5 YEARS (PROPERTY, CARS, HOMES, ETC.)
- ☐ ALL PAGES OF ALL LIFE INSURANCE POLICIES INCLUDING CURRENT CASH SURRENDER VALUE (you may need to call the company)
- ☐ ALL PAGES OF ALL PREPAID BURIAL PLANS or BURIAL FUNDS
- ☐ ALL DEEDS TO PROPERTY OWNED or MOBILE HOME TITLES including TIMESHARES
- ☐ COPIES OF RECEIPTS AND OTHER EXPENSES FOR ITEMS THAT APPEAR ON THE BANK STATEMENTS
- ☐ PROPERTY TAX VALUATION NOTICE(s) & HOME PROPERTY TAX BILL
- ☐ MOST RECENT RENT BILL or MORTGAGE BILL / SPACE OR LOT RENT BILL
- ☐ MOST RECENT UTILITY BILL(s)
- ☐ HOMEOWNER'S INSURANCE BILL
- ☐ HOMEOWNER'S ASSOCIATION FEE BILL / COMMUNITY RECREATION FEE BILL
- ☐ ALL VEHICLE TITLES or REGISTRATIONS (cars, golf carts, RVs, trailers, boats)
- ☐ SOCIAL SECURITY AWARD LETTER(s)
- ☐ CHECKSTUBS FROM ANY OTHER TYPE OF INCOME YOU RECEIVE INCLUDING PENSION LETTERS, VETERAN'S BENEFITS AWARD LETTER(s) or RAILROAD RETIREMENT AWARD LETTER(s) (you may need to call company and request income verification statement)
- ☐ SELF-EMPLOYMENT BUSINESS DOCUMENTS (current tax return with schedules)
- ☐ LIVING TRUST, FINANCIAL POWER(s) OF ATTORNEY, HEALTH CARE POWER(s) OF ATTORNEY, LIVING WILL(s) and LAST WILL(s) & TESTAMENT
- ☐ ALL ALTCS CORRESPONDENCE (if an application has ever been submitted)

ALTCS Medical Eligibility

Pre-Admission Screening (PAS)

General Information

The purpose of the Pre-Admission Screening (PAS) is to identify whether or not applications meet criteria for Title XIX or Medicaid funding long term care services (ALTCS). To receive federal Medicaid funds for an individual, AHCCCS must demonstrate that the applicant has a medical need for these services and is at risk of institutionalization. This means that the applicant is in need of long term care at a level of care comparable to that provided in a nursing facility, but which is below that of an acute care setting (hospitalization or intense rehabilitation) and above that of a supervisory/ personal care setting (intermittent outpatient medical intervention or benevolent oversight.)

An individual who meets ALTCS criteria for Title XIX eligibility will present with a combination of the following needs and impairments:

- Requires nursing care by or under supervision of a nurse on a daily basis
- Requires regular medical monitoring
- Exhibits impaired cognitive functioning
- Exhibits impaired self care with activities of daily living
- Exhibits impaired continence
- Displays psychosocial deficits

The PAS tool is the instrument used to determine whether or not an individual is medically eligible for ALTCS. It is completed by an assessor who may be a social worker or a registered nurse. In certain instances a nurse/social worker team may assess the individual. The assessment is a face-to-face interview with the applicant and other informants.

The PAS consists of several sections:

1. Intake information
2. Demographic information
3. Functional information and assessment
4. Medical information and assessment

In order to be eligible for ALTCS services, an individual must be determined to be at risk of institutionalization. PAS screening is designed to determine whether or not the applicant is at risk by examining the individual's recent functional and medical condition. This may be achieved by asking questions of the applicant and significant others, reviewing available records and observing the applicant's behavior during the PAS interview.

All the functional and medical assessment criteria are taken into account in the development of a numerical score which is determined to meet or not to meet the baseline criteria. A level of care is determined based on the score and individual PAS items. If either the score or the level of care is determined to be questionable or inappropriate by the PAS team, an evaluation can be made by the ALTCS physician consultant. This physician review may override the numerical score if appropriate.

ALTCS Medical Eligibility

Pre-Admission Screening (PAS) - continued

Functional Assessment
The functional portion of the screening focuses on the following areas:

1. Activities of Daily Living (ADLs)
    - Mobility - purposeful movement within the applicant's residence
    - Transfer - the ability to move between two surfaces, i.e. bed, wheelchair, chair
    - Bathing - washing, rinsing, drying body parts, transfer in/out of tub
    - Grooming - tending to appearance of hair, teeth, face, hands, nails
    - Dressing - Putting on and removing articles of clothing
    - Eating - putting food and fluids into system
    - Toileting - managing elimination of urine and feces
2. Continence
3. Vision
4. Orientation to person, place and time
5. Behavior patterns such as wandering, physical aggression, self-injurious, resistive or disruptive

Medical Assessment
The medical portion of the screening focuses on the following areas:

- Medical condition - determines an applicant's medical conditions whether acute, chronic or history; if these conditions impact ADLs; and if medical or nursing treatments are required
- Services and treatment - identifies all services and treatments an applicant receives or needs

2025 ALTCS Eligibility

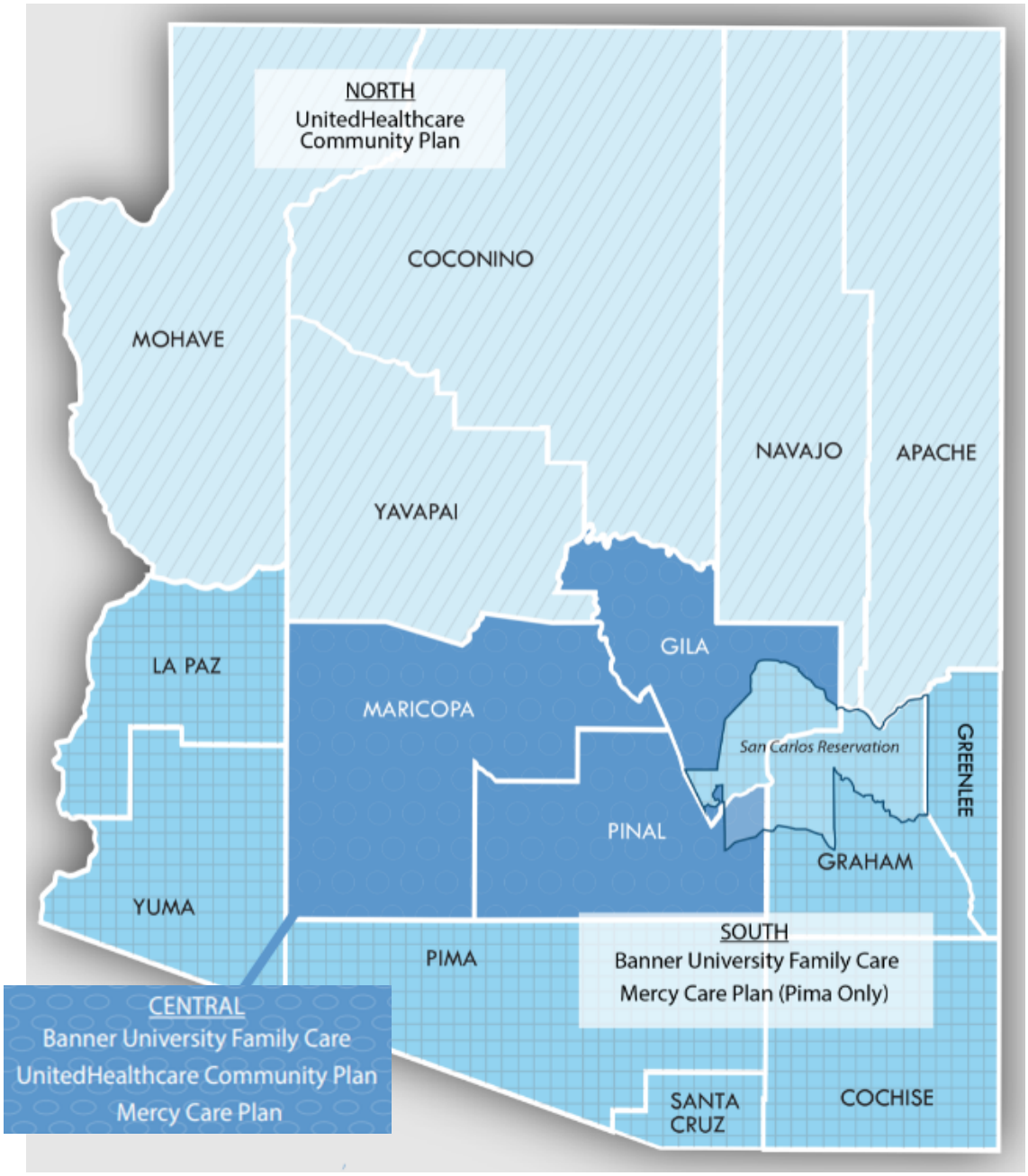
Effective January 2025

ALTCS FINANCIAL REQUIREMENTS	
Gross Monthly Income Limit for an Individual	$2,901
Resource Limit for an Individual	$2,000
Maximum Community Spouse Resource Allowance	$157,920
Minimum Community Spouse Resource Allowance	$31,584
Maximum Monthly Maintenance Needs Allowance	$3,948
Minimum Monthly Maintenance Needs Allowance	$2,555
Personal Needs Allowance	$145.05
Home Equity Limit	$730,000

For a **FREE** phone pre-screen with an Elder Care Advisor to discuss ALTCS/Medicaid, coordination of benefits, or other Elder Law issues, call **1.800.243.1160**

Call 1.800.243.1160 for a FREE pre-screen with an Elder Care Advisor today!

ALTCS Program Contractors



https://www.azahcccs.gov/Members/Downloads/ALTCS/ALTCSMap1.png