

# What is ALTCS (pronounced “all tex”)?

**ALTCS** is an acronym that stands for **A**rizona **L**ong **T**erm **C**are **S**ystem.

It is a division of **AHCCCS** (pronounced “access”). AHCCCS stands for **A**rizona **H**ealth **C**are **C**ost **C**ontainment **S**ystem and is also referred to as Arizona’s Medicaid program.

The ALTCS program helps pay for long term care and acute care expenses for the elderly, physically disabled, blind, and developmentally disabled.

To qualify for this program an applicant must apply, meet non-financial, medical, and financial guidelines, and enroll with a program contractor (ALTCS’ name for health plan).

**The application process takes 45 days.**

## Non-financial guidelines include:

- ✓ Assigning rights to other health insurance to AHCCCS
- ✓ Linkage to the program through age or disability
- ✓ Living in ALTCS-approvable setting
- ✓ Applying for all potential benefits
- ✓ Verifiable Social Security number
- ✓ US Citizen or Qualified Alien
- ✓ Verification of marital status
- ✓ Arizona residency
- ✓ Identity verified



## Medical guidelines include:

- ✓ Requires regular medical monitoring
- ✓ May have Alzheimer’s Disease or dementia
- ✓ Has accidents or no control of bowels/bladder
- ✓ At risk of needing skilled nursing care full-time
- ✓ Has impaired self-care with activities of daily living
- ✓ Requires nursing care or is under the supervision of a nurse
- ✓ May have difficulty in social situations or difficulty communicating needs

## 2023 Financial guidelines include:

- ✓ Income at or below \$2,742.00 per month (single) or \$5,484.00 (couple)
- ✓ Assets (referred to as resources) <= \$2,000.00 (s) or \$29,724.00—\$148,620.00 (c)
- ✓ No transfers of assets or income without compensation

**Montgomery & Associates, Inc. PO Box 458 Mesa, AZ 85211-0458**

[www.altcsplanning.net](http://www.altcsplanning.net) | [www.incomeonlytrust.com](http://www.incomeonlytrust.com) | [www.maia-us.com](http://www.maia-us.com) | [www.cam-edp.com](http://www.cam-edp.com) | [www.cam-soc.com](http://www.cam-soc.com)

**P: 480-464-4968 | F: 480-969-9779**



# AHCCCS, Medicare Savings Plans, LIS, VA

## ○ AHCCCS – Arizona Medicaid (2023 numbers)

- Benefits: help with medical care bills, enrolled in AHCCCS health plan, reduced cost prescription coverage, help with Medicare costs
- \$1,215 (s); \$1,644 (m) income limit
- NO ASSET LIMIT

## ○ Medicare Savings Plans (2023 numbers)

- QMB: \$1,215 (s); \$1,644 (m) income limit
  - Benefit: Medicare Part B premium, co-insurance, deductibles, and automatic LIS qualification which helps with prescription costs
- SLMB: \$1,215.01-1,458 (s); \$1,644.01 – \$1,972 (m) income limit
  - Benefit: Medicare Part B premium and automatic LIS qualification which helps with prescription costs
- QI-1: \$1,458.01-1,641 (s); \$1,972.01 – \$2,219 (m) income limit
  - Benefit: Medicare Part B premium and automatic LIS qualification which helps with prescription costs
- NO ASSET LIMIT

## ○ Low-Income Subsidy / Extra Help Subsidy NON-DUALS (2023 numbers)

- Full Subsidy
  - In Arizona, if one qualifies for QMB, SLMB, QI-1, and/or acute care AHCCCS, they receive LIS benefits.
- Partial Subsidy Level 1 (no premium; \$104 deductible)
  - income limit \$1,660 (s); \$2,239 (m)
  - asset/resource limit \$9,090/\$10,590 (s) \$13,630/\$16,630 (m)
- Partial Subsidy Level 2 (sliding scale premium; \$104 deductible)
  - income limit \$1,843 (s); \$2,485 (m)
  - asset/resource limit \$15,160/\$16,660 (s) \$30,240/\$33,240 (m)

## ○ Veterans Benefits (2023 numbers)

- Two types – cash benefits paid to Veteran or widow of a Veteran who served during a wartime period:
  - Pension – needs-based benefit; can add Aid & Attendance allowance if eligible for it.
    - 2023 Veteran rates \$1,336 (base) - \$2,229 (with A&A) per month
    - 2023 Widow rates \$896 (base) - \$1,432 (with A&A) per month
    - 2023 Net worth limit \$150,538 (s); \$301,076 (cs)
  - Compensation – not needs-based; based on injury/illness/death due to military service.

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## 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
<ul style="list-style-type: none"> <li>• Checking, savings, and credit union accounts</li> <li>• Real property that you do not live in</li> <li>• Cash value of some life insurance policies</li> <li>• Cash, stocks, bonds, certificates of deposits</li> <li>• Non-exempt vehicles</li> </ul>	<ul style="list-style-type: none"> <li>• Your home that you live in, unless it is held in a trust</li> <li>• One vehicle</li> <li>• Burial plots and irrevocable burial plans</li> <li>• \$1500 designated for burial</li> <li>• Household and personal belongings</li> <li>• Certain financial accounts that are excluded by federal law. Examples include qualified ABLE accounts, Flexible Spending Arrangements (FSA), and 530 Coverdell Education Savings Accounts.</li> </ul>

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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 \$2,742 (effective January 1, 2023) 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://azahcccs.gov/resources/guidesmanualspolicies/eligibilitypolicy/eligibilitypolicymanual/index.html>



# AHCCCS Medical Assistance Arizona Long Term Care Services (ALTCS) Method of Service Delivery

## What is ALTCS?

ALTCS stands for the Arizona Long Term Care System. ALTCS is part of the Arizona Health Care Cost Containment System (AHCCCS). ALTCS provides long-term care services to people who meet medical and financial criteria.

ALTCS services are generally provided by ALTCS Program Contractors. ALTCS Program Contractors provide services through a Health Maintenance Organization (HMO) or managed care program. The ALTCS Program Contractors for each county are listed at the end of this document. American Indian Tribal Contractors provide case management to American Indians living on-reservation and to some people who move off-reservation.

## What happens after ALTCS is approved?

- The member will be enrolled with an ALTCS Program Contractor.
- The member will be assigned a Case Manager. The Case Manager will meet with the member and the member's family or representative to develop a specific plan for care.

## Services available through ALTCS:

- AHCCCS Acute Care Services, which include:
    - Prescription medication\*
    - Doctor's office visits
    - Hospital services
    - Dialysis
    - Emergency medical care
    - Medical supplies
    - Chemotherapy
    - Behavioral health care
    - Immunizations (shots)
    - Medically necessary transportation
    - Medically necessary specialist care
    - Laboratory and X-ray services
    - Rehabilitation services
- \*AHCCCS prescription coverage is limited for people who have Medicare.
- Nursing Home Care, provided in:
    - A licensed nursing facility;
    - An Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID);
    - A free-standing hospice;
    - A residential treatment facility for persons under 21; or
    - A psychiatric hospital for persons age 65 or older.
  - Home and Community-Based Services (HCBS). These in-home services are intended to help the member remain in their own home. HCBS services include, but are not limited to:
    - Home Health Nursing
    - Habilitation
    - Adult Day Care
    - Home Delivered Meals
    - Medical Transportation
    - Personal Care
    - Hospice
    - Home Health Aids
    - Homemaker Services
    - Attendant Care
    - Respite Care

Home and Community-based Services (HCBS) may also be provided in a supervised alternative residential setting, such as an Adult Foster Care Home, Assisted Living Home, Group Home or a Level I, II, or III Behavioral Health Center.

## Receiving Services:

The Case Manager and primary care physician, with input from the member and the member's spouse or representative, will help determine what services are needed and where the member should receive those services.

The ALTCS Program Contractor will give the member an opportunity to pick their own primary care physician from an approved listing, or will pick one for the member if they do not make a choice. On-reservation American Indians may use Indian Health Service (IHS) physicians.

**The ALTCS Program Contractor will only pay for services authorized by ALTCS contracting physicians.** If the member chooses to see a non-contracting physician, the member will be responsible for the payment for that medical service.

## Cost of Care:

ALTCS Members living at home or in an alternative residential setting, are responsible for paying for Home and Community Based Services that they receive before the ALTCS application is approved. However, the costs of some of the long term care services member's receive at home or in an alternative residential setting may be reimbursed after the member is approved.

ALTCS members living in an alternative residential setting, such as an Assisted Living Home, are also responsible for paying room and board charges in the residential setting both before and after ALTCS is approved. **ALTCS does not pay for room and board in alternative settings.**

Some ALTCS recipients also have to pay a share of the cost of their medical care. The amount that members may have to pay will depend on individual living circumstances and medical needs, income, and the income and needs of the member's spouse and children.

The ALTCS Eligibility Worker will provide all applicants with an additional form and will explain how the ALTCS share of cost will be determined. Members receive notices from their ALTCS Eligibility Worker telling the member if they will need to pay a share of cost, and how much that cost will be.

The ALTCS Program Contractor will tell members where to make payment. Payments will be made to the health care provider, nursing home, or the ALTCS Program Contractor. If payments are made to the ALTCS Program Contractor, the Program Contractor will make payment to the member's service providers.

Program Contractor	Counties Served
<b>United Healthcare</b> Phone Number: (800) 293-3740 Website: www.uhccommunityplan.com	<ul style="list-style-type: none"> <li>• Apache</li> <li>• Coconino</li> <li>• Maricopa</li> <li>• Pinal</li> <li>• Mohave</li> <li>• Navajo</li> <li>• Yavapai</li> </ul>
<b>Banner – University Family Care</b> Phone Number: (800) 582-8686 Website: www.ufcaz.com	<ul style="list-style-type: none"> <li>• Cochise</li> <li>• Graham</li> <li>• Greenlee</li> <li>• Gila</li> <li>• Maricopa</li> <li>• La Paz</li> <li>• Santa Cruz</li> <li>• Pima</li> <li>• Pinal</li> <li>• Yuma</li> </ul>
<b>Mercy Care Plan</b> Phone Number: (800) 624-3879 or (602) 263-3000 Website: www.mercycareplan.com	<ul style="list-style-type: none"> <li>• Maricopa</li> <li>• Gila</li> <li>• Pima</li> <li>• Pinal</li> </ul>
<b>Department of Economic Security            Division of Developmental Disabilities (DES/DDD)</b> Phone Number: (800) 624-4964 Website: <a href="http://www.de.state.az.us/ddd/">http://www.de.state.az.us/ddd/</a>	All Arizona Counties

<b>American Indian Tribal Contractors</b>	
<b>Gila River Indian Community</b>	Phone Number: 602-528-1200 Website: <a href="http://www.grhc.org">http://www.grhc.org</a>
<b>Hopi Tribe</b>	Phone Number: 928-734-3552 Website: <a href="http://www.hopi-nsn.gov/">http://www.hopi-nsn.gov/</a>
<b>Navajo Nation</b>	Phone Numbers: <ul style="list-style-type: none"> <li>• Chinle 928-674-2236</li> <li>• Fort Defiance 928-729-4084</li> <li>• Tuba City 928-283-3250</li> <li>• Leupp 928-686-3200</li> <li>• Dilkon 928-657-8030</li> </ul> Website: <a href="http://www.navajo-nsn.gov">http://www.navajo-nsn.gov</a>
<b>Pascua Yaqui Tribe</b>	Phone Number: 520-883-5020 Ext 6000 Website: <a href="http://www.pascuayaqui-nsn.gov/">http://www.pascuayaqui-nsn.gov/</a>
<b>San Carlos Apache Tribe</b>	Phone Number: 928-475-2138 Website: <a href="http://www.sancarlosapache.com/home.htm">http://www.sancarlosapache.com/home.htm</a>
<b>Tohono O'Odham Nation</b>	Phone Number: 520-383-6075 Website: <a href="http://www.tonation-nsn.gov/">http://www.tonation-nsn.gov/</a>
<b>White Mountain Apache Tribe</b>	Phone Number: 928-338-1808 Website: <a href="http://www.wmat.nsn.us/">http://www.wmat.nsn.us/</a>
<b>Native American Community Health (NACH)</b> (For American Indians living on-reservation not specified above)	Phone Number: 602-279-5262 Website: <a href="http://www.nachc.org/stories/native-american-community-health-center-inc.cfm">http://www.nachc.org/stories/native-american-community-health-center-inc.cfm</a>

## **Choosing a Program Contractor**

If you need help choosing a Program Contractor, you may:

- Contact the customer's Eligibility Worker;
- Visit [www.azahcccs.gov/altcschoice](http://www.azahcccs.gov/altcschoice); or
- Speak with an ALTCS Eligibility Worker by calling (602) 417-6600 .

## **Changing a Program Contractor**

If the customer has a choice in his or her ALTCS program contractor, he or she may change program contractors:

- Any time there is cause. Cause means:
  - The customer moves outside of the area the program contractor services;
  - The program contractor does not cover services the customer needs because of the program contractor's moral or religious beliefs;
  - There is needless risk to the customer when related medical services cannot be given at one time, and the program contractor cannot give all medical services at one time;
  - Provider changes would cause a disruption to home residency or employment; or
  - Other reasons, like the member cannot get medical services, or poor quality of care.
- Without cause:
  - During the first 90 calendar days after the customer is auto-enrolled in a program contractor;
  - During the annual open enrollment period; or
  - When the State notifies the customer he or she may change health plans without cause.

When a customer is eligible to change health plans without cause, they are notified by the State via mail. Customers should follow the directions on the written notifications to be able to change health plans without cause.

To change program contractors with cause, the customer or his or her representative must:

- Submit a written request to:
  - AHCCCS  
PO Box 25520  
Phoenix, AZ 85002; or
  - The program contractor that the customer is currently enrolled in.
- Submit a verbal request by calling (602) 417-6600 to speak with an Eligibility Worker.

The request to change health plans with cause must contain the following information:

- The current health plan the customer is enrolled in
- The name of the plan that the customer would like to be enrolled in instead
- A detailed statement about the reason that the customer wants to change health plans.

If you need help you may speak to the Eligibility Worker by calling (602) 417-6600.



The Arizona Health Care Cost Containment System doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by AHCCCS directly or through a contractor or any other entity with which AHCCCS arranges to carry out its programs and activities.

If you believe you have been subjected to discrimination in an AHCCCS program or activity, you can file a complaint with the AHCCCS Administration or the U.S. Department of Health and Human Services, Office for Civil Rights. You can submit a written complaint to AHCCCS anytime within 180 days of the date you believe you were discriminated against by AHCCCS staff or any AHCCCS contractor. Please provide as much detail as you can in your written complaint about what happen, when it happened, who was involved, and how we can resolve your complaint. You can send the complaint to:

Office of Administrative Legal Services, Arizona Health Care Cost Containment System  
Attn.: General Counsel  
701 E. Jefferson St.  
Mail Drop 6200  
Phoenix, AZ 85034

A complaint may be filed with the U.S. Department of Health and Human Services Office for Civil Rights:

- online at <http://www.hhs.gov/ocr/civilrights/complaints>;
- by calling 1-800-368-1019 (TDD users should call 1-800-537-7697); or
- by writing to:

Office for Civil Rights, U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201



## VOTER REGISTRATION

If you are not registered to vote where you live now, would you like to apply to register to vote today?

Yes            No

**IF YOU DO NOT MARK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. You may take the form with you and mail it to the county recorder yourself or you may complete the registration here and deposit it in the box provided. If you choose to register to vote here, the information regarding the agency where the registration took place will remain confidential and will be used only for voter registration purposes. If you choose not to register to vote at this time, that information will remain confidential and will be used only for voter registration purposes.

## RIGHTS

**I understand I have the following rights:**

1. To be treated fairly and equally regardless of race, color, religion, national origin, sex, age, political beliefs or disability.
2. To apply for AHCCCS Medical Benefits and to be given a notice that tells you if you are eligible or not.
3. To review AHCCCS manuals that show the rules and regulations of the AHCCCS program if you want to know the reason why your application is denied.
4. To have all information that you give AHCCCS kept private.
5. To a fair hearing if you disagree with an adverse action taken by the AHCCCS Administration. Adverse action means your application for AHCCCS services was denied, your AHCCCS benefits were ended, your AHCCCS services were reduced or you have to pay a share of cost. You may also request a hearing if a decision is not made on your application within 45 days and the delay is due to AHCCCS. Your hearing will be conducted by an Administrative Law Judge and a decision will be issued by the AHCCCS Director. You have the right to review your case record before the hearing. You have the right to represent yourself or to have someone else represent you. If you wish to ask for a hearing, your request must be in writing and mailed or delivered to the Office of Administrative Legal Services, 701 East Jefferson, MD 6200, Phoenix, Arizona 85034 or faxed to 602-253-9115.

## RESPONSIBILITIES

### **I understand I have the following responsibilities:**

1. To give AHCCCS the information that is needed to correctly find out if you are eligible.
2. To allow AHCCCS to contact any sources needed to prove that the information that you give AHCCCS is correct.
3. To apply for any income that you may be eligible for.
4. To apply for any health, accident, disability or other insurance benefits you are entitled to and send any insurance payments you get to AHCCCS.
5. To cooperate with Arizona or Federal personnel in a quality control review of your eligibility for benefits.
6. To cooperate in getting medical care support and payments for yourself or the person for whom you are applying. You may claim good cause for refusing to cooperate if cooperating is expected to result in physical or emotional harm to yourself or the person for whom application is being made. (This does not apply to the Medicare Cost Sharing programs).
7. To report payments going in and out of your trust (if you have one).
8. To let the AHCCCS office know within 10 days by phone, letter or in person when:
  - There is a change in your living or mailing address.
  - A family member dies or moves in or out of your home.
  - You get, give away or sell any income or item of real or personal property.
  - Someone gives you or a member of your family such things as money, a car, a house, insurance payments, etc.
  - There are any changes in your income, expenses, address, marital status, medical condition, Medicare coverage or other changes.

**If you do not give us the information we need or you give us false information, your application can be denied or your benefits stopped, and your case may be investigated for suspected fraud. If you are applying on behalf of another individual you are responsible for representing that individual.**

## DISCLOSURE OF ANNUITIES

I understand it is my responsibility to disclose all annuities purchased by my spouse or me. I understand it is fraud for me or my representative to knowingly not disclose an annuity purchased by my spouse or me. I understand that in order to be eligible for long term care services, AHCCCS shall be named the primary beneficiary on any annuity purchased by my spouse or me on or after July 1, 2006. When there is a spouse, disabled child, or minor child, AHCCCS may be named the secondary beneficiary.

## SOCIAL SECURITY NUMBER (SSN)

I understand AHCCCS will use my SSN to determine if I qualify for benefits with other programs and to obtain income and other information from:

- The Internal Revenue Services;
- The Social Security Administration;
- Arizona Department of Economic Security; and
- Other states administering TANF, Medicaid, Unemployment Insurance, Nutrition Assistance, Programs under Title I, X, XIV and XVI of the Social Security Administration Act and other State Wage Collection Information Agencies.

## REPORTING CORRECTIONS

I understand if I discover an error or omission in any of the information on this application, I am required to report it to my Financial Eligibility Specialist right away.

## PENALTY WARNING

I understand federal, state and local officials will verify the information I have provided on this form. If anything is inaccurate, I may be denied AHCCCS Medical Assistance. If I or my representative has knowingly provided false information, we will be subject to criminal prosecution. I also understand:

- I must not knowingly withhold or give false information, with the intent to receive AHCCCS Medical Assistance to which I am not entitled.
- I will be required to pay back AHCCCS any benefits I receive as a result of withholding or giving false information, and I will be subject to criminal prosecution
- It is fraud for me or my representative to knowingly withhold information with the intent to receive medical benefits to which I am not eligible. If found guilty of fraud, I may be subject to fines, imprisonment, or other penalties as provided for by applicable State and federal laws.

## ASSIGNMENT OF RIGHTS TO OTHER BENEFITS

I understand if I am or members of my family are approved for AHCCCS Medical Assistance, AHCCCS can collect payment from any other parties who may be responsible for paying for our health care costs.

This includes:

- Private or employer-sponsored health insurance (not including Medicare);
- Persons, such as an absent spouse or parent, who are legally responsible for providing medical support;
- Private or employer-sponsored disability insurance;
- Private or employer-sponsored accident insurance; and
- Insurance claims, jury awards, or legal settlements resulting from injuries.

I understand AHCCCS cannot collect more than the costs paid by AHCCCS. I also understand I must give information about other responsible parties and take any action needed to receive medical support. This includes establishing paternity of my children, unless I can prove good cause not to do so.

## CONSENT TO RELEASE INFORMATION

- I authorize AHCCCS to contact any sources necessary to establish medical eligibility and the accuracy of financial information which pertains to AHCCCS Medical Assistance eligibility.
- I give AHCCCS permission to release information to the Medicare intermediary or other insurance carrier for the purpose of determining the payment amount for Medicare covered services and to provide nursing facilities information regarding share of costs and source of income.
- I also give AHCCCS permission to release information to the Department of Child Support Services (DCSS) to assist them in obtaining child and/or medical support. I understand that if I am an absent parent of a child who is not applying for AHCCCS Medical Assistance, AHCCCS will not release information to DCSS without additional consent from me.

## ESTATE RECOVERY

Through the Arizona Estate Recovery Program, AHCCCS seeks to recover payments AHCCCS has paid on behalf of Arizona Long Term Care System (ALTCS) members meeting specific criteria. In these cases, AHCCCS files claims and liens to secure its rights to member estates and real property up to the amount of ALTCS payments made. In order to enroll in ALTCS; individuals must acknowledge they understand that AHCCCS may collect the cost of care from their estate or real property.

AHCCCS Estate Recover does not apply when there is a:

- Surviving spouse,
- Surviving child who is under the age of 21, or
- Surviving child of any age who is blind or disabled.

In addition, the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) gave AHCCCS the right to place liens against the real property of persons on ALTCS who permanently live in nursing homes unless the person is exempt from TEFRA liens because one of the following persons still lives in the home:

- A sibling who was living there for at least a year before the person was admitted to a facility, or
- A child who was living there for at least two years before the member was admitted to the facility.

AHCCCS files these liens to recover money that AHCCCS paid for a person's care when the person dies or the property is sold or transferred. Liens can be placed against the home and other real property.

For both Estate Recovery and TEFRA liens, AHCCCS cannot collect more than the total amount that AHCCCS spent on that person's health benefits during the period of time the person was on ALTCS.

AHCCCS costs include:

- Capitation payments, which is the monthly amount that AHCCCS pays a Program Contractor to provide medical services; and
- Medicare Part A and B premiums, deductibles, co-payments and any other medical payments made by AHCCCS prior to December 31, 2009 on the person's behalf.

More information can be found in the Estate Recovery and TEFRA lien brochure at [https://azahcccs.gov/Members/Downloads/Publications/DE-810\\_english.pdf](https://azahcccs.gov/Members/Downloads/Publications/DE-810_english.pdf)

An ALTCS office can also provide a copy of the brochure.

When a customer who applies for ALTCS has a legally married spouse who is living at home or anywhere other than a medical facility, we call the spouse of the customer the community spouse. We use special rules called community spouse rules. Community spouse rules allow the community spouse to keep some of the couple's resources for the community spouse's own needs. Other rules may allow the community spouse to receive part of the customer's income.

### **How much of the couple's countable resources does the community spouse get to keep?**

The resource limit for the ALTCS program is \$2,000. When we use community spouse rules, a portion of the couple's resources can be set aside for the needs of the community spouse and is not counted towards this limit. The amount of resources that can be kept by the community spouse is called the Community Spouse Resource Deduction (CSRD).

The community spouse's personal CSRD will be calculated by an ALTCS Benefits and Eligibility Specialist when a resource assessment is completed.

Resources that are counted include:

- cash;
- checking and savings account balances;
- stocks;
- bonds;
- certificates of deposit;
- treasury bills;
- cash surrender values for life insurance policies;
- cash surrender values for annuities;
- available assets in a trust;
- additional vehicles (other than the one listed below); and
- real property (other than your home in Arizona).

Resources that are not counted include:

- your home property in Arizona (unless held in a trust);
- one vehicle per household for transportation;
- burial plots;
- irrevocable burial plans; and
- household goods and personal effects.

### **How is the CSRD calculated?**

1. We total all of the countable resources owned by both spouses (singly or jointly) as of the first month the customer was "institutionalized". "Institutionalized" means being in a medical facility for 30 consecutive days or more or receiving paid home and community-based services such as attendant care, which include services like hands-on assistance with activities of daily living (for example: mobility, transferring, toileting).
2. We divide the countable resources owned by both spouses in half to determine the "spousal share."

3. The “spousal share” is compared to the minimum and the maximum CSRD amount.
  - If the “spousal share” is less than \$29,724 (effective January 2023), the CSRD amount will be \$29,724.
  - If the “spousal share” is more than \$148,620 (effective January 2023), the CSRD amount will be \$148,620.
  - If the “spousal share” is more than \$29,724 and less than \$148,620 then the amount that was calculated as the “spousal share” will be the community spouse’s CSRD.

### **How are resources calculated at the time of ALTCS application?**

1. We total all of the countable resources owned by both spouses as of the application month.
2. We subtract the CSRD amount from the total countable resources.
3. We compare the remaining amount to the \$2,000 ALTCS resource limit. The remaining amount must be less than or equal to the ALTCS resource limit for the customer to be eligible.

### **How are resources calculated after ALTCS approval?**

After the first twelve months of eligibility, all resources owned by the ALTCS customer must be less than or equal to the \$2,000 resource limit. Therefore, countable resources that are in the customer’s name that are more than the resource limit must be transferred to the spouse during the 12-month period.

**WARNING:** If any of the ALTCS customer or spouse’s resources are transferred to anyone other than the spouse, the ALTCS customer may be ineligible for long term care for a period of time.

### **How is income eligibility determined?**

When we use Community Spouse rules, income that is counted toward the \$2,742 income limit (effective January 2023) may be counted in either of two ways:

1. The countable income of both spouses is added together and then divided by two (2). We compare that amount to the \$2,742 monthly income limit.
2. If one half of the couple’s combined income exceeds the limit, only the customer’s income is compared to the income limit.

If income still exceeds the limit, eligibility may still be established by setting up an Income Only (Miller) trust when the customer is in an appropriate living arrangement and has income that is less than the average private pay rate for Nursing Home Care. All other eligibility requirements must be met.

### **How much of the customer’s income does the Community Spouse get to keep?**

A spouse is allowed a minimum monthly need of \$2,289.00 (effective July 1, 2022). An additional amount can be added if actual shelter costs are more than that amount. If the community spouse’s income is less than the total amount, then the spouse can keep some of the customer’s income.

Please contact your local ALTCS office for additional information.



### **What is a transfer?**

A transfer happens when you sell, give away, or exchange any resource you own or any income that you receive.

Transfers happen when you or your spouse:

- Change the title or deed of property;
- Sell something you own or buy something from someone else;
- Make a loan;
- Give away resources like money or your home;
- Give income to another individual or entity; or
- Take any action which causes income or resources to not be available to you.

### **How does a transfer affect ALTCS eligibility?**

If you have made a transfer, we must determine if the transfer will make you ineligible for long term care services.

- There is not penalty if you receive something of equal value for the item that you transferred.
- There is no penalty for transfers to a spouse or to a disabled child.

If you did not receive something of equal value, you may be ineligible for ALTCS long term care services for a period of time. This time period is determined by dividing the amount of the transfer for which you did not receive something of equal value by the private pay rate in the county where you live.

**Example:** Mrs. Williams changed the title to her home and gave it to her daughter. The private pay rate in the county in which she lives is \$5,000. The home was worth \$150,000.00. Her daughter did not give her anything for the home.  $\$150,000 \div \$5,000 = 30$  months of ineligibility for full long term care services.

### **What happens if AHCCCS determines that I made a transfer?**

Before we can impose a penalty period, we must send you a letter letting you know the amount of the transfer and the period of time you are not eligible. The letter also gives you information about how you may be able to challenge the transfer and avoid the penalty period.

You can challenge the transfer if:

- You show that you did get equal value;
- The transferred item is returned to you; or
- You show that the transfer was made for a reason other than to qualify for ALTCS.

### **What happens if a penalty period is applied?**

You will have the right to ask for a fair hearing about AHCCCS' decision. In addition, you will receive some medical benefits (doctors, hospitals, prescriptions, X-rays and lab work, etc) until the penalty period is over.

### **How do I get more information?**

On the Internet go to:

<https://azahcccs.gov/resources/guidesmanualspolicies/eligibilitypolicy/eligibilitypolicymanual/index.html>

## **ALTCS POLICIES ON SPECIAL TREATMENT TRUSTS**

People who are over the income or resource limits for ALTCS can sometimes still be eligible if they set up one of the Special Treatment Trusts listed below. Special Treatment Trusts have specific rules they must follow.

### **Income-Only Trust (Miller Trust)**

Income-only trusts are for people whose income is over the ALTCS income limit. Some of the conditions of an income-only trust include:

- The person who needs ALTCS benefits (the customer) must be named as the primary beneficiary.
- AHCCCS must be named as a remainder beneficiary of the trust.
- A bank account must be set up that is titled to the trust and opened with a \$0.00 balance.
- Only the customer's income can be deposited into the trust account.
- Income must be deposited into the trust account in the month the customer receives it.
- The income assigned to the trust must be direct deposited into the trust account unless the source of the income does not allow direct deposit into a trust account.
- Income deposited into a trust account does not count as income in determining eligibility but is counted in determining the customer's ALTCS Share of Cost.

### **Disabled Individual Under Age 65 Trust**

Disabled individual under age 65 trusts are for people whose resources are over the ALTCS limit. Some of the conditions of a disabled individual under age 65 trust include:

- The person who needs ALTCS benefits (the customer) must be named the primary beneficiary.
- AHCCCS must be named as a remainder beneficiary of the trust.
- Only the customer's income or resources (or both) may be deposited into the trust account.
- The trust must be set up by the customer, customer's parent, grandparent, legal guardian or a court.
- The trust must be set up and funded before the customer turns age 65. Money cannot be added to the trust after the customer turns age 65.
- The customer must be disabled at the time the trust is created.
- Assets deposited into the trust account do not count in determining ALTCS eligibility.
- Income deposited into the trust account does not count as income in determining eligibility but is counted in determining the customer's ALTCS Share of Cost.

### **What is a transfer?**

A transfer happens when you sell, give away, or exchange any resource you own or any income that you receive.

Transfers happen when you or your spouse:

- Change the title or deed of property;
- Sell something you own or buy something from someone else;
- Make a loan;
- Give away resources like money or your home;
- Give income to another individual or entity; or
- Take any action which causes income or resources to not be available to you.

### **How does a transfer affect ALTCS eligibility?**

If you have made a transfer, we must determine if the transfer will make you ineligible for long term care services.

- There is not penalty if you receive something of equal value for the item that you transferred.
- There is no penalty for transfers to a spouse or to a disabled child.

If you did not receive something of equal value, you may be ineligible for ALTCS long term care services for a period of time. This time period is determined by dividing the amount of the transfer for which you did not receive something of equal value by the private pay rate in the county where you live.

**Example:** Mrs. Williams changed the title to her home and gave it to her daughter. The private pay rate in the county in which she lives is \$5,000. The home was worth \$150,000.00. Her daughter did not give her anything for the home.  $\$150,000 \div \$5,000 = 30$  months of ineligibility for full long term care services.

### **What happens if AHCCCS determines that I made a transfer?**

Before we can impose a penalty period, we must send you a letter letting you know the amount of the transfer and the period of time you are not eligible. The letter also gives you information about how you may be able to challenge the transfer and avoid the penalty period.

You can challenge the transfer if:

- You show that you did get equal value;
- The transferred item is returned to you; or
- You show that the transfer was made for a reason other than to qualify for ALTCS.

### **What happens if a penalty period is applied?**

You will have the right to ask for a fair hearing about AHCCCS' decision. In addition, you will receive some medical benefits (doctors, hospitals, prescriptions, X-rays and lab work, etc) until the penalty period is over.

### **How do I get more information?**

On the Internet go to:

<https://azahcccs.gov/resources/guidesmanualspolicies/eligibilitypolicy/eligibilitypolicymanual/index.html>



# **ALTCS Policies on Special Treatment Trusts**

## **Pooled Trust**

Pooled trusts are for people whose resources are over the ALTCS limit. A pooled trust is one large master trust document and separate Joinder Agreements for each person to join and become part of the master trust. Similarly, there is one large trust account and many smaller accounts (one for each person joining the trust) added to it. The money is pooled together and used to make investments with the hope of increasing the money in the trust. Some of the conditions of a pooled trust include:

- The person who needs ALTCS benefits (the customer) must be named the primary beneficiary.
- AHCCCS must be named as a remainder beneficiary of the trust.
- The trust must be set up before the customer turns 65 years old. Any additions to the trust after the customer turns 65 are reviewed as transfers.
- The trust is created and managed by a non-profit association.
- A separate account is kept for each beneficiary of the trust. The pooled account is set up by the parent, grandparent, legal guardian or a court for people who are disabled.

## **Money Taken Out of a Special Treatment Trust**

- Money taken out of a Special Treatment Trust can only be used for the customer's benefit and for the purposes specified in state law (A.R.S. §36-2934.01).
- Any money given directly to the customer or paid from the trust for the customer's food or shelter will be counted as income in determining eligibility.

## **Money Left in the Trust Account**

AHCCCS will be paid the money left in the trust account when the person dies or the trust is stopped. The dollar amount paid to AHCCCS will not be more than the actual amount of money AHCCCS paid for the customer's medical care.

## **Trustee Information**

- A trustee is the person who is given control of the income or resources that are placed in the trust.
- The trustee is responsible for managing the income or resources for the customer's benefit.
- The trustee must give ALTCS information about how the trust is being managed. This means the trustees must let ALTCS know about money they expect to take out of the trust and changes in the plans to take out the money.
- The trustee cannot use trust funds to make gifts to, payments for or loans to any other person, whether in cash or in kind.
- The trustee must make the appropriate monthly disbursements based on the income assigned to the trust.
- The trustee must notify the local ALTCS office of any changes in trust income or anticipated payments 45 calendar days in advance or within 30 calendar days if there is an emergency trust payment that must be made. Not doing this can affect the customer's eligibility and their Share of Cost.

# ALTCS Policies on Special Treatment Trusts

## Help in Creating a Special Treatment Trust

A Special Treatment Trust must meet certain federal and state requirements. You can find these laws at a public library or on the Internet at:

- United States Code (USC):  
42 U.S.C. §1396p(d)(4)  
On the internet: [www.gpo.gov/fdsys/](http://www.gpo.gov/fdsys/)
- Arizona Revised Statutes (ARS):  
A.R.S. §36-2934.01  
On the internet: [www.azleg.gov/arizonarevisedstatutes.asp](http://www.azleg.gov/arizonarevisedstatutes.asp)
- Arizona's Eligibility Policy Manual Sections MA801 and MA803.  
On the internet:  
<https://azahcccs.gov/resources/guidesmanualspolicies/eligibilitypolicy/eligibilitypolicymanual/index.html>

You may need to get help in creating the trust document. You may be able to get help creating a Special Treatment Trust from your attorney. If you do not have an attorney, you can find one in the Elder Law Specialist listing in the Attorney Section of the Yellow Pages or by completing an internet search for elder law attorneys in your area. Ask the attorney if he or she is familiar with Special Treatment Trusts needed for Medicaid/ALTCS eligibility. You may be able to receive free help from your local Area Agency on Aging.

If you have additional questions, contact your Eligibility Worker in the ALTCS local office.



# AHCCCS MEDICAL BENEFITS

## Calculating the Amount You Must Pay for Your Medical and/or Long Term Care Expenses (Non-Community Spouse)



If you are eligible for ALTCS, your Eligibility Specialist will determine if you must pay anything toward the cost of your Long Term Care expenses. This calculation is performed at the time of approval, annual review and when changes occur. The amount you must pay is called your “Share of Cost”. Your share of cost is calculated by comparing your income to your allowable expenses. If your income is more than your allowable expenses, the excess amount is what you must pay as your share of cost. If your income is less than your allowable expenses, then you do not have to pay anything. **Your Share of Cost is calculated as follows:**

**Income -** Add up ALL of the income that you have.

**Deductions -** You may be able to deduct certain expenses from your countable income. Allowable expenses include:

1. Personal Needs – the amount that can be deducted will depend on whether you live at home or in a nursing facility.
2. You may be entitled to one of the following deductions:
  - a. If you have a spouse at home, you may be allowed a deduction for your spouse’s needs, depending on your spouse’s income.
  - b. If you have a family at home (spouse and/or children under 18, and children age 18 to 21 if in school), you may be allowed a deduction for family member’s unmet needs, depending on the amount of your family member’ income.
  - c. If you live in a nursing home and do not have a spouse or family to provide for, you may still be allowed a deduction to maintain your home. This deduction can be allowed only when a physician provides a signed statement that you will be able to return to your home in six months or less.
3. **You may be allowed to deduct health care expenses which are not covered by AHCCCS, your insurance company or any other third party.** This includes allowable Medicare and other health insurance premiums and co-payments and deductibles.

Also, you may be allowed to deduct other medical expenses, provided the expenses will not be covered by a third party. **All health care expenses must be owed or have been paid by you.** Allowable medical expenses include: dental services and dentures; hearing aids and batteries; eyeglasses and eye exams; chiropractic services; orthognathic surgery; and co-payments for Medicare Part D prescriptions.

If you are billed for any of these expenses, or for any other medical expense not covered by AHCCCS or another third party, immediately contact your Eligibility Specialist and provide proof of the bill along with proof of any insurance payment. Your Eligibility Specialist will decide if the remaining balance can be deducted.

**SHARE OF COST CALCULATION EXAMPLE** – Dollar figures used in the example are for illustration purposes only and do not reflect actual amounts allowable as deductions.

Share of Cost Income		\$650.00
- Personal Needs Allowance (changes annually)	-	\$109.95
- Needs for Spouse, Family or Home Maintenance	-	\$210.00
- Health Insurance Premiums	-	\$120.00
- Non-Covered Medical Expenses	-	\$ 95.00
<b>= Estimated Share of Cost</b>	<b>=</b>	<b>\$115.05</b>

Your Eligibility Specialist can tell you if you will qualify for these deductions. Call your Eligibility Specialist if you have questions. Be sure to report non-covered medical expenses as soon as possible.



# AHCCCS MEDICAL BENEFITS

## Calculating the Amount You Must Pay for Your Medical and/or Long Term Care Expenses (Community Spouse)



If you are eligible for ALTCS, your Eligibility Specialist will determine if you must pay anything toward the cost of your Long Term Care expenses. This calculation is performed at the time of approval, annual review and when changes occur. The amount you must pay is called your “Share of Cost”. Your share of cost is calculated by comparing your income to your allowable expenses. If your income is more than your allowable expenses, the excess amount is what you must pay as your share of cost. If your income is less than your allowable expenses, then you do not have to pay anything. **Your Share of Cost is calculated as follows:**

**Income -** Total ALL of the income that is received in your name only. If you receive income that is paid in more than one person’s name or income from trust property, include only the portion of this income that belongs to you.

**Deductions -** You may be able to deduct certain expenses from your countable income. Allowable expenses include:

1. Personal Needs – the amount that can be deducted will depend on whether you live at home or in a nursing facility.
2. If you have a spouse living in the community, you can deduct an amount to provide for the spouse’s needs. This is called the Community Spouse Monthly Income Allowance (CSMIA). It is based on the amount of your spouse’s shelter expenses (rent, mortgage, taxes, insurance, utilities, maintenance charge for a condominium/cooperative), and the total amount of your spouse’s income. There is a maximum deduction that changes annually.
3. If you have family members at home with your spouse, you may be able to deduct an amount for the unmet needs of dependent family members as well. This deduction is called the Family Member Allowance. Family members include: minor or dependent children, dependent parents, and dependent siblings of you or your spouse who are actually living with your spouse. The amount that you can deduct is based on the amount of income that each family member already receives. There is a maximum amount that can be deducted for each family member.
4. **You may be allowed to deduct health care expenses which are not covered by AHCCCS, your insurance company or any other third party.** This includes allowable Medicare and other health insurance premiums and co-payments and deductibles. Also, you may be allowed to deduct other medical expenses, provided the expenses will not be covered by a third party. **All health care expenses must be owed or have been paid by you.** Allowable medical expenses include: dental services and dentures; hearing aids and batteries, eyeglasses and eye exams; and chiropractic services.

If you are billed for any of these expenses, or for any other medical expense not covered by AHCCCS or another third party, immediately contact your Eligibility Specialist and provide proof of the bill along with proof of any insurance payment. Your Eligibility Specialist will decide if the remaining balance can be deducted. **Note to new applicants: If you have received any of these services in the three months before you applied for ALTCS and are still liable for payment, provide your Eligibility Specialist with a copy of the bills and insurance statements. Your Eligibility Specialist will determine if these expenses can be deducted.**

**SHARE OF COST CALCULATION EXAMPLE** – Dollar figures used in the example are for illustration purposes only and do not reflect actual amounts allowable as deductions.

Share of Cost Income		\$ 1300.00
- Personal Needs Allowance (changes annually)	-	\$ 95.55
- Unmet Needs for Community Spouse	-	\$ 500.00
- Unmet Needs for Dependent Family Members	-	\$ 0.00
- Health Insurance Premiums	-	\$ 120.00
- Non-Covered Medical Expenses	-	\$ 95.00
<b>= Estimated Share of Cost</b>	<b>=</b>	<b>\$ 489.45</b>

Your Eligibility Specialist can tell you if you will qualify for these deductions. Call your Eligibility Specialist if you have questions. Be sure to report non-covered medical expenses as soon as possible.

I hereby state that the information on this form has been reviewed with me by an ALTCS Eligibility Specialist. I understand and agree that if a Community Spouse Monthly Income Allowance (CSMIA) is determined, I must make the allowance available to my spouse or it will not be allowed as a Share of Cost Deduction.





STATE OF ARIZONA

MEDICAID ESTATE  
RECOVERY PROGRAM



This brochure provides a general description of the Arizona Estate Recovery Program. Individual circumstances may vary and affect how law or policy is applied. Additionally, Federal and State laws and regulations are always subject to change. AHCCCS continues to update this brochure as changes occur in the Estate Recovery Program.

## INTRODUCTION

After almost two months in the hospital during the summer of 2018, Mr. Clark, age 68, entered a Phoenix nursing home. Mr. and Mrs. Clark learned that their health care coverage, Medicare, would not cover all of Mr. Clark's medical expenses. The Clarks found that they could not make the remaining share of the payments toward the steady flow of Mr. Clark's medical bills. The Clarks learned they could apply for Medicaid, a Federal-State health insurance program for qualified individuals. Mrs. Clark contacted the Arizona Long Term Care (ALTCS) office and scheduled an appointment to apply for long-term care assistance for Mr. Clark. During the Medicaid application process, Mrs. Clark learned of Arizona's "Estate Recovery Program" which affects Medicaid recipients ages 55 or older, who receive long term care medical assistance on or after January 1, 1994. Although the Clark family is "fictional", the situation describes circumstances that are commonly experienced. The purpose of this brochure is to help people like the Clarks and their family members better understand Arizona's Estate Recovery Program and what impact, if any, this will have to their family.

## FREQUENTLY ASKED QUESTIONS ABOUT ARIZONA'S ESTATE RECOVERY PROGRAM

### **1. What is the Arizona Estate Recovery Program?**

Through the Arizona Estate Recovery Program, AHCCCS seeks to recover payments AHCCCS has paid on behalf of Arizona Long Term Care System (ALTCS) members meeting specific criteria. This includes Arizona Long Term Care System (ALTCS) members receiving Home and Community Based Services (HCBS), in an adult group home, in an Assisted living facility and in a Nursing home. In these cases, AHCCCS files claims and liens to secure its rights to member's estates and real property up to the amount of ALTCS payments made. In order to enroll in ALTCS, individuals must acknowledge that they understand that AHCCCS may collect the cost of care from their estate or real property.

AHCCCS administers the Estate Recovery Program to comply with Federal Law. Congress passed the Omnibus Budget Reconciliation Act of 1993 (OBRA '93) on August 10, 1993. It became effective as Federal law under 42 U.S.C. 1396(p) on October 1, 1993. The passage of this Federal law mandated the State of Arizona to implement an Estate Recovery Program. Arizona implemented its Estate Recovery Program effective January 1, 1994.

### **2. Who is responsible for Arizona's Estate Recovery Program?**

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency. AHCCCS is responsible for managing Arizona's Estate Recovery Program in compliance with Federal and State laws, and it is supported by a contractor, Health Management Systems (HMS), in administering Arizona's Estate Recovery Program.

### **3. Does Estate Recovery apply to everyone?**

The Arizona Estate Recovery program applies to enrolled individuals on Arizona Long Term Care that are/turn 55 and older. ALTCS provides long term care medical assistance to individuals in a Home and

Community Based Services (HCBS), in an adult group home, in an Assisted living facility and in a Nursing home. AHCCCS will delay recovery of its estate claim if there is an Estate Claim Statutory Exemption. In addition, Federal law requires states to waive an Estate Claim when an heir to the estate meets all Undue Hardship Criteria. These processes are discussed in question 17 below.

#### **4. Will AHCCCS file a lien against my property?**

HMS may impose a TEFRA lien on behalf of AHCCCS, as authorized under 42 U.S.C. 1396(p) (Tax Equity and Fiscal Responsibility Act of 1982) against all real property, including the member's primary residence, of certain permanently institutionalized nursing home members. The purpose of the lien is to recover the cost of AHCCCS benefits provided upon the member's death or upon the sale or transfer of the property.

Upon an ALTCS member's passing, HMS may impose a lien on behalf of AHCCCS to secure the real property for recovery of medical assistance paid on the member's behalf, in accordance with A.R.S § 36-2935.

#### **5. How does AHCCCS determine the amount of the estate claim that will be filed against the ALTCS member's estate?**

The amount of the estate claim that will be filed against the ALTCS member's estate is the total of the ALTCS payments paid on behalf of the member for Medicaid covered services. For example, AHCCCS pays Mercy Care a flat amount each month for each member on long term care, the claim amount is not based on the actual costs of services provided. AHCCCS can also recover ALTCS payments made for a member for Medicare cost sharing payments for services provided on, or before, December 31, 2009. The Medicare Improvements for Patients and Providers Act of 2008 exempts Medicare cost sharing payments from Medicaid estate recovery if they are for services provided on, or after, January 1, 2010. The following is a description of the ALTCS payments subject to recovery:

##### Medicaid Covered Services:

Capitation Payments: The AHCCCS program is based on cost containment through preventive care rather than emergency care. AHCCCS contracts with "program contractors" which in turn are responsible to ensure the delivery of all covered medical services to ALTCS members. AHCCCS pays program contractors a monthly "capitation" payment prospectively for each enrolled ALTCS member. This capitation concept is patterned on the way many individuals pay for private health care insurance. AHCCCS pays the monthly capitation payment to the program contractors for each month the ALTCS member is enrolled beginning from the enrollment effective date, regardless of whether the ALTCS member received medical services during the month. If the ALTCS member is on Medicare, the capitation payment amount for months of service on, or after, January 1, 2010, that is subject to estate recovery will be the amount paid to the program contractors adjusted to remove the actuarially determined amount of the Medicare cost sharing portion.

The monthly capitation payment to program contractors can exceed \$8,900 per month but varies depending on the contractor (Health Plan) and the county the member resides in. The monthly capitation premiums may change annually. **It is important to be aware that capitation payments can exceed the actual costs of services provided during the month.**

Reinsurance Payments: AHCCCS reimburses program contractors for certain contract service costs incurred by an ALTCS member that are beyond a contractual dollar threshold. These payments are known as reinsurance. Therefore, in addition to the monthly capitation payment, AHCCCS may make a

reinsurance payment to the program contractor for a member. AHCCCS recovers reinsurance payments made for dates of service on, or before, December 31, 2009. It also recovers reinsurance payments for non-Medicare covered services for months of service on, or after, January 1, 2010.

**Fee-For-Service Payments:** In certain instances, AHCCCS may be responsible for direct payment of some or all of an ALTCS member's medical bills not covered by Medicare or other available insurance. These payments are called fee-for-service payments. AHCCCS recovers fee-for-service payments it pays for a member for dates of service on, or before, December 31, 2009. It also recovers fee-for-service payments for non-Medicare covered services for dates of service on, or after, January 1, 2010.

Medicare Cost Sharing Payments:

**Medicare Coinsurance and Deductible Payments:** Medicare provides health insurance to people ages 65 and over, those who have permanent kidney failure and certain people under age 65 with a disability. Medicare requires cost sharing in the form of deductibles and coinsurance. AHCCCS recovers ALTCS payments made for a member for Medicare cost sharing payments for services provided on, or before, December 31, 2009. No recovery is made for services provided on, or after, January 1, 2010.

**Medicare Part A and Part B Premium Payments:** Medicare also requires cost sharing in the form of premiums. AHCCCS recovers all Medicare Part A and Part B premium payments paid on behalf of the ALTCS member for months of service on, or before, December 31, 2009. No recovery is made for months of service on, or after, January 1, 2010.

**6. How can I determine if it is financially beneficial for me to enroll in ALTCS?**

If you need long-term medical care in your own home, or in a nursing home, and the medical care will not be paid by your Medicare or other health insurance coverage, you may want to apply for ALTCS to help pay for these costs.

Before enrolling in ALTCS, if an applicant or family member is concerned about AHCCCS' claim that will be filed against the estate, the applicant and/or family member should evaluate the financial benefits of enrolling the applicant in ALTCS. Because ALTCS payments made on the member's behalf can exceed the actual costs of services provided, and accrue even if no medical service is provided, it is very important that ALTCS applicants (and family members) make an informed decision about enrolling in ALTCS. **This is especially true for those ALTCS applicants who elect to remain in their own home and do not enter a nursing home.** The applicant and family member should review whether it is better financially and medically for the applicant to pay for his/her needed medical services out-of-pocket (what won't be paid by Medicare and/or other insurance) rather than enrolling in ALTCS and incurring a claim against their estate. Individuals who do not require many medical services may not wish to enroll in ALTCS because their estate will be responsible for payment to AHCCCS of all ALTCS payments that are listed in question 5 above.

An ALTCS applicant may voluntarily withdraw his/her ALTCS application. An ALTCS enrolled member may elect to stop ALTCS enrollment at any time, to stop accruing additional AHCCCS capitation and other costs that will be included in AHCCCS' claim against the estate.

**7. When does AHCCCS' claim against the ALTCS member's estate begin to accrue?**

The effective date the AHCCCS claim against the estate begins to accrue depends on the age of the ALTCS member when the ALTCS coverage begins. Usually, the AHCCCS estate claim begins to

accrue on the first day of the month in which the ALTCS coverage begins. However, if an ALTCS member is younger than age 55 on that date, then AHCCCS' estate claim begins to accrue on the date the ALTCS member becomes age 55. **Example:** If an ALTCS member is age 55 or older at the time of his/her ALTCS coverage effective date of January 1, 2015, the AHCCCS' claim begins to accrue on January 1, 2015. However, if the ALTCS member is age 54 on January 1, 2015, and turns age 55 on August 15, 2015; the AHCCCS estate claim begins to accrue on August 15, 2015.

#### **8. What assets owned by the ALTCS member are subject to AHCCCS' estate claim?**

AHCCCS' estate claim is filed only against the property owned by the ALTCS member at the time of his/her death that is subject to Small Estate Affidavit or probate. This means that AHCCCS' claim is filed only against the "estate" of the individual. A home that is solely owned by the ALTCS member, is owned jointly without right of survivorship, or is owned jointly with right of survivorship but the joint owner is deceased, is subject to Small Estate Affidavit or probate, and is therefore subject to payment of AHCCCS' claim against the estate. If the ALTCS member owns an annuity, and the annuity is subject to Small Estate Affidavit or probate, it is also subject to payment of AHCCCS' claim against the estate. For additional information regarding what real and personal property assets are subject to Small Estate Affidavit or probate, and the processes under each for administering the estate, contact the Arizona Probate Registrar for the Superior (Probate) court in your county.

#### **9. What is a TEFRA lien?**

A TEFRA lien is a lien filed prior to the member passing. HMS may impose a TEFRA lien on behalf of AHCCCS against the member's real property, including the member's home, after the member becomes permanently institutionalized at a nursing home, mental health hospital, or other long-term care medical facility. Permanently institutionalized means the member has resided in a long-term care medical facility for at least 90 consecutive days, and the member's condition is not likely to improve to the point that the member will be discharged from the long-term care medical facility and return home by a date certain. The purpose of the lien is to recover the cost of benefits provided upon the member's death or upon the sale or transfer of an interest in the property. The lien is not enforced until one of these events occurs.

#### **10. Who do TEFRA liens apply to?**

ALTCS members who are permanently institutionalized will have a lien imposed against their personal home or other real property unless certain conditions exist. A lien will not be enforced so long as a spouse, child under 21, or a blind or permanently and totally disabled child survives the member. Also, a lien will not be enforced against a home so long as the following persons currently reside at the property:

- A member's sibling who was living there for at least a year before the member was admitted to the facility and is partial owner of the property, or
- A child who was living there for at least two years before the member was admitted to a facility and provided care which allowed the member to stay out of an institution. Documentation proving the care was provided must be submitted to the state's satisfaction.

#### **11. How does the TEFRA lien process work?**

Following notification that a member has been placed into a medical institution for 90 days or more and cannot reasonably be expected to be discharged and return to their home, AHCCCS will send a Notice of Intent to File a Lien against Real Property to the member or their authorized representative. If there is

no response, or if AHCCCS determines that the exemption criteria have not been met, a TEFRA Lien will be filed against the member's real property. Should a member wish to contest the lien, he or she may file a request for a state fair hearing within thirty days of receiving the Notice of Intent.

#### **12. What happens after the lien has been filed?**

No further action is taken by AHCCCS after the lien has been filed until either:

- The member returns home with the intention of remaining in the home.
- The property is sold, or ownership is transferred; or
- The member passes away.

#### **13. What if I return home?**

If a member is discharged from a medical facility and returns to his or her own home on a permanent basis, the lien will be removed shortly after AHCCCS, or HMS is notified. However, if the member is readmitted into the medical facility permanently, a new lien may be filed against the member's real property.

#### **14. What happens if I want to transfer or sell the property?**

If you sell or transfer the property, you will need to repay AHCCCS for the medical payments AHCCCS has made on your behalf. The amount you need to repay will be equal to the amount that AHCCCS has paid or up to the amount of the excess proceeds.

#### **15. What happens when I pass away and a TEFRA lien was filed?**

The TEFRA lien will remain in place and claim will be made against your estate. The TEFRA lien may be released (removed) if there is an Estate Claim Statutory Exemption; if AHCCCS grants an Undue Hardship Waiver; if the Estate Claim is paid in full; or, if AHCCCS approves a request for a Partial Recovery (Reduction). These processes are discussed in FAQ numbers 17 and 18 below.

#### **16. How does AHCCCS' claim against the estate affect estates which will be filed by a Small Estate Affidavit and those filed through probate?**

The AHCCCS claim against the ALTCS member's estate has the same impact against the estate regardless of whether the estate will be filed by Small Estate Affidavit or filed through probate. Under Arizona Probate Law, A.R.S. § 14-3805, AHCCCS' claim against the estate is classified as a debt due to the State. AHCCCS' claim against the estate must be paid from available estate assets in accordance with A.R.S. §§ 14-3971 and 14-3807. AHCCCS does not usually take direct possession of the estate assets. Rather the payment of AHCCCS' estate claim is made from the AHCCCS member's estate. In rare situations, AHCCCS is authorized to initiate probate and petition the court to be appointed as the Personal Representative of a Decedent.

The Small Estate Affidavit and probate are the "processes" for liquidating the estate of a decedent and making distribution to the heir(s). The Small Estate Affidavit allows for some estates to be filed by an "affidavit" rather than probate, which reduces the administrative costs that are experienced when an estate must be probated.

#### **17. Does AHCCCS ever waive or reduce its claim against the ALTCS member's estate?**

Yes, in certain circumstances. AHCCCS will delay its estate claim recovery when an "Estate Claim Statutory Exemption" exists or when an "Undue Hardship Waiver of Estate Claim" exists. Also,

AHCCCS may reduce the amount of the estate claim when the heir(s) to the estate meets the criteria for a “Partial Recovery (Reduction)” of the estate claim.

In addition to the above waivers, Federal law limits recovery from the property owned by Native Americans (members of federally recognized Indian tribes).

Estate Claim Statutory Exemption: AHCCCS will delay recovery of its estate claim against the ALTCS member’s estate if there is an Estate Claim Statutory Exemption. An Estate Claim Statutory Exemption exists when there is a:

- Surviving spouse.
- Surviving child who is under age 21; or
- Surviving child of any age who is blind or disabled and meets SSA or SSI disability criteria.

To claim an Estate Claim Statutory Exemption, proof of the exemption must be provided. Examples of proof are:

- Member’s death Certificate, to verify there is a surviving spouse.
- A birth certificate or other legal document that verifies the child’s relationship to the ALTCS member to verify there is a surviving child under age 21.
- A current SSA/SSI disability benefit award letter from the Social Security Administration that verifies the child receives SSA or SSI disability benefits to verify the surviving child is blind or disabled along with a birth certificate or other legal document that verifies the child’s relationship to the ALTCS member.

Undue Hardship Waiver: AHCCCS will waive the claim against the ALTCS member’s estate when the heir to the estate meets all of AHCCCS’ undue hardship criteria; heir has continuously resided in the home at least one year prior to the member’s passing, resided in the home at the time of member’s passing and has been residing in the home at the time of the undue hardship waiver application request, heir plans to continue residing at residence and does not own any other real property. Heir must meet all the AHCCCS’ undue hardship criteria in either a. or b. below:

- a. The estate contains real property assets only or both real and personal property assets, and
    1. The real property in the estate is listed as residential property by the Arizona Department of Revenue or County Assessor’s Office; and
    2. The heir to the estate meets all the criteria listed in either a. through d. or e. through h. below:
      - a. Owns a business that is located at the residential property.
      - b. The business has been in operation at the residential property for at least 12 months preceding the ALTCS member’s death.
      - c. The business provides more than 50% of the heir’s livelihood; and
      - d. The recovery of the property would result in the heir to the estate losing their means of livelihood.
- OR
- e. Currently resides in the residence.
  - f. Resided at the residence at the time of the ALTCS member’s death.
  - g. Has made the residence his or her primary residence for the 12 months immediately preceding the ALTCS member’s death; and

- h. Owns no other residence.
- b. The estate contains personal property assets only, and the heir to the estate meets all the criteria listed in both 1 and 2:
  - 1. The heir's annual gross income for their household size is less than the federal income poverty guidelines. New sources of income (for example, employment, Social Security, inheritance, settlement etc.) will be included in determining the household's annual gross income; and
  - 2. The heir does not own a home, land, or other real property.

If the estate contains both real and personal property, and the heir qualifies for an undue hardship, then AHCCCS shall not grant an undue hardship waiver, but adjusts its claim to the value of the personal property.

The notices HMS sends provide additional information about undue hardship and the process for applying, including what verification must be provided.

The undue hardship criteria are also specified in AHCCCS regulation at Arizona Administrative Code, R9-28-911.

Partial Recovery (Reduction): AHCCCS may reduce the amount of the estate claim when the criteria for a partial recovery are met. AHCCCS considers the following factors on a case-by-case basis in determining if a partial recovery (reduction) of the estate claim should be approved:

- Financial and medical hardship to the heir(s).
- Income of the heir(s) and whether the household income is within 100% of the Federal Poverty Guidelines.
- Resources of the heir(s).
- Value and type of assets in the estate (real and personal).
- Amount of AHCCCS' estate claim.
- Whether other creditors have filed claims against the ALTCS member's estate or have foreclosed on the property; or
- Any other factors relevant for a fair and equitable determination under the circumstances of a particular case.

The Partial Recovery criteria are also specified in AHCCCS regulations at Arizona Administrative Code R9-28-912.

The notices HMS sends provide additional information about partial recovery and the process for applying, including what verification must be provided.

**18. How does an heir apply for a waiver or reduction of AHCCCS' estate claim?**

If an heir to the estate wishes to apply for a waiver or reduction of AHCCCS' estate claim, the heir shall submit a completed application request and provide all supporting documentation to HMS so that it is received by HMS no later than 30 days from the date shown on the Notification of the AHCCCS Claim Against the Estate.



AHCCCS will decide within 60 days of receipt of a completed application and all supporting documentation. HMS will mail a Decision Notice Regarding the AHCCCS Estate Claim to the personal representative and/or heir informing them of AHCCCS' decision.

**19. When is the Member's Personal Representative required to notify AHCCCS?**

A member's Personal Representative must notify AHCCCS of the member's estate or property within three months after the member's death if the member was at least 55 years of age and if AHCCCS has not already filed a Statement of Claim in the estate proceedings (A.R.S. 36-2935.B).

**20. How does the estate recovery process work?**

When HMS is notified that an ALTCS member is deceased, and the ALTCS member received ALTCS benefits at age 55 or older on or after January 1, 1994, HMS will file a Demand for Notice with the Superior (Probate) Court. The purpose of the Demand for Notice is to require notice to AHCCCS of all orders and filings regarding the ALTCS member's estate. The Demand for Notice also assists in protection of AHCCCS' interest in any future estate proceedings. In accordance with A.R.S § 36-2635, HMS will impose a lien on behalf of AHCCCS to secure the real property for recovery of medical assistance paid on behalf of the member.

After HMS files the Demand for Notice, HMS will send the personal representative or authorized representative the following notices:

- A Notice of Intent to File a Claim Against the Estate.
- An Estate Questionnaire.
- A copy of the Demand for Notice that was filed with the Superior (Probate) Court(s); and
- A copy of the Medical Assistance Lien that was filed with the County Recorder's Office.

The Estate Questionnaire assists HMS in identifying if there are circumstances which qualify for an "Estate Claim Statutory Exemption". AHCCCS will delay recovery of its claim against the estate so long as there is a qualifying Estate Claim Statutory Exemption.

If the estate has already entered probate, HMS will bypass the Demand for Notice and Notice of Intent process. A claim is immediately placed against the estate.

If HMS does not identify a qualifying Estate Claim Statutory Exemption, and the ALTCS member owned property that is, or appears to be, subject to Small Estate Affidavit or probate, HMS files a Superior Court Claim Against the Estate (referred to as a creditor's claim) with the Superior (Probate) Court. For estates that will be probated, HMS files the Superior Court Claim Against the Estate to meet the timeframe requirements in A.R.S. §§ 14-3801 and 14-3804.

The Notification of the AHCCCS Claim Against the Estate provides the following information:

- AHCCCS' claim amount and list of AHCCCS expenditures to be recovered.
- Authority for the AHCCCS' estate claim.
- Explanation of the enclosed application form and the process for applying for one or more of the three processes which permit waiver or reduction of AHCCCS' estate claim: Estate Claim

Statutory Exemption, Undue Hardship Waiver of Estate Claim, and/or Partial Recovery (Reduction).

- Estate Claim Statutory Exemption Criteria, Undue Hardship Waiver of Estate Claim Criteria, and Partial Recovery (Reduction) Criteria.
- Timeframes for filing a completed application.
- To whom and where to file the application and supporting documentation.
- Whom to contact if there are any questions.
- Where to send payment of the estate claim; and
- The heir's right to file a grievance and request a hearing.

**21. What if an heir disagrees with the amount of AHCCCS' claim against the estate or a decision regarding an application filed for an Estate Claim Statutory Exemption, Undue Hardship Waiver, or a Partial Recovery (Reduction) of the estate claim?**

AHCCCS provides a grievance and request for hearing process for heir(s) or other interested parties (e.g., personal representative) to present any dispute or disagreement regarding AHCCCS' claim against the estate or a decision made regarding an application filed for a waiver or reduction of the estate claim. HMS' Notification of the AHCCCS Claim Against the Estate and Decision Notice Regarding the AHCCCS Estate Claim provide information regarding an heir's right to file a grievance and request a hearing.

The grievance must be submitted in writing and must be received by the AHCCCS Administration, Office of the General Counsel, Mail Drop 6200, P.O. Box 25520, Phoenix, Arizona 85034, no later than 60 days from the date shown on HMS' Notification of the AHCCCS Claim Against the Estate or Decision Notice regarding the AHCCCS Estate Claim.

**22. Who do I contact for more information?**

For more information about your Medicaid eligibility determination and ALTCS, please contact your local ALTCS eligibility office. Locations and telephone numbers for the ALTCS eligibility office in your area can be found on the AHCCCS web site, [www.azahcccs.gov](http://www.azahcccs.gov). You may also call 602-417-4000 for general AHCCCS information:

For more information regarding Arizona's Estate Recovery Program, you may contact the AHCCCS, Third Party Liability Office: 602-417-4531

OR

Health Management Systems, Inc. (HMS)  
Phoenix Area: 602-954-8380 (enter 0 for the receptionist)  
Out-of-state toll free: 1-888-378-2836 (enter 0 for the receptionist)

Information on the ALTCS program can be found at [www.azahcccs.gov](http://www.azahcccs.gov).

The Centers for Medicare & Medicaid Services (CMS) provides information about Medicaid at its website: <http://www.cms.hhs.gov>

## **AHCCCS NOTICE OF NONDISCRIMINATION**

The Arizona Health Care Cost Containment System (AHCCCS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AHCCCS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AHCCCS provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats). AHCCCS provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Health-e-Arizona Plus Customer Support Center at 1-855-432-7587 (TTY: 711).

If you believe that AHCCCS failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the AHCCCS General Counsel. You can file a grievance in person or by mail, fax, or email.

Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination. Submit your grievance to: General Counsel, AHCCCS Administration, Office of the General Counsel, MD 6200, PO Box 25520, 801 E. Jefferson St., Phoenix, AZ 85034. Phone: 602-417-4455, fax: 602-253-9115. Email: [EqualAccess@azahcccs.gov](mailto:EqualAccess@azahcccs.gov). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## **AHCCCS AVISO DE NO DISCRIMINACIÓN**

Arizona Health Care Cost Containment System (AHCCCS) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. AHCCCS no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo. AHCCCS proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes intérpretes de lenguaje de señas capacitados y información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, y otros formatos). AHCCCS proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes intérpretes capacitados y información escrita en otros idiomas. Si necesita recibir estos servicios, comuníquese con Health-e-Arizona Plus Customer Support Center at 1-855-432-7587 (TTY: 711).

Si considera que AHCCCS no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a AHCCCS General Counsel. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Su querrela deberá presentarse por escrito en plazo de 180 días a partir de la fecha en la que la persona que se querelle se percate de lo que le parezca ser discriminado. Remita su querrela a: General Counsel, AHCCCS Administration, Office of the General Counsel, MD 6200, PO Box 25520, 801 E. Jefferson St., Phoenix, AZ 85034. Número de teléfono 602-417-4455, o envíela por fax a: 602-253-9115 o envíela por correo electrónico (Email) a: [EqualAccess@azahcccs.gov](mailto:EqualAccess@azahcccs.gov). También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. De manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; 1-800-368-1019, 800-537-7697 (TDD). Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.





# Application For AHCCCS Medical Assistance and Medicare Savings Programs

You can apply online by using Health-e-Arizona Plus at [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov)

**Keep Pages A, B, C, D, E, F, and G for your records**

If you are over age 65, blind or disabled, or if you are eligible for Medicare, use this application to apply for AHCCCS Medical Assistance and/or Medicare Savings Programs. Or, you can apply online at [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov).

## How can I qualify for AHCCCS Medical Assistance?

- Your gross monthly income can be no more than \$1,215 for an individual or \$1,644 for a couple (after a \$20 standard deduction and other allowed deductions if you have earned income and/or dependent children).
- You must be a resident of the state of Arizona and a United States citizen or a non-citizen who meets Medicaid requirements.
- You must apply for pension, disability or retirement benefits if potentially available to you.
- If you are under age 65 and not receiving Social Security Disability income, a disability determination will be part of your application process.

## How can I qualify for a Medicare Savings Program?

If you are receiving or eligible for Medicare Part A, use this application to apply for help with your Medicare premium(s), copayments and deductibles. There are three Medicare Savings Programs. Each one has a different income limit and different benefits.

Medicare Savings Program	Qualified Medicare Beneficiary (QMB)		Specified Low-Income Beneficiary (SLMB)		Qualified Individual – 1 (QI-1)	
General Eligibility Requirements:	<ul style="list-style-type: none"> <li>• You must be a resident of the state of Arizona.</li> <li>• You must be a United States citizen or a non-citizen who meets Medicaid requirements.</li> <li>• You must apply for pension, disability or retirement benefits if potentially available to you.</li> </ul>					
Monthly Income Limits (after allowed deductions):	Individual \$0 - \$1,215	Couple \$0 - \$1,644	Individual \$1,215.01 - \$1,458	Couple \$1,644.01 - \$1,972	Individual \$1,458.01 - \$1,641	Couple \$1,972.01 - \$2,219
Specific Requirements:	Receiving or eligible for Medicare Part A		Receiving Medicare Part A		Receiving Medicare Part A	
What is the Benefit?	<ul style="list-style-type: none"> <li>• Pays your Medicare Part B Premium</li> <li>• Pays your Medicare Part A Premium (if not free)</li> <li>• Pays your Medicare coinsurance</li> <li>• Pays your Medicare Deductibles*</li> </ul>		<ul style="list-style-type: none"> <li>• Pays your Medicare Part B Premium</li> </ul>		<ul style="list-style-type: none"> <li>• Pays your Medicare Part B Premium</li> </ul>	

\*If you are enrolled with a Medicare HMO, your co-pays will also be paid. If you elect additional coverage from a Medicare HMO, you will be responsible for any additional premiums and costs.

## What services does AHCCCS Medical Assistance cover?

- Prescription medication\*
- Doctor's office visits
- Hospital services
- Dialysis
- 90 days of nursing care services
- Medical supplies
- Chemotherapy
- Behavioral health care
- Immunizations (shots)
- Emergency medical care
- Medically necessary transportation
- Medically necessary specialist care
- Laboratory and X-ray services
- Rehabilitation services
- Chiropractic services

\*AHCCCS prescription coverage is limited for people who have Medicare.

## What does AHCCCS Medical Assistance cost?

### Premiums

Most people do not have to pay a monthly premium for AHCCCS Medical Assistance. Some people with income too high to qualify for AHCCCS Medical Assistance with no monthly premium may be able to get it by paying a monthly premium. If you have to pay a premium, the monthly premium amounts are:

- \$10 - \$70 for KidsCare
- \$10 - \$35 per person for employed people with disabilities

**American Indians and Alaskan Natives:** Per federal law, American Indians enrolled with a federally recognized tribe, children and grandchildren of American Indians enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. To get AHCCCS Medical Assistance at no cost, you must give us proof of tribal enrollment.

### Co-payments

A co-payment is the amount you pay a health care provider when you receive a medical service. Your co-payment amount will vary depending on which AHCCCS program you are enrolled in and the services you need. For some AHCCCS programs, the provider can deny services if the co-payments are not made. Co-payments for services are:

- \$2.30 to \$10.00 for prescriptions
- \$0 to \$30.00 for non-emergency use of an emergency room
- \$2.30 to \$3.00 for physical, occupational or speech therapy
- \$3.40 to \$5.00 for outpatient visits for evaluation and management services including doctor's office visits

Remember to report any changes in income because this may change your co-payment amount.

### **The following people are never asked to pay co-payments:**

- Children under age 19.
- Individuals up through age 20 eligible to receive services from the Children's Rehabilitative Services (CRS) program.
- People who receive hospice care.
- People determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services.
- American Indian members who are active or previous users of the Indian Health Service, tribal health programs operated under Public Law 93-638 or urban Indian health programs.
- People who are acute care members and who are residing in nursing homes or residential facilities such as an Assisted Living Home and only when the acute care member's medical condition would otherwise require hospitalization. The exemption from copayments for acute care members is limited to 90 days per contract year.

### **In addition, co-payments are never charged for the following services for anyone:**

- Hospitalizations
- Emergency services
- Family planning services and supplies
- Services paid for on a fee-for-service basis
- Pregnancy-related health care including tobacco cessation treatment for pregnant women

## **How does AHCCCS Medical Assistance work?**

If you are approved for AHCCCS Medical Assistance, you will receive your health care from an AHCCCS Complete Care (ACC) plan unless:

- You are American Indian and you choose American Indian Health Program as your health plan.
- You are approved for one of the Medicare Savings Programs.
- AHCCCS can only pay for your emergency services because of your status with United States Citizenship and Immigration Services. If you are approved for emergency services only, you may receive medical services from any provider (doctor, hospital, etc.) that has an agreement to bill AHCCCS for covered emergency services.

## **How does a health plan work?**

- The health plan works with health care providers (doctors, hospitals, pharmacies, etc.) to provide all AHCCCS covered services.
- The health plan will send you a member handbook once you are enrolled.
- You can call the health plan if you have any questions about your benefits or services or if you need an accommodation because of a disability or interpreter services. The phone number for your health plan's member or customer services can be found on your AHCCCS ID Card and in your Member Handbook.

## **How can I get behavioral health services?**

- You can go through your primary doctor, or
- Call the behavioral health telephone number on your AHCCCS ID Card.

## **What if I have Medicare or other health insurance?**

- Be sure to tell your health plan that you have Medicare or any other health insurance.
- If your doctor does not contract with your AHCCCS Complete Care (ACC) plan, your doctor must call the ACC plan to coordinate care or you may be responsible for any Medicare or other health insurance co-payments or deductibles.
- If you are in an HMO, you should pick a primary doctor who works with both your HMO and your ACC plan.
- If you have Medicare, your prescription coverage under AHCCCS is limited. If you have questions about prescriptions, call 1-800-MEDICARE (633-4227), or your AACC plan.

## **What do primary doctors and specialists do?**

Once enrolled, you will get a list of primary doctors in your area from the health plan. You must choose your primary doctor or one will be assigned to you. You have the right to change your primary doctor at any time by calling your health plan's member or customer services. Your primary doctor will:

- Take care of your health care.
- Be responsible for authorizing your non-emergency medical services.
- Be the first person you go to for non-emergency medical care.
- Send you to a specialist when needed.

## **Who Can Complete an Application?**

This application may be completed by you or anyone you choose who knows or can get the information needed to complete the application for you and your family members. The terms “applicant” and “you” on this form refer to the person applying for AHCCCS Medical Assistance and/or Medicare Savings Program benefits. **You and your spouse can use the same application form to apply.** If you have a conservator or guardian, your conservator or guardian must complete this form for you.

## **Instructions to the Applicants**

Check **Yes** or **No** on the application form when asked if you are applying for AHCCCS Medical Assistance or for help to pay Medicare costs. You can check **Yes** to either question or to both.

- Answer all questions on pages 1 through 6 for each person applying.
- If you need more room, attach additional sheets of paper to provide all requested details.
- Read page E for an explanation of your rights and responsibilities and providing a social security number.
- Sign the application.
- Attach all requested verification when you send your application.
- Keep pages A, B, C, D, E, F, and G for your records and mail pages 1 through 6 to the MA-SP Office:

### **AHCCCS Medical Assistance Specialty Programs (MA-SP)**

801 E Jefferson St  
Phoenix AZ 85034  
FAX: 602-258-4619

- If you are applying for AHCCCS Medical Assistance, read page G and choose an AHCCCS Complete Care (ACC) plan.
- If you have any questions regarding these programs, or need help filling out the application, please call:
  - If you are calling from area codes (480, 602 or 623) dial (602) 417-5010 and choose option 5.
  - If calling from area codes (520, 760 or 928) dial toll free 1-800-528-0142.

After we receive your application, we will either contact you for additional information or, if your application is complete, make a decision about whether you qualify. We will send you a notice explaining the decision.



## RIGHTS AND RESPONSIBILITIES OF APPLICANTS/RECIPIENTS

You have the **RIGHT** to:

1. Be treated fairly and equally regardless of race, religion, national origin, sex, age, disability, or political beliefs.
2. To apply for AHCCCS Medical Benefits and to be given a notice that tells you if you are eligible or not.
3. Review AHCCCS manuals that show the rules and regulations of the AHCCCS program if you want to know the reason why your application is denied.
4. Have all information you give regarding your eligibility kept private according to state and federal law.
5. A fair hearing if you disagree with an adverse action taken by the AHCCCS Administration. Adverse action means your application for AHCCCS services was denied, your AHCCCS benefits were ended or your AHCCCS services were reduced. You may also request a hearing if a decision is not made on your application within 45 days and the delay is due to AHCCCS. Your hearing will be conducted by an Administrative Law Judge and a decision will be issued by the AHCCCS Director. You have the right to review your case record before the hearing. You have the right to represent yourself or to have someone else represent you. If you wish to ask for a hearing, your request must be in writing and mailed or delivered to the Office of the General Counsel, 801 East Jefferson St., PO Box 25520, MD 6200, Phoenix, Arizona 85034 or faxed to 602-253-9115.

You have the **RESPONSIBILITY** to:

1. Provide AHCCCS with the needed information to correctly determine your eligibility and authorize AHCCCS to investigate and contact any sources necessary to confirm the accuracy of the information which pertains to eligibility.
2. Take necessary steps to obtain any annuities, pensions, retirement and disability benefits to which you may be entitled, including, but not limited to Social Security benefits, Railroad Retirement, Veterans benefits and unemployment compensation.
3. To report payments going in or out of your trust, if you have one.

If you are eligible you **MUST**:

1. Notify the AHCCCS/ALTCS office as soon as possible but no later than within 10 days by phone, letter or in person, whenever there are any changes in your income, address, marital status, Medicare coverage, household composition, or other circumstances which could affect your eligibility.
2. Cooperate with Arizona or Federal personnel in the completion of a quality control review of your eligibility.

## PROVIDING SOCIAL SECURITY NUMBERS and IMMIGRATION STATUS

You must provide or apply for a Social Security number (SSN) for every applicant. Immigrants who are not legally able to obtain a SSN are not required to provide one. This is required under the Social Security Act (SSA) of 1935 (Section 1137) as amended by P.L. 98-369. Providing a Social Security number for someone who is not applying is optional. We will not use your SSN as your AHCCCS identification number. Your SSN will be used to check the identity of those receiving assistance, to prevent double payments, to determine benefits available under other programs, to verify state residency or other conditions of eligibility, and to make mass annual changes more easily. Your SSN will be used in computer matching available through the State Income and Eligibility Verification System (IEVS) to obtain wage, income and other information from: (a) the IRS, (b) the Social Security Administration, (c) Arizona Department of Economic Security, and (d) other states administering TANF, Medicaid, Unemployment Insurance, Food Stamps, Programs under Title I, X, XIV, XVI of the SSA and other state wage information collection agencies. AHCCCS will use the

information available from this computer matching to verify income and whether you have Medicare. When the information you give is questionable, AHCCCS will verify the information by contacting other sources.

### **ASSIGNMENT OF RIGHTS TO OTHER BENEFITS FOR MEDICAL CARE**

**(Applicable only to AHCCCS Medical Assistance and the Qualified Medicare Beneficiary Program)**

I understand that if I am or members of my family are approved for AHCCCS benefits, AHCCCS can collect payment from any other parties who may be responsible for paying for our health care costs. This includes:

- Private or employer-sponsored health insurance (not including Medicare)
- Persons, such as an absent spouse or parent, who are legally responsible for providing medical support
- Private or employer-sponsored disability insurance
- Private or employer-sponsored accident insurance
- Insurance claims, jury awards, or legal settlements resulting from injuries

**I understand that AHCCCS cannot collect more than the costs paid by AHCCCS. I also understand that I must give information about other responsible parties and take any action needed to receive medical support. This includes establishing paternity of my children, unless I can prove good cause not to do so.**

## How to choose a health plan

**You need to choose an AHCCCS Complete Care (ACC) health plan that serves your county.**

- All ACC plans provide the same covered medical services.
- Before choosing an ACC plan, check with your doctor, pharmacy or hospital to see if they work with the ACC plan that you want. If you want more information about the doctors, specialists or hospitals that work with an ACC plan that serves your county, call the number listed below for the ACC plan or visit the ACC plan's website.
- American Indian members may choose from American Indian Health Program or an ACC plan.
- If you do not choose an ACC plan, one will be assigned to you.
- If you have been enrolled in an ACC plan within the past 90 days, you may be enrolled with your previous ACC plan.
- If you need help selecting an ACC plan you may speak to a Benefits and Eligibility Specialists by calling (602) 417-7100 from area codes (480), (602), and (623) or 1-(800)-334-5283 from area codes (520) and (928).

Geographic Service Area (GSA)		Available AHCCCS Complete Care (ACC) Health Plans
<b>North</b> <ul style="list-style-type: none"> <li>• Apache</li> <li>• Coconino</li> <li>• Mohave</li> <li>• Navajo</li> <li>• Yavapai</li> </ul>		<ul style="list-style-type: none"> <li>• American Indian Health Program</li> <li>• Care1st Health Plan</li> <li>• Health Choice Arizona</li> </ul>
<b>Central</b> <ul style="list-style-type: none"> <li>• Maricopa</li> <li>• Gila</li> <li>• Pinal, excluding ZIP codes 85542, 85192, and 85550</li> </ul>		<ul style="list-style-type: none"> <li>• American Indian Health Program</li> <li>• Arizona Complete Health - Complete Care Plan (formerly Health Net Access)</li> <li>• Banner-University Family Care</li> <li>• Molina Complete Care</li> <li>• Mercy Care</li> <li>• Health Choice Arizona</li> <li>• UnitedHealthcare Community Plan</li> </ul>
<b>South</b> <ul style="list-style-type: none"> <li>• Cochise</li> <li>• Graham</li> <li>• Greenlee</li> <li>• La Paz</li> <li>• Pima</li> <li>• Santa Cruz</li> <li>• Yuma</li> <li>• ZIP codes 85542, 85192, and 85550</li> </ul>		<ul style="list-style-type: none"> <li>• American Indian Health Program</li> <li>• Arizona Complete Health - Complete Care Plan (formerly Health Net Access)</li> <li>• Banner-University Family Care</li> <li>• UnitedHealthcare Community Plan (Pima County Only)</li> </ul>
Health Plan Name	Phone Number	Website
American Indian Health Program	Maricopa County: 602-417-7100 All other counties: 1-800-334-5283	<a href="http://www.azahcccs.gov/AmericanIndians/AIHP/">www.azahcccs.gov/AmericanIndians/AIHP/</a>
Arizona Complete Health - Complete Care Plan (formerly Health Net Access)	1-888-788-4408	<a href="http://www.azcompletehealth.com/completecare">www.azcompletehealth.com/completecare</a>
Banner-University Family Care	1-800-582-8686	<a href="http://www.bannerufc.com/acc">www.bannerufc.com/acc</a>
Care1st Health Plan	1-866-560-4042	<a href="http://www.care1staz.com">www.care1staz.com</a>
Molina Complete Care	1-800-424-5891	<a href="http://www.mccofaz.com">www.mccofaz.com</a>
Mercy Care	1-800-624-3879	<a href="http://www.mercycareaz.org">www.mercycareaz.org</a>
Health Choice Arizona	1-800-322-8670	<a href="http://www.healthchoiceaz.com">www.healthchoiceaz.com</a>
UnitedHealthcare Community Plan	1-800-348-4058	<a href="http://www.uhcccommunityplan.com">www.uhcccommunityplan.com</a>





## APPLICATION FOR AHCCCS MEDICAL ASSISTANCE AND MEDICARE SAVINGS PROGRAMS



**You can apply online by using Health-e-Arizona  
Plus at [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov)**

Keep Pages A, B, C, D, E, F, and G for your records

If you are over age 65, blind or disabled, or if you are eligible for Medicare, use this application to apply for AHCCCS Medical Assistance and/or Medicare Savings Programs. Or, you can apply online at [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov).

### How can I qualify for AHCCCS Medical Assistance?

- Your gross monthly income can be no more than \$1,074 for an individual or \$1,452 for a couple (after a \$20 standard deduction and other allowed deductions if you have earned income and/or dependent children).
- You must be a resident of the state of Arizona and a United States citizen or a non-citizen who meets Medicaid requirements.
- You must apply for pension, disability or retirement benefits if potentially available to you.
- If you are under age 65 and not receiving Social Security Disability income, a disability determination will be part of your application process.

### How can I qualify for a Medicare Savings Program?

If you are receiving or eligible for Medicare Part A, use this application to apply for help with your Medicare premium(s), copayments and deductibles. There are three Medicare Savings Programs. Each one has a different income limit and different benefits.

Medicare Savings Program →	Qualified Medicare Beneficiary (QMB)		Specified Low-Income Beneficiary (SLMB)		Qualified Individual – 1 (QI-1)	
General Eligibility Requirements:	<ul style="list-style-type: none"> <li>• You must be a resident of the state of Arizona.</li> <li>• You must be a United States citizen or a non-citizen who meets Medicaid requirements.</li> <li>• You must apply for pension, disability or retirement benefits if potentially available to you.</li> </ul>					
Monthly Income Limits (after allowed deductions):	Individual	Couple	Individual	Couple	Individual	Couple
	\$0 - \$1,074	\$0 - \$1,452	\$1,074.01- \$1,288	\$1,452.01- \$1,742	\$1,288.01- \$1,449	\$1,742.01- \$1,960
Specific Requirements:	Receiving or eligible for Medicare Part A		Receiving Medicare Part A		Receiving Medicare Part A	
What is the Benefit?	<ul style="list-style-type: none"> <li>• Pays your Medicare Part B Premium</li> <li>• Pays your Medicare Part A Premium (if not free)</li> <li>• Pays your Medicare coinsurance</li> <li>• Pays your Medicare Deductibles*</li> </ul>		<ul style="list-style-type: none"> <li>• Pays your Medicare Part B Premium</li> </ul>		<ul style="list-style-type: none"> <li>• Pays your Medicare Part B Premium</li> </ul>	

\*If you are enrolled with a Medicare HMO, your co-pays will also be paid. If you elect additional coverage from a Medicare HMO, you will be responsible for any additional premiums and costs.

BENEFITS	WHERE TO APPLY
<p><b>Disability Benefits</b></p> <ul style="list-style-type: none"> <li>• <b>Compensation.</b> VA can pay you monthly <i>compensation</i> if you are at least 10% disabled as a result of your military service.</li> <li>• <b>Pension.</b> VA can pay you a <i>pension</i> if you are a wartime veteran with limited income and you are permanently and totally disabled or are 65 or older.</li> </ul>	<p>Any VA Office or call 1-800-827-1000 or visit <a href="http://www.va.gov">www.va.gov</a></p>
<p><b>Education and Training</b></p> <ul style="list-style-type: none"> <li>• <b>Montgomery GI Bill.</b> Persons who first entered active duty after June 30, 1985, and contributed to an education fund are generally eligible. Some Vietnam Era veterans and certain veterans separated under special programs are also eligible. <i>The bill also includes a program for certain reservists and National Guard members.</i></li> <li>• <b>Reserve Educational Assistance Program (REAP/Chapter 1607)</b> is available to persons who were activated under Federal authority for a contingency operation and served 90 continuous days or more after September 11, 2001.</li> <li>• <b>Post-9/11 GI Bill.</b> Available to those who served on or after September 11, 2001. It pays tuition and fees up to the most expensive, public, in-state undergraduate program rate, provides a monthly housing allowance, and a stipend for books and supplies. It also provides an option for servicemembers to transfer benefits to a spouse or child.</li> <li>• <b>Survivors' &amp; Dependents' Educational Assistance</b> is available to some family members of certain disabled or deceased veterans.</li> </ul>	<p>Any VA Office or call 1-888-442-4551 or visit <a href="http://www.va.gov">www.va.gov</a></p>
<p><b>Vocational Rehabilitation &amp; Employment</b></p> <p>The Vocational Rehabilitation and Employment Service provides outreach, motivation, evaluation, counseling, training, employment, and other rehabilitation services to service-connected disabled veterans. Vocational and educational counseling, as well as the evaluation of abilities, aptitudes, and interests are provided to veterans and servicepersons. Counseling, assessment, education programs and, in some cases, rehabilitation services are available to the spouse and children of totally and permanently disabled veterans as well as to the surviving spouse and children of certain veterans.</p> <p>Vocational training and rehabilitation services are available to children with spina bifida having one or both parents who served in the Republic of Vietnam during the Vietnam War, or served in certain military units, in or near the demilitarized zone in Korea, between September 1, 1967, and August 31, 1971.</p>	<p>Any VA Office or call 1-800-827-1000 or visit <a href="http://www.va.gov">www.va.gov</a></p>
<p><b>Home Loan Guaranty</b></p> <p>VA guarantees loans to eligible servicemembers, veterans, reservists, and certain surviving spouses to purchase a home, condominium or manufactured home, and for refinancing purposes. The loans are actually made by private lenders but the VA guaranty generally means the lender will not require any down payment.</p>	<p>Any VA Office or call 1-800-827-1000 or visit <a href="http://www.va.gov">www.va.gov</a></p>
<p><b>Dependents' and Survivors' Benefits</b></p> <ul style="list-style-type: none"> <li>• <b>Disability and Indemnity Compensation (DIC)</b> is payable to survivors of:</li> <li>• Servicemembers who died on active duty</li> <li>• Veterans who died from service-related disabilities</li> <li>• Certain veterans who were being paid 100% VA disability compensation at time of death</li> </ul> <p><b>Death Pension</b> is payable to some surviving spouses and children of deceased <i>wartime</i> veterans. The benefit is based on financial need.</p> <p><b>VA Civilian Health and Medical Program (CHAMPVA)</b> shares the cost of medical services for eligible dependents and survivors of certain veterans.</p>	<p>Any VA Office or call 1-800-827-1000 or visit <a href="http://www.va.gov">www.va.gov</a></p>
<p><b>Medical Treatment</b></p> <ul style="list-style-type: none"> <li>• Hospital, outpatient medical, dental, pharmacy and prosthetic services</li> <li>• Domiciliary, nursing home, and community-based residential care</li> <li>• Sexual trauma counseling</li> <li>• Specialized health care for women veterans</li> <li>• Health and rehabilitation programs for homeless veterans</li> </ul>	<p>Any VA Medical Facility or call 1-877-222-8387 or visit <a href="http://www.va.gov">www.va.gov</a></p>

**BENEFITS (Continued)**

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**WHERE TO APPLY**

**MEDICAL TREATMENT (Continued)**

- Readjustment counseling
- Alcohol and drug dependency treatment
- Medical evaluation from military service exposure to Agent Orange, radiation, or other environmental hazards, including service in the Gulf War
- **Combat Veterans -**  
VA provides free health care for veterans who served in a theater of combat operations after November 11, 1998, for any illness possibly related to their service in that theater. Time Limits - You have five years from date of discharge from active duty, if you were discharged from active duty on or after January 28, 2003. You have until January 27, 2011, if you were discharged from active duty before January 28, 2003, and were not enrolled as of January 28, 2008.

Any VA Medical Facility  
or call 1-877-222-8387  
or visit  
[www.va.gov](http://www.va.gov)

**LIFE INSURANCE**

- **Servicemembers' Group Life Insurance (SGLI)** is low-cost life insurance for servicemembers (active duty and reservists). It is available in \$50,000 increments up to a maximum of \$400,000. SGLI coverage begins when you enter service or change duty status and expires 120 days after you get out of the service. Totally disabled members can apply for up to two years of free SGLI coverage following discharge.
- **Traumatic Injury Protection under Servicemembers' Group Life Insurance (TSGLI)** is a traumatic injury protection rider under Servicemembers' Group Life Insurance (SGLI) that provides for payment to any member of the uniformed services covered by SGLI who sustains a traumatic injury that results in severe losses. TSGLI is retroactive for members who sustain a qualifying loss as a direct result of injuries incurred on or after October 7, 2001, through November 30, 2005, in Operation Enduring Freedom or Operation Iraqi Freedom, regardless of whether they had SGLI coverage. TSGLI pays a benefit of between \$25,000 and \$100,000 depending on the loss directly resulting from the traumatic injury. In order for a veteran to qualify for a TSGLI payment, they must have incurred a qualifying loss as a result of a traumatic event that occurred while they were in service.
- **Veterans' Group Life Insurance (VGLI)** is lifetime renewable term life insurance for veterans. It is available in \$10,000 increments up to \$400,000 but not for more than the amount of SGLI coverage you had in force at the time of your separation from service. Premiums are age-based and if you apply within 120 days following separation, no health questions are asked. Thereafter, you have one year to apply but must be in good health. Those on the two-year disability extension are automatically converted to VGLI at the end of the two-year period.
- **Family Servicemembers' Group Life Insurance (FGLI)** is life insurance that automatically covers the spouse and children of servicemembers insured under SGLI. Spousal coverage is available up to a maximum of \$100,000, but may not exceed the servicemember's coverage amount. Dependent children are covered for \$10,000 for which there is no cost.

Any VA Office  
or call  
1-800-419-1473  
or visit  
[www.va.gov](http://www.va.gov)

- **Service-Disabled Veterans Insurance**, also called "RH" insurance, is life insurance for veterans who receive a service-connected disability rating of 0% or more from the Department of Veterans Affairs. S-DVI provides a maximum of \$10,000 of basic coverage. If your premium payments for the basic policy are waived due to total disability, then you may be eligible for a supplemental policy of up to \$20,000. You must apply within two years from the date you are notified of your service-connected disability for basic coverage.
- **Veterans Mortgage Life Insurance (VMLI)** is a life insurance program that provides coverage on the home mortgages of severely disabled veterans who receive a Specially-Adapted Housing grant. VMLI provides a maximum of \$90,000 of mortgage insurance payable directly to the mortgage lender for an outstanding mortgage. Coverage is available on new, existing, refinanced, and second mortgages.

Any VA Office  
or call  
1-800-669-8477  
or visit  
[www.va.gov](http://www.va.gov)

**Burial Benefits**

- **Headstone or Marker.** VA can furnish a monument to mark the grave of an eligible veteran.
- **Presidential Memorial Certificate (PMC).** VA can provide a PMC for eligible recipients.
- **Burial Flag.** VA can provide an American flag to drape an eligible veteran's casket.
- **Reimbursement for Burial Expenses.** Generally, VA can pay a burial allowance of \$2,000 for veterans who died of service-related causes. For certain other veterans, VA can pay \$300 for burial and funeral expenses and \$762 (this amount can vary slightly depending on veteran's date of death) for a plot .
- **Burial in a VA National Cemetery.** Most veterans and some dependents may be buried in a VA national cemetery.

Any VA Office  
or call  
1-800-827-1000  
or visit  
[www.va.gov](http://www.va.gov)

**Eligibility Requirements and Time Limits** Each benefit has its own eligibility requirements and time limits. Contact the VA offices in the "Where to Apply" column for specific information.