



**ARIZONA DEPARTMENT OF ECONOMIC SECURITY (DES)
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM(AHCCCS)**

CUSTOMER: KALEB JAKOB	DATE: 06/07/2023	HEAPLUS PERSON ID: 49900042131239	APPLICATION ID: 2023131000168
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KALEB JAKOB
15 N BASSETT HOUND AVE
MESA AZ 85201-0000

Call your eligibility worker Cynthia Ratter at 602-417-5010 or email Cynthia.Ratter@azahcccs.gov if you have any questions or need help.

Decision About Benefits And Services

Dear Kaleb Jakob

Please read this entire letter.

This letter tells you about:

- The decisions we made for the programs you applied for or are getting now.
- Additional actions you may be required to take.
- How to use your benefits and services, if approved.
- Your rights and responsibilities.
- Other services that may be available to you.

+ AHCCCS Medical Assistance

MEDICAL ASSISTANCE STOPPED: We will STOP Medical Assistance for :

- Kaleb Jakob (Birthdate: 05/11/1954; Person ID: 49900042131239) in the Supplemental Security Income Medical Assistance Only (SSI MAO) category. Coverage will end on 06/30/2023.

We took this action because you did not complete the renewal process, so we do not have current information to decide if you are still eligible.

- Kelly Jakob (Birthdate: 09/16/1955; Person ID: 49900043131238) in the Supplemental

CUSTOMER:

Kaleb Jakob

DATE:

06/07/2023

HEA PLUS PERSON ID:

49900042131239

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Security Income Medical Assistance Only (SSI MAO) category. Coverage will end on 06/30/2023.

We took this action because you did not complete the renewal process, so we do not have current information to decide if you are still eligible.



What You Need To Know

Reapplying

You can turn in a new application any time if your situation changes.

You can reapply online at www.healthearizonaplus.gov or call 1-855-HEA-PLUS (432-7587).

If your eligibility is stopped for not completing the renewal, the customer does not need to submit a new application when the completed renewal form and requested information is sent to us within 90 days of the discontinuance date.

- If you have an account with Health-e-Arizona Plus, you can log in at <https://www.healthearizonaplus.gov/>. A renewal application has been created for you. Click on the "Reapply for Benefits" link to complete and submit the application. You can fax, upload or e-mail verification for your application;
 - Fax it using the attached fax cover sheet to the fax number on the cover sheet. The fax cover sheet has a barcode that identifies your application;
 - Mail it to: Department of Economic Security, P.O. Box 19009, Phoenix, AZ 85005-9009;
 - Take it to an eligibility office. To find an office near you:
 - Visit the Health-e-Arizona Plus website at <https://www.healthearizonaplus.gov/>
 - Click on "Help"
 - Click on "Find Someone to Help"
 - Click on "Find State Eligibility Offices"
 - Enter your ZIP code
 - Click on "Search" and your eligibility office address will appear on the bottom of the page; or
- Call 1-855-HEA-PLUS (1-855-432-7587)

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Legal Authorities for this Decision

The laws, rules, and regulations we used to make this decision are:

Denied because Failure to Complete Renewal
42 CFR 435.916; AAC R9-22-306(B)

You can find these laws at a public library or on the Internet at:

United States Code (USC): www.gpo.gov/fdsys/

Code Of Federal Regulations (CFR): www.gpo.gov/fdsys/

Arizona Revised Statutes (ARS): www.azleg.gov/arizonarevisedstatutes.asp

Arizona Administrative Code (AAC): www.azsos.gov/public_services/table_of_contents.htm

Application Access Code Information

Our records show you do not have a Health-e-Arizona Plus account. A Health-e-Arizona Plus account will allow you to:

- See applications that have been submitted;
- See decision letters;
- Submit documents online; and
- Report changes online.

To help you set up a Health-e-Arizona Plus account, an Application Access Code has been created for you.

Your Application Access Code is:

T742ZZ

The Application Access Code will expire 60 days from the date of this letter. If you want to create a Health-e-Arizona Plus account and see your information, here is what you need to do:

1. Visit the Health-e-Arizona Plus website at www.healtharizonaplus.gov.
2. Click on "Create Account" on the home page and follow the steps.
3. Look under the "I Want To..." section on the left side of your Health-e-Arizona Plus account. Click on "Enter Application Access Code to Access Existing Application."
4. Enter the six-digit Application Access Code (found above on this letter).

If you have any questions regarding your Health-e-Arizona Plus account, you can call us toll free at 1-855-HEA-PLUS (1-855-432-7587).

Referral TEST

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You may be able to get health care (not health insurance) at a lower cost through Community Health Centers.

For more information visit <https://aachc.org/find-a-community-health-center/>.

For more information on other health insurance options:

- Call: 1-800-377-3536

If you are waiting for your application to be processed or you are not eligible for AHCCCS medical assistance, you may qualify to receive drug and alcohol and mental health treatment services through other funding sources administered by the Regional Behavioral Health Authority, or RBHA. For more information, contact the RBHA in your area at:

- Maricopa County - 602-586-1841 or toll-free 800-564-5465;
- Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties - 800-640-2123; or
- Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz or Yuma Counties - 866-495-6738.

Quality Review

Cases are randomly selected for quality control review. If your case is selected, you may be contacted to give us more information. If you are getting coverage or are applying and you do not cooperate with the review, your benefits or coverage may stop or a decision will not be made until you cooperate.

Website

If you do not already have an account on the Health-e-Arizona Plus website, you can create a personal and secure account online at: www.healtharizonaplus.gov

With this account, you can:

- Tell us about your changes
- See your application/case status
- See your benefit amounts and coverage
- See letters and important information
- Manage your account
- Renew your benefits and coverage

What if you don't understand this letter?

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If you have questions about this letter or need help, call the Health-e-Arizona Plus Customer Support Center at 1-855-HEA-PLUS (432-7587). For the hearing impaired call TTY/TDD: 7-1-1.

What You Can Do If You Do Not Agree With Our Decision.

Your Appeal Rights

You have the right to request an appeal if you do not agree with our decision. When you request an appeal you have the right to:

- Be represented by a lawyer or a person you have authorized.
- Meet with us before your hearing to discuss your case (we may be able to fix the problem at the meeting).
- Get a copy of the law, rule, or policy that we used to make our decision.
- Review, obtain, or receive a copy of the case record necessary for proper presentation of your case.
- Examine documents to be used by the state at the hearing, including the case file.
- Bring witnesses to the hearing.
- Establish all pertinent facts and circumstances.
- Present an argument without undue interference.
- Question any testimony or evidence including the opportunity to confront or cross-examine adverse witnesses.
- Present additional documents and testimony at the hearing.
- Have an interpreter provided if you do not speak English, are deaf, or are mute. The Office of Administrative Hearings or Office of Appeals needs to be notified in writing at least 10 days in advance of the hearing date or your hearing may be delayed.
- Bring an interpreter to the hearing.

Even if you already have a pending appeal about another decision, you may file another appeal request about the decision on this letter.

How to Request an Appeal

You may request an appeal using one of the following options:

- **Recommended:** Go to www.healthearizonaplus.gov to log in to your Health-e-Arizona Plus account and complete an appeal request form online. If you do not have a Health-e-Arizona Plus account already, see the "Website" section in this letter for help creating one.
- Call us at (855) HEA-PLUS (432-7587) to ask for an appeal;
- Fill out the Appeal Request form at the end of this section and give it to us.

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- Get an appeal form at an eligibility office
- Write your request for an appeal on a separate piece of paper. Please include all of the following information:
 - Tell us which program decision(s) you are appealing (Medical, Cash, and/or Nutrition Assistance),
 - Date of the decision letter you disagree with,
 - Your name,
 - Date of birth,
 - Write this ID#: 2023131000168
 - Social Security Number,
 - Mailing address and phone number,
 - Reason you do not agree with our decision(s),
 - The name of the person you are authorizing to represent you at the hearing, if you have one;
 - You or your representative's printed name, signature, and date.

Continued Benefits

Your medical benefits will automatically be continued when you ask for an appeal before the appeal deadline. You will not have to pay back benefits received during the appeal, even if the judge does not decide in your favor. If you are receiving ALTCS benefits and you have an ALTCS share of cost, the amount you pay for your share of cost will stay at the amount you were paying before getting the decision letter.

Important Dates

If you are appealing a Medical Assistance or long term care decision, the deadline to submit your appeal request is 07/13/2023.

Legal Help with the appeal process

For free legal advice:

- In Maricopa County, Mohave County, Yavapai County and Yuma County contact Community Legal Services (www.clsaz.org) at 1-800-852-9075;
- In Pima County, Pinal County, Cochise County and Santa Cruz County contact Southern Arizona Legal Aid (www.sazlegalaid.org) at 1-800-640-9465;
- In Coconino County contact DNA-People's Legal Services (www.dnalegalservices.org) at 1-800-789-5781.

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APPEAL REQUEST FORM

Instructions: You may use this form to ask for an appeal if you can't submit your request through www.healthearizonaplus.gov. **This form should only be used to ask for an appeal.** Please do not use this form if you **only** want to report a change. To find out how to report a change you can call (855) HEA-PLUS (432-7587).

You can give this form to us:

In Person: Call us at 1-855-HEA-PLUS to find an eligibility office	By Mail: AHCCCS Office of Administrative Legal Services, MD 6200 801 E. Jefferson Phoenix, AZ 85034
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Personal Information	Application ID: 2023131000168
Customer's Name: Kaleb Jakob	Phone Number: 6024177000
Customer's Address: 15 N Bassett Hound Ave Mesa, AZ 85201-0000	<i>Is this the address and phone number the customer wants to use for the appeal request?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No – Please give us the address and phone number to use for the appeal request:
Does this person need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes - What language? <hr/>	
Does this person need assistance because of a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain: <hr/>	

Representative's Information	
Complete this section if you would like another person to represent you at your Hearing. This does not have to be your authorized representative.	
Representative's Name: (Please print.)	Address:

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Phone Number:	
Does this person need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes - What language? _____	
Does this person need assistance because of a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain: _____	

Decision(s) You Are Appealing Check which decisions you want to appeal and tell us why you want a hearing.	
Which decision(s) are you requesting an appeal for? <input type="checkbox"/> Medical Assistance	Tell us why you want an appeal:

Option to request an expedited appeal for Medical Assistance decisions.
You can request to have an expedited appeal for Medical Assistance, Medicare Savings Program, or the Arizona Long Term Care System. If you do not request an expedited appeal for Medical Assistance decisions or if you are not granted an expedited appeal, the agency is required to make a final decision within 90 days. Your request for an expedited appeal for Medical Assistance decisions will be reviewed to determine if you meet the requirements.
To be approved for an expedited appeal you must give us a signed statement from a medical provider at the same time you submit the appeal request. The statement must include **all of the following**:

- The customer has a procedure or treatment scheduled, or the individual is unable to schedule a procedure or treatment due to the lack of coverage;
- The customer does not currently have health insurance that will cover most of the cost of a treatment; and
- The customer’s health or ability to reach, keep, or regain full functionality will be put at risk if the customer has to delay a procedure or treatment for 90 days or less from the date of the appeal request.

The statement from the medical provider must be submitted with this appeal request. If you submit a request for an expedited appeal and you do not submit a statement that meets all the criteria above, your request for an expedited appeal will be denied.

Are you wanting to expedite an appeal for Medical Assistance, Medicare Savings Program or for the Arizona Long Term Care System?

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Yes, I want to expedite the appeal
 No, I do not want to expedite the appeal

Sign and Date
I have been advised of my rights concerning my fair hearing.

Your signature or the signature of your representative:	Signature is that of the: <input type="checkbox"/> Customer <input type="checkbox"/> Representative	Date:
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SAMPLE