

AHCCCS Care (Childless Adults) Phase out Plan Fact Sheet

Eligibility for the AHCCCS Care program will be frozen July 8, 2011, until additional funds become available to reopen enrollment into the program. No one will be approved for AHCCCS Care after July 7, 2011, except children aging out of their eligibility group because they turned 19 or 21.

What is the AHCCCS Care program?

AHCCCS Care or Childless Adults, as it is sometimes known, is a waiver program for adults who have not been determined eligible under one of the regular Medicaid groups (aged, blind, disabled, pregnant, under 18 or parent of a deprived child). An asset test is not required and they must have income under 100% of the Federal Poverty Level (FPL). Eligibility must be renewed every 12 months.

How many people are on AHCCCS Care?

As of June 1, 2011, there are nearly 225,000 AHCCCS Care members.

What will happen to those already on AHCCCS Care?

All AHCCCS Care members with eligibility that began before July 8, 2011, will remain eligible for the program, unless they lose eligibility because they no longer meet the requirements. This includes the requirement to comply with the renewal process.

AHCCCS will make an administrative change from AHCCCS Care to SSI MAO – a program for people who are aged, blind or disabled (SSI MAO enrollment will not be frozen) - if the member is over age 65, under age 65 and has Medicare or is diagnosed as seriously mentally ill (SMI) by the Department of Health Services. AHCCCS Care members who are diagnosed with HIV/AIDS will be administratively changed to SSI MAO, if they lose eligibility for AHCCCS Care for failure to complete the renewal process. Most SMI and HIV/AIDS members under the age of 65 will have to later be determined disabled under federal requirements by the Disability Determination Service Administration (DDSA), Department of Economic Security. If an SMI member does not meet the federally defined criteria of disabled for Medicaid under the SSI MAO category, AHCCCS will continue their coverage under the AHCCCS Care category, as long as they meet all other required eligibility criteria, such as income.

Although AHCCCS will make every effort, using information already available to the state, to identify people who age 65 or older, disabled, pregnant, or the parent of a deprived child, to ensure that their coverage continues under other categories, we may not identify all of these individuals. If an individual's coverage in the childless adult program is being terminated and the individual believes that they may be covered under one of these other groups, they should notify their eligibility worker, who can help them apply for coverage under these categories. AHCCCS is also working with DDSA to streamline the process of collecting and submitting documentation for the disability determination. RBHA providers can also assist individuals in submitting documentation to DDSA.

What can AHCCCS Care members do?

AHCCCS Care members should do everything in their power to complete their renewal on time. They can complete a paper renewal form or complete an electronic renewal on line at www.healtharizona.org. They should also report any changes in address to their eligibility worker to insure no loss of contact.

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How will AHCCCS Care members know their renewal date?

1st Notice: All AHCCCS Care members will be notified 45-60 days before the due date of their renewal and given information about how to comply.

2nd Notice: If they have not complied they will receive a notice telling them their benefits will stop, the date they will stop and giving them appeal rights.

3rd Notice: AHCCCS will send another notice on the 25th of each month as a 3rd warning that AHCCCS Care members have until the end of that month to comply with the renewal process.

AHCCCS members can find their renewal dates can on www.myahcccs.com. AHCCCS registered providers can also obtain an AHCCCS Care members' renewal date through the provider portal on the AHCCCS website.

What appeal rights will AHCCCS Care members have?

If AHCCCS Care members lose their eligibility and they believe their eligibility was not determined correctly, they can ask for a hearing. If they request a hearing within 10 days their eligibility can be continued until the final decision is made.

Alternative resources

See: <http://www.azahcccs.gov/community> for ideas about helping people who are not eligible for AHCCCS Care or other AHCCCS programs.