



## AHCCCS ELIGIBILITY REQUIREMENTS October 1, 2009

Where to Apply	Eligibility Criteria				General Information
	Household Monthly Income by Household Size (After Deductions) <sup>1</sup>	Resource Limits (Equity)	Social Security #	Special Requirements	Benefits

### Coverage for Children

<b>S.O.B.R.A. Children Under Age 1</b>	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent 1/2 of Child living with 2 parents 1/3 of	\$1,264 \$1,700 \$2,137	N/A	Required	N/A	AHCCCS Medical Services <sup>3</sup>
<b>S.O.B.R.A. Children Ages 1 – 5</b>	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent 1/2 of Child living with 2 parents 1/3 of	\$1,201 \$1,615 \$2,030 <sup>2</sup>	N/A	Required	N/A	AHCCCS Medical Services <sup>3</sup>
<b>S.O.B.R.A. Children Ages 6 – 19</b>	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent or spouse 1/2 of Child living with 2 parents 1/3 of	\$ 903 <sup>2</sup> \$1,215 \$1,526	N/A	Required	N/A	AHCCCS Medical Services <sup>3</sup>
<b>KidsCare Children Under Age 19</b>	Mail to KidsCare 801 E. Jefferson St 7500 Phoenix, Arizona 85034	1 2 3 4 Add \$624 per Add'l person	\$1,805 \$2,429 \$3,052 \$3,675	N/A	Required	<ul style="list-style-type: none"> <li>▪ Not eligible for Medicaid</li> <li>▪ No health insurance coverage within last 3 months</li> <li>▪ Not available to State employees, their children, or spouses</li> <li>▪ \$10-35 monthly premium covers all eligible children only</li> <li>▪ Premium included in parent's if parent is covered under Health Insurance for Parents</li> </ul>	AHCCCS Medical Services <sup>3</sup>

### Coverage for Families or Individuals

<b>AHCCCS for Families with Children</b>	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	1 2 3 4 Add \$312 per Add'l person	\$ 903 \$1,215 \$1,526 \$1,838	N/A	Required	<ul style="list-style-type: none"> <li>▪ Family includes a child deprived of parental support due to absence, death, disability, unemployment or underemployment</li> </ul>	AHCCCS Medical Services <sup>3</sup>
<b>AHCCCS Care (AC)</b>	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Applicant living alone Applicant living with spouse 1/2 of	\$ 903 \$1,215	N/A	Required	<ul style="list-style-type: none"> <li>▪ Ineligible for any other categorical Medicaid coverage</li> </ul>	AHCCCS Medical Services <sup>3</sup>
<b>Medical Expense Deduction (MED)</b>	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	1 2 3 4 Add \$125 per Add'l person	\$ 361 \$ 486 \$ 611 \$ 735	\$100,000 No more than \$5,000 liquid	Required	<ul style="list-style-type: none"> <li>▪ Ineligible for any other Medicaid coverage.</li> <li>▪ May deduct allowable medical expenses from income</li> </ul>	AHCCCS Medical Services <sup>3</sup>

### Coverage for Women

<b>S.O.B.R.A. Pregnant</b>	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	For a pregnant woman expecting one baby: Applicant living alone Applicant living with: 1 parent or spouse 2/3 of Applicant living with 2 parents 1/2 of (Limit increases for each expected child)	\$1,822 \$2,289 \$2,757	N/A	Required	Need proof of pregnancy	AHCCCS Medical Services <sup>3</sup>
<b>Breast &amp; Cervical Cancer Treatment Program</b>	Well Women Healthcheck Program Call 1-888-257-8502 for the nearest office	N/A		N/A	Required	<ul style="list-style-type: none"> <li>▪ Under age 65</li> <li>▪ Screened and diagnosed with breast cancer, cervical cancer, or a pre-cancerous cervical lesion by the Well Woman Healthcheck Program</li> <li>▪ Ineligible for any other Medicaid coverage</li> </ul>	AHCCCS Medical Services <sup>3</sup>



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<i>Application</i>	<i>Eligibility Criteria</i>				<i>General Information</i>
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### Coverage for Elderly or Disabled People

<b>Long Term Care</b>	ALTCS Office Call 602-417-7000 or 1-800-654-8713 for the nearest office	\$ 2,022 Individual	\$2,000 Individual <sup>4</sup>	Required	<ul style="list-style-type: none"> <li>▪ Requires nursing home level of care or equivalent</li> <li>▪ May be required to pay a share of cost</li> <li>▪ Estate recovery program for the cost of services received after age 55</li> </ul>	AHCCCS Medical Services <sup>3</sup> , Nursing Facility, Home & Community Based Services, and Hospice
<b>SSI CASH</b>	Social Security Administration	\$ 674 Individual \$ 1,011 Couple	\$2,000 Individual \$3,000 Couple	Required	<ul style="list-style-type: none"> <li>▪ Age 65 or older, blind, or disabled</li> </ul>	AHCCCS Medical Services <sup>3</sup>
<b>SSI MAO</b>	Mail to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034	\$ 903 Individual \$1,215 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Age 65 or older, blind, or disabled</li> </ul>	AHCCCS Medical Services <sup>3</sup>
<b>Freedom to Work</b>	Mail to: 801 E Jefferson MD 7004 Phoenix, AZ 85034 602-417-6677 1-800-654-8713 Option 6	\$2,257 Individual Only Earned Income is Counted	N/A	Required	<ul style="list-style-type: none"> <li>▪ Must be working and either disabled or blind</li> <li>▪ Must be age 16 through 64</li> <li>▪ Premium may be \$0 to \$35 monthly</li> </ul> <p style="margin-top: 5px;">+ Need for Nursing home level of care or equivalent is required for Long Term Care (Nursing Facility, Home &amp; Community Based Services, or Hospice)</p>	AHCCCS Medical Services <sup>3</sup>  Nursing Facility, Home & Community Based Services, and Hospice

### Coverage for Medicare Beneficiaries

<b>QMB</b>	Mail to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 903 Individual \$1,215 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Entitled to Medicare Part A</li> </ul>	Payment of Part A & B premiums, coinsurance, and deductibles
<b>SLMB</b>	Mail to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 903.01 – \$ 1,083 Individual \$1,215.01 – \$1,457 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Entitled to Medicare Part A</li> <li>▪ Not receiving Medicaid benefits</li> </ul>	Payment of Part B premium
<b>QI-1</b>	Mail to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 1,083.01 – \$1,219 Individual \$1,457.01 – \$1,640 Couple	N/A	Required	<ul style="list-style-type: none"> <li>▪ Entitled to Medicare Part A</li> <li>▪ Not receiving Medicaid benefits</li> </ul>	Payment of Part B premium

Applicants for the above programs must be Arizona residents and either U.S. citizens or qualified immigrants and must provide documentation of identity and U.S. Citizenship or immigrant status. Applicants for S.O.B.R.A., AF Related, AC, MED, SSI-MAO, and Long Term Care who do not meet the citizen/immigrant status requirements may qualify for Emergency Services.

**NOTES:** 1 Income deductions vary by program, but may include work expenses, child care, and educational expenses.

2 Income considered is the applicant's income, plus a share of the parent's income for a child, or a share of the spouse's income for a married person.

3 AHCCCS Medical Services include, but are not limited to, doctor's office visits, immunizations, hospital care, lab, x-rays, and prescriptions.

4 If the applicant has a spouse living in the community, between \$21,912 and \$109,560 of the couple's resources may be disregarded.