Program and Member Eligibility

Presenters:
Eddie Acosta
Toni Tapia
Supplemental Security Income Medical Assistance Only

• Conditions of eligibility:
  o Valid Application
  o Meets one of the following:
    ▪ 65 or older;
    ▪ Blind; or
    ▪ Disabled
  o Resident of Arizona
  o Social Security number
  o US Citizen or qualified non-citizen Status
  o Not Incarcerated
  o Apply for potential benefits
  o Assignment of rights to medical benefits and cooperation; and
  o Income at or below 100% of the Federal Benefit Rate (FBR) or 100% of the Federal Poverty Level (FPL).
### Supplemental Security Income Medical Assistance Only – Cont’d

100% of the Federal Benefit Rate

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$733</td>
</tr>
<tr>
<td>2</td>
<td>$1,100</td>
</tr>
</tbody>
</table>

100% of the Federal Poverty Level

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$981</td>
</tr>
<tr>
<td>2</td>
<td>$1,328</td>
</tr>
</tbody>
</table>
**Medicare Savings Plan**

- **Conditions of eligibility:**
  - Valid Application
  - Resident of Arizona
  - Social Security number
  - US Citizen or qualified non-citizen Status
  - Not Incarcerated
  - Apply for potential benefits
  - Entitled to Medicare Part A
  - Assignment of rights to medical benefits and cooperation; and
  - Meet income requirements for the specific MSP program
  - Qualified Medicare Beneficiary (QMB) and Specified Low-Income Beneficiary (SLMB) are the only programs that can have dual eligibility
**Medicare Savings Plan – Cont’d**

Qualified Medicare Beneficiary (QMB) – 100% of the Federal Poverty Level

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$981.00</td>
</tr>
<tr>
<td>2</td>
<td>$1,328.00</td>
</tr>
</tbody>
</table>

Specified Low-Income Medicare Beneficiary (SLMB) – Greater than 100% of the Federal Poverty Level but less than or equal to 120% of the Federal Poverty Level

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$981.01 - $1,177.00</td>
</tr>
<tr>
<td>2</td>
<td>$1,328.01 - $1,593.00</td>
</tr>
</tbody>
</table>

Qualified Individual – 1 (QI-1) – Greater than 120% of the Federal Poverty Level but less than or equal to 135% of the Federal Poverty Level

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,177.01 - $1,325.00</td>
</tr>
<tr>
<td>2</td>
<td>$1,593.01 - $1,793.00</td>
</tr>
</tbody>
</table>
Freedom to Work

• Conditions of eligibility:
  o Valid Application
  o Meets one of the following:
    ▪ Blind; or
    ▪ Disabled
  o Age 16 to 64
  o Resident of Arizona
  o Provide or apply for a valid Social Security number
  o US Citizen or qualified non-citizen Status
  o Not Incarcerated
  o Apply for potential benefits
  o Assignment of rights to medical benefits and cooperation
  o Employed
  o Pay the AHCCCS FTW premium if required (Native American and Alaska Native Customers may not charged a premium)
  o Not eligible for any other Medicaid Program; and
  o Monthly countable income below 250% of the Federal Poverty Level (FPL)
Freedom to Work – Cont’d

250% of the Federal Poverty Level

<table>
<thead>
<tr>
<th>Individual</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,453</td>
</tr>
</tbody>
</table>

* Only the customer’s earned income is considered
Caretaker Relative

• Conditions of eligibility:
  - Valid Application
  - Deprived child in the household
  - Resident of Arizona
  - Social Security number
  - US Citizen or qualified non-citizen Status
  - Not Incarcerated
  - Apply for potential benefits
  - Assignment of rights to medical benefits and cooperation; and
  - Income at or below 106% of the Federal Poverty Level (FPL).
Transitional Medical Assistance (TMA) customers can receive up to 12 months of TMA eligibility. The first 6 months, the requirements are as follows:

- At least one member of the household received Medical Assistance as a Caretaker Relative in three of the last six months; and
- The household is ineligible for Medical Assistance because of earned income.

In addition to the conditions of eligibility listed above, TMA customers can receive the second 6 months of TMA eligibility if:

- The customer whose earned income caused ineligibility continues to work; and
- The household has income at or below 185% of the Federal Poverty Level (FPL).
Continuous Coverage – Caretaker Relative – Cont’d

- Continued Coverage customers can receive up to 4 months of coverage if:
  - At least one member of the household received Medical Assistance as a Caretaker Relative in three of the last six months; and
  - The household is ineligible for Medical Assistance because of increased alimony or spousal support payments.
Caretaker Relative – Cont’d

106% of the Federal Poverty Level

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,040</td>
</tr>
<tr>
<td>2</td>
<td>$1,408</td>
</tr>
</tbody>
</table>

* Add $367 per each additional person in household
Adult Category

• Conditions of eligibility:
  o Valid Application
  o Age 19 to 64
  o Resident of Arizona
  o Provide or apply for a valid Social Security number
  o US Citizen or qualified non-citizen Status
  o Not Incarcerated
  o Does not qualify for Medicare
  o Children for which the individual is the primary caretaker must have insurance coverage
  o Apply for potential benefits
  o Assignment of rights to medical benefits and cooperation; and
  o Income at or below 133% of the Federal Poverty Level (FPL).
## Adult Category - Cont’d

133% of the Federal Poverty Level

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,305</td>
</tr>
<tr>
<td>2</td>
<td>$1,766</td>
</tr>
</tbody>
</table>

* Add $461 per each additional person in household
Pregnant Woman

- Conditions of eligibility:
  - Valid Application
  - Pregnant
  - Resident of Arizona
  - Social Security number
  - US Citizen or qualified non-citizen Status
  - Not Incarcerated
  - Apply for potential benefits
  - Assignment of rights to medical benefits and cooperation; and
  - Income at or below 156% of the Federal Poverty Level (FPL).
156% of the Federal Poverty Level

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,531</td>
</tr>
<tr>
<td>2</td>
<td>$2,071</td>
</tr>
</tbody>
</table>

*For each additional person add $541*
Child

• Conditions of eligibility:
  o Valid Application
  o Under age 19
  o Resident of Arizona
  o Social Security number
  o US Citizen or qualified non-citizen Status
  o Not Incarcerated
  o Apply for potential benefits
  o Assignment of rights to medical benefits and cooperation; and
  o Income at or below the limits per age group
## Child – Cont’d

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,442</td>
</tr>
<tr>
<td>2</td>
<td>$1,952</td>
</tr>
</tbody>
</table>

*For each additional person add $510

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,383</td>
</tr>
<tr>
<td>2</td>
<td>$1,872</td>
</tr>
</tbody>
</table>

*For each additional person add $489

<table>
<thead>
<tr>
<th>Number of People in Household</th>
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<tr>
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<td>$1,766</td>
</tr>
</tbody>
</table>

*For each additional person add $461

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**Child under Age 1 – 147% of the Federal Poverty Level**

**Child Age 1-5 Years – 141% of the Federal Poverty Level**

**Child Age 6-18 years – 133% Federal Poverty Level**
KidsCare

**Conditions of Eligibility:**
- Valid Application
- Under age 19
- Resident of Arizona
- Social Security number
- US Citizen or qualified non-citizen Status
- Not Incarcerated
- Not in an institution for mental disease (IMD)
- Ineligible for Medicaid
- Assignment of rights to medical benefits and cooperation
- Cooperation with Medicaid requirements
- No health insurance coverage for the last three months
- Not available to state employees, children, or spouses
- Income under 200% of the Federal Poverty Level; and
- Payment of a premium, if required. (Native Americans and Alaska Natives may not be charged a premium)
KidsCare – Cont’d

200% of the Federal Poverty Limit

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,962</td>
</tr>
<tr>
<td>2</td>
<td>$2,655</td>
</tr>
</tbody>
</table>

*For each additional person add $693
Arizona Long Term Care System

• Conditions of Eligibility:
  o Valid Application
  o Interview
  o Meets one of the following
    ▪ 65 years or older;
    ▪ Blind; or
    ▪ Disabled
  o Resident of Arizona
  o Social Security number
  o US Citizen or qualified non-citizen Status
  o Not Incarcerated
  o Reside in an qualified ALTCS Living Arrangement
  o Apply for potential benefits
  o Assignment of rights to medical benefits and cooperation
Arizona Long Term Care System – Cont’d

- Conditions of Eligibility:
  - Resources
    - $2,000 for individual
    - Resource Assessment for Community Spouse
  - Income
    - 300% of the Federal Benefit Rate (FBR) for an Individual; or
    - 100% of the Federal Benefit Rate (FBR) for persons who are only eligible for limited AHCCCS Medical Assistance benefits
  - Medical Need for long term care
  - May have to pay a Share of Cost if required
  - May be subject to Estate Recovery
**Arizona Long Term Care System - Cont’d**

<table>
<thead>
<tr>
<th>Full ALTCS Service Package – 300% of the Federal Benefit Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limited ALTCS Service Package – 100% of the Federal Benefit Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

**Resource Limit**

<table>
<thead>
<tr>
<th><strong>Individual</strong></th>
<th><strong>Resource Limit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,000</td>
</tr>
</tbody>
</table>
Resources:

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 the $2,000 limit. The amount of resources that can be kept by the community spouse is called the Community Spouse Resource Deduction (CSRD).

1. We total up all 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 applicant to be eligible.

Income:

When we use the Community Spouse rules, income that is counted towards the $2,199 income limit may be counted in one of two ways:

1. The countable income of both spouses is added together then divided by two. We compare that amount to the $2,199 monthly income limit.
2. If one half of the customers combined income exceeds the limit, only the applicant’s income is compared to the income limit.
If the customer... | Then the customer is enrolled in...
---|---
Is developmentally disabled | Department of Economic Security/Division of Developmental Disabilities regardless of whether they live on-reservation or off-reservation
Currently resides on a reservation or resided on a reservation prior to placement in an off-reservation nursing facility (on-reservation status) | The tribe that serves that reservation. The customer does not have to be a member of the contracting tribe.
Example:
A Hopi customer living on the Navajo reservation is enrolled with the Navajo Nation.

**Exception:**
Persons who reside on a reservation, but lack any tribal membership are enrolled with an Elderly and/or Physically Disabled (EPD) program contractor.

Lives in a HCBS setting that is not a reservation | An Elderly and Physically Disabled program contractor based on the customer’s county of fiscal responsibility.

**Exception:**
A Pascua Yaqui tribal member living off-reservation is enrolled with the tribe. The customer is considered to remain in on-reservation status regardless of where in the state the person lives.
Breast and Cervical Cancer Treatment Program

• Conditions of Eligibility:
  - Valid Application
  - Screened and diagnosed as needing treatment for breast cancer, cervical cancer or a pre-cancerous lesion
  - Under age 65
  - Resident of Arizona
  - Social Security number
  - US Citizen or qualified non-citizen Status
  - Not Incarcerated
  - No creditable insurance or insurance that does not cover treatment of breast and/or cervical cancer; and
  - Ineligible for any other AHCCCS Medical Assistance Coverage groups
Hospital Presumptive Eligibility (HPE)

• Conditions of Eligibility:
  o Adult
  o Caretaker Relative
  o Child
  o Pregnant Woman
  o Young Adult Transitional Insurance (YATI)
Reference Material

The AHCCCS Medical Policy Manual (AMPM) provides information to Providers regarding services that are covered within the AHCCCS program.

The AMPM should be referenced in conjunction with State and Federal regulations

http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=36
http://www.ecfr.gov/cgi-bin/ECFR?page=browse
AHCCCCS Contact Information

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(602) 417-4699

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801 E. Jefferson St., Phoenix, AZ  85034
(602) 417-4701
Questions?
Thank You!

Reaching across Arizona to provide comprehensive quality health care for those in need