



Center for Medicaid, CHIP and Survey & Certification

April 29, 2011

Thomas Betlach
Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Dear Mr. Betlach:

Arizona has chosen to terminate its Medical Expense Deduction (MED) program when its section 1115 Medicaid Demonstration, entitled "Arizona Health Care Cost Containment System" (AHCCCS) (Project # 11-W-00032/09 and 21-W-00009/9," expires on September 30, 2011. We regret the action that Arizona is taking. While such action does not require approval from the Centers for Medicare & Medicaid Services (CMS), a phase out plan is required pursuant to the Special Term Condition (STC) #9 of the Demonstration. On April 6, 2011, CMS received the State's phase-out plan and we are hereby approving that plan, with the inclusion of an additional public training session, as agreed upon in a conversation with the State on April 27, 2011. This approval is effective as of the date of this letter.

Following our discussions, we note that the State has made the following assurances in the phase-out plan:

1. No Arizonan covered under the MED program today will lose coverage before September 30, 2011.
2. The State will conduct ex parte redeterminations of all MED beneficiaries to identify whether they are eligible for Medicaid or other AHCCCS benefits. The State will also use available data, including wage data, and information from other programs like Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program in order to make a Medicaid determination, where feasible in lieu of requiring beneficiaries to supply additional information.
3. The State will provide notice, on or about May 1, 2011, to all MED beneficiaries that the MED program is ending on October 1, 2011, and will include information about free legal services and other health insurance coverage programs operating in the State. A Short Change Form will also be included with the notice in order to expedite the Medicaid eligibility determination process of determining whether an individual qualifies for Medicaid in a different eligibility category;

4. The State will continue its current practice of notifying the MED beneficiary that his/her eligibility under the MED demonstration is ending 30 days prior to the eligibility block end date. This notice will also include information regarding appeal rights, continued benefits, and available legal assistance. In addition, the State will include a Short Change Form with the notice in order to expedite the Medicaid eligibility determination process;
5. The State will mail on or about July 1, 2011, a notice to all remaining AHCCCS beneficiaries informing them that they are not impacted by the elimination of the MED program or the planned enrollment freeze on the Childless Adult program;
6. MED beneficiaries may file an appeal with the Department of Economic Security (DES) should they believe an error has been made during the eligibility determination process. The State will utilize its current eligibility appeals process should a MED beneficiary file an appeal. The MED beneficiary has 30 calendar days from the date the decision notice is mailed to request an appeal, and within 7 days of receipt of the request, the State will begin the hearing process. All appeals will be scheduled not fewer than 20, nor more than 45, calendar days from the date the request was filed. All decisions must be rendered within 90 days from the request for appeal. DES will continue benefits during the appeal process for any individual or household that, within 10 calendar days of the date the notice is mailed, files an appeal raising or suggesting a factual dispute regarding eligibility and requests continued benefits;
7. The State will work with the Health-e-Arizona Steering Committee to develop an outreach plan to notify community partners regarding the changes made to the MED program and ideas for assisting MED beneficiaries during the phase-out period. The State will also hold a second one-hour training which will be open to the public on or about the third week in May to ensure the public is appropriately informed of the MED phase-out activities, as well as to reduce any unnecessary and undue confusion that the elimination of the MED program may cause for other AHCCCS beneficiaries; and
8. The State will ensure that it has the appropriate level of staffing and personnel resources to adequately address the possible increases in new applications and eligibility appeals caseload that may result from the elimination of the MED program.

We also reserve the right to review the implementation of the phase-out plan to ensure that the State is acting in accordance with the approved phase-out plan activities, as well as complying with all Federal regulations. The implementation review may include, but is not limited to the following:

- Monthly status reports;
- Data inquiries relating to number of new Medicaid applications received by the State, the number of appeals filed by MED beneficiaries, number of Short Change Forms received and processed, and the timeliness and outcome of appeals decisions; and
- Possible onsite review by CMS staff.

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While we regret the action that Arizona is taking, we appreciate that your staff has worked collaboratively in the development of the MED phase-out plan. If you have additional questions, please contact Victoria Wachino, Director, Children and Adult Health Programs Group at (410) 786-5647.

Sincerely,

/S/

Cindy Mann
Director

cc: Victoria Wachino, CMCS
Gloria Nagle, ARA, San Francisco Regional Office
Jessica Schubel, CMCS

4/29/11

Medical Expense Deduction (MED) Phase Out Plan and Corresponding Enrollment Freeze

1. **Summary of MED**

Medical Expense Deduction (MED) is Arizona's spend down program. Although it shares some similarities, it is not a medically needy program described in 42 C.F.R. Part 435, Subpart D. This population is defined by Arizona Revised Statutes § 36-2901.04 and is incorporated by reference under Arizona's 1115 Waiver (See Medicaid Costs Not Otherwise Matchable, No. 15, and Special Terms and Conditions, No. 32, Table 1).

MED is a short term program with a block of eligibility lasting between three and six months, depending upon the circumstances of the household. A few households are given a three month block of eligibility based on their level of income. Eligibility starts the day that all eligibility requirements have been met, including spend down. There is no retroactive coverage for MED. If eligibility is approved effective 4/15, the first month of eligibility is April (starting on 4/15) and the sixth month is September (ending on September 30). State law provides that the maximum period of MED eligibility is six months.

In general, MED applicants have had some catastrophic medical event, do not have health insurance and may end up having their monthly income interrupted by an accident or illness. MED households have income that exceeds 100% of the Federal Poverty Level (FPL) and medical expenses that reduce their countable income to less than 40% of the FPL. Persons are made eligible under the MED category only after it has been determined that they are not eligible under any other Medicaid category.

Eligibility for the MED program is determined by DES. DES also determines eligibility for Medicaid programs for children, pregnant women, families and the Childless Adult population.

AHCCCS determines eligibility for CHIP, long term care, aged, blind, disabled populations, the Breast and Cervical Cancer Treatment Program and Medicare Savings Programs.

2. **Applications submitted prior to 5/1/11**

Applications that are received prior to May 1, 2011 will be processed, even if DES cannot complete the eligibility determination until after May 1, 2011. If the household meets all eligibility requirements, including the spend down requirement, before May 1, 2011, they will be approved for MED for the usual block of eligibility, even if the determination cannot be made until after May 1, 2011. If the household does not meet eligibility requirements until May 1, 2011 or later, the household will not be approved for MED.

3. Potential Consumer Notices:

1. Notice #1: STC 10 Freeze – May 1, 2011 through 10-1-11.

MED Spend Down notice to notify all active MED members that on October 1, 2011 the MED program will end. The household will be notified that we have reviewed the information in their case record, and that they do not appear to be eligible for any other Medicaid program. The notice will identify the most recent monthly gross income amount used to make the MED determination, so that the household will more easily be able to tell if their current income has decreased or file an appeal if they believe the State calculated their income erroneously.

A short change form will be attached to the notice to obtain information about the household's income and categorical elements. DES will accept the Short Change form as an application for Medicaid benefits. The Short Change Form will identify the most recent monthly gross income amount used to make the MED determination, so that the household will more easily be able to tell if their current income has decreased or file an appeal if they believe the State calculated their income erroneously. If the household submits the Short Change Form by mail, by fax, by email or by phone, prior to the end of their block of eligibility, a review will be completed immediately by the DES Change Unit. Anyone in the household who is eligible under another category of Medicaid will be moved to that category.

Responses to the short change forms and any phone calls about the short change form from consumers will go to a special unit in DES, the DES Change Unit, who will process these changes immediately.

Notice #1 and the short change form will be produced in English and in Spanish. It will include information about free legal services. The notice and the short change form will

clearly state where the short change form is to be mailed, faxed, emailed or the phone number the household can call to provide this information.

See Attachment #1

2. Notice #2: Explain to all remaining populations that they are not impacted by the elimination of the MED program or the freeze of the Childless Adult Program.

Notice #2 will be mailed on or about July 1, 2011 and will be sent the same time as the Childless Adult notice #1.

3. Notice #3: Notify all MED households, as usual, that their eligibility is ending in a month and they can check to see if they qualify under another Medicaid group. We will give them advice about changes in circumstances that could qualify them for Medicaid, such as a reduction in income. This is not a new notice. Information is included in this notice regarding appeal rights, continued benefits, and available legal assistance. This is the process in place today.

DES will attach the short change form to Notice #3. The short change form will be attached to the notice to obtain information about the household's income and categorical elements. DES will accept the Short Change form as an application for Medicaid benefits. The Short Change Form will identify the most recent monthly gross income amount used to make the MED determination, so that the household will more easily be able to tell if their current income has decreased or file an appeal if they believe the State calculated their income erroneously. If the household submits this information by mail, by fax, by email or by phone, prior to the end of their block of eligibility, a review will be completed immediately by the DES Change Unit. Anyone in the household who is eligible under another category of Medicaid will be moved to that category.

The short change forms or phone calls about the short change form will go to a special unit in DES, the DES Change Unit, who will process these changes immediately.

Notice #3 and the short change form will be produced in English and in Spanish. It will include information about free legal services. The notice and the short change form will clearly state where the

short change form is to be mailed, faxed, emailed or the phone number the household can call to provide this information.

See Attachment #2

**4. Ex Parte Determinations:
10-1-11 Non Renewal of MED**

- First, we will conduct a case review of all MED households to see if there is information indicating that any member of the household is eligible under another Medicaid category. Since the MED eligibility determination was made sometime in the past three to six months, the case record contains current information. DES has immediate access to information used to make determinations for SNAP and TANF that could be used to make a Medicaid determination. DES also has immediate access to Base Wage information and Unemployment Insurance information that can be used to make a Medicaid determination. DES also has immediate access to the Work Number and can obtain that information in order to make a Medicaid determination.
- After conducting a case review, we will send Notice #1. Notice #1 with the attached Short Change Form will provide all MED households the opportunity to submit changes in their income or other household circumstances that may indicate that they are eligible under another Medicaid category. They can submit this information by mail, by fax, by email or by phone to a special unit in DES, who will evaluate their information right away.

If anyone in the household is eligible under another category, they will be moved from MED to the new category and notified.

- We also currently provide all MED members with an opportunity to apply for Medicaid under another category in the last month of their block of eligibility. For this phase out of MED, DES will attach the short change form to Notice #3. The short change form will be attached to the notice to obtain information about the household's income and categorical elements. DES will accept the Short Change form as an application for Medicaid benefits. The Short Change Form will identify the most recent monthly gross income amount used to make the MED determination, so that the household will more easily be able to tell if their current income has decreased or file an appeal if they believe the State calculated their income erroneously.
If the household submits this information by mail, by fax, by email or by phone, prior to the end of their block of eligibility, a review will be completed immediately by the DES Change Unit. Anyone in the

household who is eligible under another category of Medicaid will be moved to that category.

- If MED households do not mail, fax, or email the short change form or call about the short change form to be determined for other Medicaid coverage and the MED household has children under age 18 in the household, the DES Change Unit will telephone the household and seek information for the children. If the household cannot be reached by telephone, DES will send another notice to the household asking them if they are interested in submitting a short change form or calling the DES Change Unit for their children. There are less than 1000 children currently in the MED program.
- Households will be advised that they can submit a short change form, call the DES Change Unit, submit a paper application or can use the Health-e-Arizona on line application at www.healthearizona.org. There is no charge to the public for using Health-e-Arizona.

5. Examples of MED Households:

1. **CASE SCENARIO 1** – MED Household loses MED and is moved to another Medicaid category.

Household consists of John Chalmers, his wife Mary, and their two children (Ella age 10) and Edwin (age 8).

John earns \$4000 monthly. Mary earns \$1720 monthly. John has a heart attack and is hospitalized. The family has no health insurance and has medical expenses of \$18,000.

A Medicaid application for the entire household was submitted February 15, 2011, and the household was approved as eligible under MED, with up to a six month block of eligibility, effective February 16 (when sufficient medical expenses were incurred) through July, 2011.

NET INCOME:	3 MONTH MED INCOME STANDARD:	EXPENSES NEEDED:	VERIFIED EXPENSES:
\$16,620	\$2205	\$14,405	\$18,000

May 1, 2011 the household is sent a notice and a short change form, informing them that the MED program will end on October 1, 2011 and that they will need to qualify for AHCCCS under another Medicaid category, if they want to retain coverage. The notice will explain that the State has reviewed their case file and, based on information contained in our system, they do not qualify in any other Medicaid category other than MED. The household should report current income or expected changes in income and should indicate who in the household is under age 18,

pregnant, the parent of a deprived child, age 65 or older, blind or disabled. The household can mail, fax or email the short change form to the DES Change Unit or call the DES Change Unit to update the information in their case record.

On July 1, 2011 a letter is sent to the household notifying them that their MED eligibility is stopping at the end of July and that they should submit a short change form or call the DES Change Unit to see if they are eligible in another Medicaid category.

The household mails the short change form on July 15, 2011 to the DES Change Unit and it is reported that John is no longer working and Mary's income has not changed. The family is approved in the 1931 eligibility group effective August 1, 2011.

NET	1931 INCOME
INCOME	STANDARD for 4
\$1630	\$1838

The family is \$208 under the 1931 Income Standard for a family of four.

Complete budget calculations inserted as Attachment #3

- **CASE SCENARIO 2** – MED household loses MED and is not eligible in another category.

Household consists of John Marshall, his wife Mary, and their two children (Ella age 10) and Edwin (age 8). John earns \$4000 monthly. Mary earns \$1720 monthly. John is in a car accident and is hospitalized. The family has no health insurance and has medical expenses of \$18,000.

A Medicaid application for the entire household was submitted February 15, 2011, and the household is approved in the MED group, with up to a six month block of eligibility effective February 16 (when sufficient expenses were incurred) through July, 2011.

NET	3 MONTH MED	EXPENSES	VERIFIED
INCOME	INCOME STANDARD	NEEDED	EXPENSES
\$16,620	\$2205	\$14,405	\$18,000

May 1, 2011 the household is sent a notice and a short change form, informing them that the MED program will end on October 1, 2011 and

that they will need to qualify for AHCCCS under another Medicaid category if they want to retain coverage. The notice will explain that the State has reviewed their case file and, based on information contained in our system, they do not qualify in any other Medicaid category other than MED. The household should report current income or expected changes in income and should indicate who in the household is under age 18, pregnant, the parent of a deprived child, age 65 or older, blind or disabled. The household can mail, fax or email the short change form to the DES Change Unit or call the DES Change Unit to update the information in their case record.

In July 2011 a letter is sent to the household notifying them that their MED eligibility is stopping the end of July 2011 and that they should submit a short change form or call the DES Change Unit to see if they are eligible in another Medicaid category.

The household calls the DES Change Unit on July 15, 2011 and reports that John has gone back to work at his same job with the same pay and Mary has stopped working. The household income of \$4000 monthly is over the income limits for any other Medicaid category. The household is denied for excess income effective August 1, 2011.

NET	1931
INCOME	INCOME STANDARD
\$3910	\$1838

TOTAL	PER PERSON SHARE	PER PERSON SHARE
ALLOCATED	JOHN AND MARY	ELLA AND EDWIN
PER PERSON		
\$977.50	\$608	\$509

The household is \$2082 over the 1931 income standard.
 John and Mary are \$369.50 over the per person share.
 Ella and Edwin are \$468.50 over the per person share for S.O.B.R.A. children.

Complete budget calculations inserted as Attachment #4.

- **CASE SCENARIO 3**– MED Household loses eligibility – Parents are not eligible, children are eligible.

Household consists of John Johnston, his wife Mary, and their two children (Ella age 4) and Edwin (age 2). John earns \$1800 monthly. Mary earns \$900 monthly. John is in a car accident and is hospitalized. The family has no health insurance and has medical expenses of \$6355.

A Medicaid application for the entire household is submitted on February 15, 2011, and the parents are approved in the MED group, effective February 16, 2011 (after sufficient expenses are incurred) through July 2011. The children are approved in the S.O.B.R.A. child category effective February 1, 2011, with no end date.

NET INCOME	3 MONTH MED INCOME STANDARD	EXPENSES NEEDED	VERIFIED EXPENSES
\$7560	\$2205	\$5345	\$6355

May 1, 2011 the household is sent a notice and a short change form, informing them that the MED program will end on October 1, 2011 and that John and Mary will need to qualify for AHCCCS under another category if they want to retain coverage, but that the children's coverage under SOBRA is not impacted. The notice will explain that the State has reviewed their case record and, based on information contained in our system, they do not qualify in any other Medicaid category other than MED. The household should report current income or expected changes in income and should indicate who in the household is under age 18, pregnant, the parent of a deprived child, age 65 or older, blind or disabled. The household can mail, fax or email the short change form to the DES Change Unit or call the DES Change Unit to update the information in their case record.

In July 2011 a letter is sent to the household notifying them that their MED eligibility for John and Mary is stopping the end of July 2011 and that they should submit a short change form or call the DES Change Unit to see if they are eligible in another Medicaid category.

The household mails a short change form on July 15, 2011 to the DES Change Unit and it is reported that John and Mary's income has not changed. The parents are over income for any Medicaid category. The children remain eligible in the S.O.B.R.A. child category. The parents are denied for excess income effective August 1, 2011, and the children's eligibility is renewed for another 12 months.

JOHN'S NET INCOME	PRORATED BY FOUR	MARY'S NET INCOME	PRORATED BY FOUR
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\$1710	\$427.50	\$810	202.50
TOTAL ALLOCATED PER PERSON	PER PERSON SHARE JOHN AND MARY	PER PERSON SHARE ELLA AND EDWIN	

\$630	\$608	\$677	
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John and Mary are \$22 over the income limit. The children are \$47 under the income limit.

Complete budget calculations inserted at Attachment #5.

- **Case Scenario 4** - MED household loses eligibility for MED, submits a short change form to see if they qualify for Medicaid coverage under another category, are denied for excess income and file an appeal.

Household consists of John Marshall, his wife Mary, and their two children (Ella age 10) and Edwin (age 8). John earns \$4000 monthly. Mary earns \$1720 monthly. John is in a car accident and is hospitalized. The family has no health insurance and has medical expenses of \$18,000.

A Medicaid application for the entire household was submitted February 15, 2011, and the household is approved in the MED group, with up to a six month block of eligibility effective February 16 (when sufficient expenses were incurred) through July, 2011.

NET INCOME	3 MONTH MED INCOME STANDARD	EXPENSES NEEDED	VERIFIED EXPENSES
\$16,620	\$2205	\$14,405	\$18,000

May 1, 2011 the household is sent a notice and a short change form, informing them that the MED program will end on October 1, 2011 and that they will need to qualify for AHCCCS under another Medicaid category if they want to retain coverage. The notice will explain that the State has reviewed their case record and, based on information contained in our system, they do not qualify in any other Medicaid category other than MED. The household should report current income or expected changes in income and should indicate who in the household is under age 18, pregnant, the parent of a deprived child, age 65 or older, blind or disabled. The household can mail, fax or email the short change form to the DES Change Unit or call the DES Change Unit to update the information in their case file.

In July 2011 a letter is sent to the household notifying them that their MED eligibility is stopping the end of July 2011 and that they

should submit a short change form or call the DES Change Unit to see if they are eligible in another Medicaid category.

The household calls the DES Change Unit on July 15, 2011 and reports that John has gone back to work at his same job with the same pay and Mary has stopped working. The household income of \$4000 monthly is over the income limits for any other Medicaid category. The household is denied for excess income effective August 1, 2011.

NET INCOME	1931 INCOME STANDARD		
\$3910	\$1838		
TOTAL ALLOCATED PER PERSON	PER PERSON SHARE JOHN AND MARY	PER PERSON SHARE ELLA AND EDWIN	
\$977.50	\$608	\$509	

The household is \$2082 over the 1931 income standard. John and Mary are \$369.50 over the per person share. Ella and Edwin are \$468.50 over the per person share for S.O.B.R.A. children.

The household is sent a denial notice on July 30, 2011, which includes appeal rights and the process for filing an appeal. The household files an appeal on August 5, 2011, within the timeframe given on the notice and indicates that they disagree with the amount of income used to determine that their income is in excess of the allowable amounts.

Benefits are continued for the household, the appeal goes to the DES Office of Appeals and an appeal is scheduled for September 2, 2011.

The DES eligibility specialist contacts the household prior to the appeal, for a pre-hearing conference. The eligibility specialist explains how the income was counted and each budget calculation. The eligibility specialist carefully walks through the Sneed Kiser calculations for the children. The household still disagrees that they do not meet the requirements for eligibility.

The appeal is held and a final decision is rendered that the household is not eligible for MED or any other Medicaid category on October 15, 2011. AHCCCS is notified and eligibility ends effective October 31, 2011.

Complete budget calculations inserted as Attachment #6.

6. System Changes:

1. Changes to the Department of Economic Security AZTECS eligibility system: AZTECS will not cascade to MED for applications dated May 1, 2011 or later. It will need to allow approval of MED applications dated prior to May 1, 2011 where spend down has been met prior to May 1, 2011. It will need to deny applications dated prior to May 1, 2011 where spend down has been met on May 1, 2011 or later. It already produces notice #3, but will need to attach the short change report. DES will use a mail house vendor to attach the Short Change Form and to electronically insert the household's monthly gross income into the Short Change Form. It will need to pull a file of the amount of income used to determine eligibility for MED to add to Notice #1 and the Short Change Forms.
2. Changes to the AHCCCS PMMIS system: PMMIS will need to stop accepting MED approvals that are effective May 1, 2011 or later, on May 1, 2011. It will have to permit manual updates of MED after that date to correct any case closed in error and to post eligibility in the case of continued MED benefits running past the consumer's eligibility end date and/or running past September 30, 2011.

It will have to produce Notice #1 and the short change form to all MED members that the program is ending. It will have to insert the income used to make the MED determination from a file from AZTECS into Notice #1 and the Short Change Form. It will have to produce Notice #2 as a one-time notification to all AHCCCS members who are not affected by the elimination of the MED program or the freeze of the Childless Adults program.

3. Changes to the AHCCCS/DES Health-e-Arizona on line application and renewal system: Effective May 1, 2011 Health-e-Arizona will need to stop screening for the MED program.

7. Eligibility Appeals:

The Department of Economic Security has an Office of Appeals, which hears eligibility appeals for eligibility determinations made by DES employees. Eligibility appeals for eligibility determinations made by AHCCCS employees are heard by a separate agency, the Office of Administrative Hearings. Other than the two different offices, the eligibility appeals process is the same and are conducted consistent with requirements of 42 C.F.R. Part 431, Subpart E.

The household has 30 calendar days from the date the decision notice is mailed to request an appeal of the decision. A request for appeal can be submitted either verbally or in writing. The household or the

representative of the applicant may request to withdraw the hearing request at any time.

Benefits may be continued, if the request for appeal is received within 10 calendar days from the date the decision notice is mailed or before the effective date of the action. Consistent with federal regulations and section 2902.4 of the State Medicaid Manual, beneficiaries will be granted a hearing, and if a timely request is made, continue benefits throughout the appeal process until a final decision is rendered, as long as the beneficiary's appeal raises or suggests a factual dispute regarding eligibility (for instance, asserting that they in fact have categorical eligibility and income within established limits for some category other than MED). However, beneficiaries will not be granted a hearing and benefits will **not** be continued if the action appealed is due solely to a change required by a change in federal or state law, or if the approval period has ended for a time-limited program such as MED or TMA (for instance, if the request for an appeal merely objects to the change in law ending the MED program).

Within 7 days from receipt of the appeal request, the DES eligibility office schedules a pre-hearing conference and sends copies of the budget calculations, income screens, notices, and case notes to the household. The conference may be conducted by telephone at the request of the household.

Within 10 calendar days of receipt of the appeal request, a DES supervisor reviews the results of the pre-hearing conference and documents in the appeal packet the accuracy of the eligibility decision. When the pre-hearing conference may result in an informal resolution of the dispute, a request to withdraw from the appeal is sent to the household. A request to withdraw from the appeal is not sent to the household when the decision requires correction. When the review of the circumstances indicates that the case needs correction, DES sends the Request to Vacate and Remand (FAA-1389A) form to the Office of Appeals. The case is not corrected until a response is received from the Office of Appeals that indicates that the matter was vacated and remanded to the local office for correction.

When a resolution is not reached during the pre-hearing conference, DES continues processing the request for appeal.

Appeals are scheduled to allow for a decision to be rendered within 90 days from the request for appeal. Appeals are scheduled not fewer than 20, nor more than 45, calendar days from the date the request is filed. The household may request less than 20 calendar days notice in order to expedite the appeal. Appeals may be conducted by phone when mutually agreed on by the household and the Office of Appeals. The household is afforded the same rights as households who attend face-to-face hearings.

The household presents the facts and knowledge of the case, and has an opportunity to address witnesses, present evidence, advance arguments, refute testimony or evidence, and examine evidence introduced by any party at the hearing.

Local eligibility offices are required to take action to implement all appeal decisions and remands within 10 days.

Currently DES does not continue benefits beyond the block of eligibility. Under this transition plan DES will notify AHCCCS when a household has filed a timely appeal and requested continued benefits. AHCCCS will ensure that the household remains open throughout the appeal in the PMMIS system. When the final decision is rendered, DES will notify AHCCCS of the decision so that AHCCCS can end the household's MED eligibility. If the decision is that the household or some members of the household are eligible under another Medicaid category, AHCCCS will post that eligibility.

8. Other Communication:

1. Web

- The AHCCCS website, www.azahcccs.gov will be updated continually to reflect program changes as decisions are made.
- The MED transition plan will be posted on the AHCCCS website, www.azahcccs.gov.
- The AHCCCS website will provide opportunity for the public to electronically submit comment. Those comments will be posted on the website.
- Information for members will be posted on the AHCCCS website member portal, www.azahcccs.gov/members, the Health-e-Arizona website, www.healthearizona.org and the DES website, <https://egov.azdes.gov/dbme/faa/myFamilyBenefits>.
- Members can access information about the status of their eligibility at www.azahcccs.gov/members/myahcccs.
- Providers can verify the status of member eligibility at <https://azweb.statemedicaid.us/Home.asp>.

2. Legislative and Rule Making Process

- Should this plan require legislative action, it will go through the normal public process at the Legislature where there is public notice, a hearing and opportunity to be heard.
- Notice will also be published statewide through the Secretary of State or statewide newspaper and a 30-day public comment period will be provided. Public comment can be submitted

electronically via the AHCCCS website or by mail. Comments received electronically will be posted on the AHCCCS website.

3. Providers/Health Plans

- AHCCCS will distribute information regarding program changes to all of its contracted health plans.
- Providers will receive information regarding program changes through the monthly AHCCCS electronic newsletter for providers, "Claims Clues."
- The health plans will disseminate information as a component of their normal member outreach tools. AHCCCS health plans have community and provider relations staff that will be able to assist AHCCCS in its efforts to inform members and the public.

4. Stakeholders/Community Partners

- AHCCCS will send mass emails to stakeholders and community partners to notify them when the AHCCCS website has been updated with new information.
- AHCCCS will distribute information about program changes to its Health-e-Arizona subscribers. Health-e-Arizona subscribers have 220 locations across the state and are very dedicated to assisting applicants and recipients in applying for or renewing AHCCCS coverage. They will receive complete information about this phase out plan and how they can best assist people.
- Although AHCCCS has already held tribal consultation on this matter, AHCCCS will ensure specific communication to the tribes, I.H.S. and 638 facilities and host any consultation or information session as needed.
- AHCCCS will work with the Health-e-Arizona Steering Committee to develop an outreach plan for MED households. The plan will include notification to community partners of the change to the MED program and ideas for assisting MED households.
- AHCCCS will hold two one-hour training open to the public and also inviting targeted community stakeholders to walk through the steps of the MED Phase Out Plan.

5. News Entities

- AHCCCS may also provide information through news entities.

9. The Health-e-Arizona System:

Health-e-Arizona (HEA) is our online system for public assistance applications. A consortium of Federally Qualified Health Centers (FQHCs) brought the original model to Arizona in June 2002. We call

the original model (still in place) the subscription model and it is used by community partners, such as FQHCs and hospitals, who pay a subscription fee to use it. Today we have 70 Subscribers at 220 locations statewide.

When patients come into a subscriber's facility, facility staff assists them with the completion of the application online, get an electronic signature and use fax or scanning to associate necessary documentation with the application. When the application is complete, the system screens it and identifies potential eligibility for Medicaid, CHIP, SNAP and TANF. An application can be submitted even if the applicant does not screen potentially eligible. The application is sent to the correct location electronically and is automatically entered into the eligibility systems of AHCCCS and DES. The facility can track workloads, communicate with the eligibility agency and gets a final determination from the eligibility agency. Facilities who build a consistent process around this product are much more successful in getting their patients enrolled in Medicaid or CHIP and getting reimbursement for services to uninsured patients.

When an application is initiated, HEA interfaces with the AHCCCS PMMIS system to see if the applicant is already Medicaid eligible. If the applicant is known to PMMIS two things will happen:

1. HEA will pull name, date of birth (DOB) and SSN from PMMIS and will compare it to the name, DOB and SSN entered by the applicant. If there are discrepancies between PMMIS and the data that the applicant entered, HEA will require the applicant to resolve the discrepancy. This will significantly reduce problems pushing the data into the AHCCCS and DES eligibility systems.
2. Once HEA knows that the applicant is an active Medicaid recipient, it will treat their application as a renewal and ask questions appropriate for renewals.

If the applicant has entered data into HEA on a previous occasion, HEA will pre-populate that data into the application or renewal.

In December 2008, AHCCCS implemented a public access version of Health-e-Arizona. Because this was a new feature, AHCCCS set a modest first-year goal of 17,000 Medicaid and CHIP applicants. Instead AHCCCS received 170,000 applicants using the public access version of Health-e-Arizona. In the last 12 months, AHCCCS has received 500,000 applications through the public and subscription models. Health-e-Arizona now represents nearly 40% of all Medicaid, Medicare Savings Programs and CHIP applications received each month in Arizona.

The public access version of Health-e-Arizona is available to the public for applications and renewals for Medicaid, CHIP, SNAP and TANF at no cost.

AHCCCS also collects about 2,000 surveys each month from public access users. Almost 74% of applicants are using Health-e-Arizona from a computer in their own homes. Over 92% of applicants say they would use Health-e-Arizona again.



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)



Attachment #1: Notice #1

IMPORTANT NOTICE ABOUT CHANGES TO THE MEDICAL EXPENSE DEDUCTION (MED) PROGRAM

The following members of your family receive AHCCCS benefits through the Medical Expense Deduction (MED) program administered by the Department of Economic Security (DES):

Due to the current budget crisis in Arizona, **the MED program will end effective October 1, 2011.** Eligibility under the MED program only lasts for 3 to 6 months. So, the end of the MED program **does not affect your current eligibility.** You will keep your MED benefits until your eligibility in MED ends.

We have reviewed all the information we have about you in our file, including your current income. Based on the information in our records, you are not eligible for any other AHCCCS program. We used \$_____ as the most recent amount of your monthly gross income.

To update your records, we have attached a short change form. Use it to give DES new information about your household to see if you qualify for other AHCCCS programs. Just fill out the attached form and send it to:

Send the completed form and any proof of income or pregnancy to:

By Mail: DES Change Center – Attn: AHCCCS Changes
P.O. Box 23167
Phoenix, AZ 85063

By Fax: 623- 245-5113

By E-mail: FAACHANGE@azdes.gov

Or Call: 602-542-9935 (from area codes 602, 623 or 480) or 1-800-352-8401 (from all other area codes).

You will have another chance to send the short change form in when DES sends you a separate letter that will tell you when your MED benefits end. Send your information to DES right away. This letter only applies to the MED program. If you have family members on other AHCCCS programs, their benefits are **not** affected at this time, and they are **not** listed on this letter.

If you are employed and your employer sponsors health insurance, under a new federal law you may be able to enroll in your employer's insurance plan within 60 days of losing coverage under AHCCCS. You should contact your employer immediately.

Listed on the other side of this notice are some other health care programs that may also be able to help you afford health care services when your MED benefits end.

Here are some other health care programs that may also be able to help you afford health care services when your MED benefits end:

Community Health Centers
Phone: 602-253-0090
On the Web:
www.aachc.org/associatemembersl.php

Health Care Connect
Maricopa County
Phone: 602-288-7564
On the Web:
www.healthcareconnect.org/contactus.php

Pima Community Access Program (PCAP)
Medical Discount Programs
Pima and Santa Cruz County
Phone: 520-694-0418
On the Web: www.pcap.cc
Yuma County
Community Access Programs of Arizona and Mexico (CAPAZ-MEX)
Phone: 928-627-9222
On the Web:
www.rcfbh.org/programCAPAZMEX

If you need free legal advice, call the following numbers: Phoenix at 602-258-3434 (800-852-9075); Tucson at 520-623-9461; and Flagstaff at 928-774-0653.

Additional sources of free legal service can be found at these web sites:

<http://apps.americanbar.org/legalservices/probono/directory/arizona.html>

<http://www.acdl.com/gettinghelp.html>

www.morrisinstituteforjustice.org

If you have specific questions, please contact your Eligibility Specialist in your local DES office.

Short Change Form for AHCCCS Health Insurance **DATE:** _____

Case Name _____ Case # _____

Phone Number Where You Can Be Reached: _____

1. Is anyone in your household:

Pregnant? If yes: Name: _____

Under age 18? If yes: Names: _____

Age 65 or older? If yes: Names: _____

Blind? If yes: Name: _____

Unable to work because of a medical condition that has lasted or may last 12 months, or might result in death?

If yes: Name: _____

If you answered “yes” to any of the questions above, and your income has gone down, fill out the information in #3 below.

2. Most Recent Gross Monthly Income DES has in your case record: \$ _____
3. List the household’s total monthly gross income (before taxes or anything else is taken out of your pay) for you, your spouse and your children under 18, who live with you. Include earned income (wages from employment) or unearned income (like child support or unemployment insurance).

This month’s expected income: _____

Income expected for next month: _____

To help us quickly decide if you are eligible for another AHCCCS program, please send us proof of the items below when you send in this form:

- Your household’s current income
- If anyone is pregnant, proof of pregnancy

Send the completed form and any proof of income or pregnancy to:

By Mail: DES Change Center – Attn: AHCCCS Changes
P.O. Box 23167 Phoenix, AZ 85063

By Fax: 623-245-5113

By E-mail: FAACHANGE@azdes.gov

Or Call: 602-542-9935 (from area codes 602, 623 or 480) or 1-800-352-8401 (from all other area codes).

Reserved for Spanish Version

Attachment #2: Notice #3

NOTICE: X418 NUMBER OF LINES: 45 PAGE: 01
EFFECTIVE DATE FROM: 050108 EFFECTIVE DATE TO: 999999 LANG: ENGL ADDR
TITLE: MED TIME LIMIT CLOSURE STUFFER: MAX OCCURS

Si necesita esta noticia traducida en español, llame a la oficina local al numero que aparece arriba, o al numero de Servicio al Cliente al (602) 542-9935 o 1-800-352-8401.@@

>>

Your AHCCCS Health Insurance stops effective %%%%%%%%%%% for the following individuals:@@

>>

Name(s)	Date of birth(s)@@
%%%%%%%%%	%%%%%%%%%@@
%%%%%%%%%	%%%%%%%%%@@
%%%%%%%%%	%%%%%%%%%@@
%%%%%%%%%	%%%%%%%%%@@
%%%%%%%%%	%%%%%%%%%@@

>>

To determine continuing eligibility, you must turn in a short change form to the DES local office by %%%%%%%%%%.@@

>>

DES will review your case information to see if you continue to be eligible. The interview process can be completed in person or over the phone.@@

>>

Applications are available in the local office. If you are working or going to school, or need your interview time before 8:00 AM or after 5:00 PM, please contact your local office.@@

>>

This action is based on the Arizona Revised Statutes (ARS) 36-2901.04. The Arizona Revised Statutes (ARS) are available through the public library.@@

>>

If you live in Maricopa or Pima county and do not have health insurance, you may be eligible for health care at discounted prices. Call Healthcare Connect at (602) 288-7564 in Maricopa county and Pima Community Access Program at (520) 694-0418 in Pima county.@@

>>

NOTE: If you are interested in registering to VOTE or making changes to your voter registration, contact your local DES office.@@

>>

If you have questions or need help, please call us at %%%%%%%%%%. You can also get information from our 24 hour Interactive Voice Response (IVR) System at (602) 542-9935 (If calling from area code 602, 480 or 623) or 1-800-352-8401 (for all other area codes). You may report changes and provide proof in writing, in person, over the phone or by faxing information to: %%%%%%%%%%. To apply for free legal help, call %%%%%%%%%%. Fair Hearing rights are explained on the back of this notice.@@

Short Change Form for AHCCCS Health Insurance **DATE:** _____

Case Name _____ Case # _____

Phone Number Where You Can Be Reached: _____

4. Is anyone in your household:

Pregnant? If yes: Name: _____

Under age 18? If yes: Names: _____

Age 65 or older? If yes: Names: _____

Blind? If yes: Name: _____

Unable to work because of a medical condition that has lasted or may last 12 months, or might result in death?

If yes: Name: _____

If you answered “yes” to any of the questions above, and your income has gone down, fill out the information in #3 below.

5. Most Recent Gross Monthly Income DES has in your case record: \$ _____

6. List the household’s total monthly gross income (before taxes or anything else is taken out of your pay) for you, your spouse and your children under 18, who live with you. Include earned income (wages from employment) or unearned income (like child support or unemployment insurance).

This month’s expected income: _____

Income expected for next month: _____

To help us quickly decide if you are eligible for another AHCCCS program, please send us proof of the items below when you send in this form:

- Your household’s current income
- If anyone is pregnant, proof of pregnancy

Send the completed form and any proof of income or pregnancy to:

By Mail: DES Change Center – Attn: AHCCCS Changes
P.O. Box 23167 Phoenix, AZ 85063

By Fax: 623-245-5113

By E-mail: FAACHANGE@azdes.gov

Or Call: 602-542-9935 (from area codes 602, 623 or 480) or 1-800-352-8401 (from all other area codes).

Reserved for Spanish Version

Attachment # 3 – Case Scenario # 1 - MED Determination

MABI MA BUDGET INQUIRY 022211 14:46
5R IZZY R

CASE NAME: CHALMERS, JOHN CASE NUMBER: 00006704 MONTH: 0211
CLIENT NAME: CHALMERS, JOHN CLIENT NUMBER: 0001084800

	GRAND TOTAL	02/11	03/11	04/11
COUNTABLE UNEARNED :	0.00	0.00	0.00	0.00
COUNTABLE EARNED :	17160.00	5720.00	5720.00	5720.00
- COE AND DEP CARE :	540.00	180.00	180.00	180.00
TOTAL NET EARNED :	16620.00	5540.00	5540.00	5540.00
COUNTABLE NET INCOME :	16620.00	5540.00	5540.00	5540.00
BENEFIT STANDARD :	2215.00	735.00	735.00	745.00

		EXPENSE PERIOD MONTHS		
		01/11	02/11	03/11
VERIFIED EXPENSES :	18000.00	0.00	18000.00	0.00

BENEFIT AUTHORIZATION: 1493 DENIAL CLOSURE REASON: INELIG DATE:
CASE RENEWAL DATE : 0711 ELIGIBLE FOR : MD
CLIENT RENEWAL DATE : 0711

Attachment # 3 – Case Scenario # 1 - 1931 Determination

Budgets for 8/11 eligibility after MED ends
3E FAMILY BUDGET FOR PI & SPOUSE ARE THE SAME
31CD 31 CASE DETAIL 071711 09:57
4X IZZY R

CASE NAME: CHALMERS, JOHN CASE NUMBER: 00001244 MONTH: 0811
NEED STD: A1 UNIT SIZE: 04

	MAX TEST	NEEDS TEST	BENEFIT STD TEST
EMPLOYMENT INCOME :	0.00		0.00
SELF EMPL INCOME :	1720.00		1720.00
TOTAL EARNED :	1720.00		1720.00

COST OF EMPL DEDUCTION :		90.00
30 + 1/3 DEDUCTION :		0.00
DEP CARE DEDUCTION :		0.00
TMA EARNED INC DEDUCTION:		0.00
TOTAL NET EARNED :	1720.00	1630.00
EDUC INCOME :	0.00	0.00
DEEMED INCOME :	0.00	0.00
OTHER UNEARNED INCOME :	0.00	0.00
TOTAL UNEARNED INCOME :	0.00	0.00
TOTAL COUNTABLE INCOME :	1720.00	1630.00
INCOME STANDARD :	2149.00	1863.00

AUTHORIZATION : DENIAL/CLOSURE REASON:
CASE RENEWAL DUE DATE : 0712 INELIGIBLE DATE :

Attachment # 3 – Case Scenario # 1 - 1931 Determination

MACD MA CLIENT DETAIL 071711 09:58

4X IZZY R

CASE NAME: CHALMERS, JOHN CASE NUMBER: 00001244 MONTH: 0811

CLIENT NAME: CHALMERS, ELLA CLIENT NUMBER: 0000004380 PQ:

	ELLA C	JOHN C	MARY C
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	0.00	1720.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	0.00	1720.00
COST OF EMPLOY :	0.00	0.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	0.00	1630.00
CNTBLE NET INC/PRO :	0.00 1	0.00 4	1630.00 4
TOTAL PRORATION :	0.00	0.00	407.50
TOT INC ALLOC :	407.50		
STANDARD / 100 %FPL :	515.00		
STANDARD FOR 01/03 OF 03	DENIAL CLOSURE REASON:		INELIG DATE:
BENEFIT AUTHORIZATION:	ELIGIBLE FOR: 3C		
CASE RENEWAL DATE: 0712	CLIENT RENEWAL DATE: 0712	SEND (Y/N): N	
IS ELIGIBLE	NEXT-->		

3C BUDGET FOR THE 1ST CHILD IN 08/11.

MACD MA CLIENT DETAIL 071711 09:59

4X IZZY R

CASE NAME: CHALMERS, JOHN CASE NUMBER: 00001244 MONTH: 0811

CLIENT NAME: CHALMERS, EDWIN CLIENT NUMBER: 0000004381 PQ:

	EDWIN C	JOHN C	MARY C
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	0.00	1720.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	0.00	1720.00
COST OF EMPLOY :	0.00	0.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	0.00	1630.00
CNTBLE NET INC/PRO :	0.00 1	0.00 4	1630.00 4
TOTAL PRORATION :	0.00	0.00	407.50
TOT INC ALLOC :	407.50		
STANDARD / 100 %FPL :	515.00		
STANDARD FOR 01/03 OF 03	DENIAL CLOSURE REASON:		INELIG DATE:
BENEFIT AUTHORIZATION:	ELIGIBLE FOR: 3C		
CASE RENEWAL DATE: 0712	CLIENT RENEWAL DATE: 0712	SEND (Y/N): N	
IS ELIGIBLE	NEXT-->		

Attachment # 4 – Case Scenario # 2 – MED Determination

MABI

MA BUDGET INQUIRY

022211 14:50

5R IZZY R

CASE NAME: MARSHAL, JOHN

CASE NUMBER: 00006705 MONTH: 0211

CLIENT NAME: MARSHAL, JOHN

CLIENT NUMBER: 0001084881

	GRAND TOTAL	02/11	03/11	04/11
COUNTABLE UNEARNED :	0.00	0.00	0.00	0.00
COUNTABLE EARNED :	17160.00	5720.00	5720.00	5720.00
- COE AND DEP CARE :	540.00	180.00	180.00	180.00
TOTAL NET EARNED :	16620.00	5540.00	5540.00	5540.00
COUNTABLE NET INCOME :	16620.00	5540.00	5540.00	5540.00
BENEFIT STANDARD :	2215.00	735.00	735.00	745.00
		EXPENSE PERIOD MONTHS		
		01/11	02/11	03/11
VERIFIED EXPENSES :	18000.00	0.00	18000.00	0.00

BENEFIT AUTHORIZATION: 1493 DENIAL CLOSURE REASON: INELIG DATE:
CASE RENEWAL DATE : 0711 ELIGIBLE FOR : MD
CLIENT RENEWAL DATE : 0711

Attachment # 4 – Case Scenario # 2 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child

MACD

MA CLIENT DETAIL

071411 09:26

4X IZZY R

CASE NAME: MARSHAL, JOHN

CASE NUMBER: 00001243 MONTH: 0811

CLIENT NAME: MARSHAL, JOHN

CLIENT NUMBER: 0000004374 PQ:

	JOHN M	MARY M
EDUC INCOME :	0.00	0.00
OTHER UNEARNED :	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00
SELF EMPL INCOME :	4000.00	1720.00
EMPLOY INCOME :	0.00	0.00
CNTBLE EARNED :	4000.00	1720.00
COST OF EMPLOY :	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00
TOTAL NET EARN :	3910.00	1630.00
CNTBLE NET INC/PRO :	3910.00 4	1630.00 4
TOTAL PRORATION :	977.50	407.50
TOT INC ALLOC :	1385.00	
STANDARD / 100 %FPL :	613.00	

STANDARD FOR 01/02 OF 02 DENIAL CLOSURE REASON: INELIG DATE:
BENEFIT AUTHORIZATION: ELIGIBLE FOR:
CASE RENEWAL DATE: 0112 CLIENT RENEWAL DATE: 0112 SEND (Y/N): N
IS NOT ELIGIBLE NEXT-->

Attachment # 4 – Case Scenario # 2 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child

MACD

MA CLIENT DETAIL

071411 09:26

4X IZZY R

CASE NAME: MARSHAL, JOHN
 CLIENT NAME: MARSHAL, MARY

CASE NUMBER: 00001243 MONTH: 0811
 CLIENT NUMBER: 0000004375 PQ:

	MARY M	JOHN M
EDUC INCOME :	0.00	0.00
OTHER UNEARNED :	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00
SELF EMPL INCOME :	1720.00	4000.00
EMPLOY INCOME :	0.00	0.00
CNTBLE EARNED :	1720.00	4000.00
COST OF EMPLOY :	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00
TOTAL NET EARN :	1630.00	3910.00
CNTBLE NET INC/PRO :	1630.00 4	3910.00 4
TOTAL PRORATION :	407.50	977.50
TOT INC ALLOC :	1385.00	
STANDARD / 100 %FPL :	613.00	
STANDARD FOR 01/02 OF 02	DENIAL CLOSURE REASON:	INELIG DATE:
BENEFIT AUTHORIZATION:	ELIGIBLE FOR:	
CASE RENEWAL DATE: 0112	CLIENT RENEWAL DATE: 0112	SEND (Y/N): N
IS NOT ELIGIBLE	NEXT-->	

MACD

MA CLIENT DETAIL

071411 09:27

4X IZZY R

CASE NAME: MARSHAL, JOHN
 CLIENT NAME: MARSHAL, ELLA

CASE NUMBER: 00001243 MONTH: 0811
 CLIENT NUMBER: 0000004376 PQ:

	ELLA M	JOHN M	MARY M
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	4000.00	1720.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	4000.00	1720.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	3910.00	1630.00
CNTBLE NET INC/PRO :	0.00 1	3910.00 4	1630.00 4
TOTAL PRORATION :	0.00	977.50	407.50
TOT INC ALLOC :	1385.00		
STANDARD / 100 %FPL :	515.00		
STANDARD FOR 01/03 OF 03	DENIAL CLOSURE REASON:	INELIG DATE:	
BENEFIT AUTHORIZATION:	ELIGIBLE FOR: SC		
CASE RENEWAL DATE: 0112	CLIENT RENEWAL DATE: 0112	SEND (Y/N): N	
IS NOT ELIGIBLE	NEXT-->		

Attachment # 5 – Case Scenario # 3 – MED Determination

MABI

MA BUDGET INQUIRY

022211 14:51

5R IZZY R

CASE NAME: JOHNSTON, JOHN
 CLIENT NAME: JOHNSTON, JOHN

CASE NUMBER: 00006706 MONTH: 0211
 CLIENT NUMBER: 0001084885

	GRAND TOTAL	02/11	03/11	04/11
COUNTABLE UNEARNED :	0.00	0.00	0.00	0.00
COUNTABLE EARNED :	8100.00	2700.00	2700.00	2700.00
- COE AND DEP CARE :	540.00	180.00	180.00	180.00
TOTAL NET EARNED :	7560.00	2520.00	2520.00	2520.00
COUNTABLE NET INCOME :	7560.00	2520.00	2520.00	2520.00
BENEFIT STANDARD :	2215.00	735.00	735.00	745.00
		EXPENSE PERIOD MONTHS		
		01/11	02/11	03/11
VERIFIED EXPENSES :	6355.00	0.00	6355.00	0.00

BENEFIT AUTHORIZATION: 1493 DENIAL CLOSURE REASON: INELIG DATE:
 CASE RENEWAL DATE : 0711 ELIGIBLE FOR : MD
 CLIENT RENEWAL DATE : 0711

MABI

MA BUDGET INQUIRY

022211 14:52

5R IZZY R

CASE NAME: JOHNSTON, JOHN
 MEMBER NAME: JOHNSTON, ELLA

CASE NUMBER: 00006706 MONTH: 0211
 CLIENT NUMBER: 0001084887 PQ:

	ELLA J	JOHN J	MARY J
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	1800.00	900.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBL EARNED :	0.00	1800.00	900.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD:	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	1710.00	810.00
CNTBLE NET INC/PRO:	0.00 1	1710.00 4	810.00 4
TOTAL PRORATION :	0.00	427.50	202.50
TOT INC ALLOCN :	630.00		
STANDARD / 133 %FPL:	677.00		

STANDARD FOR: 01/03 OF 03 DENIAL CLOSURE REASON: INELIG DATE:
 BENEFIT AUTHORIZATION: 1493 ELIGIBLE FOR: SC
 CASE REVIEW DATE: 0711 CLIENT REVIEW DATE: 0711

Attachment # 5 – Case Scenario # 3 – MED Determination

MABI

MA BUDGET INQUIRY

022211 14:53

5R IZZY R

CASE NAME: JOHNSTON, JOHN

CASE NUMBER: 00006706 MONTH: 0211

MEMBER NAME: JOHNSTON, EDWIN

CLIENT NUMBER: 0001084888 PQ:

	EDWIN J	JOHN J	MARY J
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	1800.00	900.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBL EARNED :	0.00	1800.00	900.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD:	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	1710.00	810.00
CNTBLE NET INC/PRO:	0.00 1	1710.00 4	810.00 4
TOTAL PRORATION :	0.00	427.50	202.50
TOT INC ALLOCN :	630.00		
STANDARD / 133 %FPL:	677.00		

STANDARD FOR: 01/03 OF 03 DENIAL CLOSURE REASON: INELIG DATE:

BENEFIT AUTHORIZATION: 1493 ELIGIBLE FOR: SC

CASE REVIEW DATE: 0711 CLIENT REVIEW DATE: 0711

Attachment # 5 – Case Scenario # 3 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child

Budgets for 8/11 eligibility after MED ends

MACD

MA CLIENT DETAIL

071611 10:29

4X IZZY R

CASE NAME: JOHNSTON, JOHN

CASE NUMBER: 00001245 MONTH: 0811

CLIENT NAME: JOHNSTON, JOHN

CLIENT NUMBER: 0000004382 PQ:

	JOHN J	MARY J
EDUC INCOME :	0.00	0.00
OTHER UNEARNED :	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00
SELF EMPL INCOME :	1800.00	900.00
EMPLOY INCOME :	0.00	0.00
CNTBLE EARNED :	1800.00	900.00
COST OF EMPLOY :	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00
TOTAL NET EARN :	1710.00	810.00
CNTBLE NET INC/PRO :	1710.00 4	810.00 4
TOTAL PRORATION :	427.50	202.50
TOT INC ALLOC :	630.00	
STANDARD / 100 %FPL :	613.00	

STANDARD FOR 01/02 OF 02 DENIAL CLOSURE REASON: INELIG DATE:

BENEFIT AUTHORIZATION: ELIGIBLE FOR:

CASE RENEWAL DATE: 0712 CLIENT RENEWAL DATE: 0712 SEND (Y/N): N

IS NOT ELIGIBLE

NEXT-->

Attachment # 5 – Case Scenario # 3 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child

MACD MA CLIENT DETAIL 071611 10:29
4X IZZY R

CASE NAME: JOHNSTON, JOHN CASE NUMBER: 00001245 MONTH: 0811
CLIENT NAME: JOHNSTON, MARY CLIENT NUMBER: 0000004383 PQ:
MARY J JOHN J
EDUC INCOME : 0.00 0.00
OTHER UNEARNED : 0.00 0.00
CNTBLE UNEARNED: 0.00 0.00
SELF EMPL INCOME : 900.00 1800.00
EMPLOY INCOME : 0.00 0.00
CNTBLE EARNED : 900.00 1800.00
COST OF EMPLOY : 90.00 90.00
30 + 1/3 DISREGARD : 0.00 0.00
DEP CARE DEDUCTN : 0.00 0.00
TOTAL NET EARN : 810.00 1710.00
CNTBLE NET INC/PRO : 810.00 4 1710.00 4
TOTAL PRORATION : 202.50 427.50
TOT INC ALLOC : 630.00
STANDARD / 100 %FPL: 613.00
STANDARD FOR 01/02 OF 02 DENIAL CLOSURE REASON: INELIG DATE:
BENEFIT AUTHORIZATION: ELIGIBLE FOR:
CASE RENEWAL DATE: 0712 CLIENT RENEWAL DATE: 0712 SEND (Y/N): N
IS NOT ELIGIBLE NEXT-->

MACD MA CLIENT DETAIL 071611 10:30
4X IZZY R

CASE NAME: JOHNSTON, JOHN CASE NUMBER: 00001245 MONTH: 0811
CLIENT NAME: JOHNSTON, ELLA CLIENT NUMBER: 0000004384 PQ:
ELLA J JOHN J MARY J
EDUC INCOME : 0.00 0.00 0.00
OTHER UNEARNED : 0.00 0.00 0.00
CNTBLE UNEARNED: 0.00 0.00 0.00
SELF EMPL INCOME : 0.00 1800.00 900.00
EMPLOY INCOME : 0.00 0.00 0.00
CNTBLE EARNED : 0.00 1800.00 900.00
COST OF EMPLOY : 0.00 90.00 90.00
30 + 1/3 DISREGARD : 0.00 0.00 0.00
DEP CARE DEDUCTN : 0.00 0.00 0.00
TOTAL NET EARN : 0.00 1710.00 810.00
CNTBLE NET INC/PRO : 0.00 1 1710.00 4 810.00 4
TOTAL PRORATION : 0.00 427.50 202.50
TOT INC ALLOC : 630.00
STANDARD / 133 %FPL: 685.00
STANDARD FOR 01/03 OF 03 DENIAL CLOSURE REASON: INELIG DATE:
BENEFIT AUTHORIZATION: ELIGIBLE FOR: SC
CASE RENEWAL DATE: 0712 CLIENT RENEWAL DATE: 0712 SEND (Y/N): N
IS ELIGIBLE NEXT-->

Attachment # 5 – Case Scenario # 3 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child

BUDGET FOR 1ST CHILD IN 08/11 AS ELIGIBLE SC.

MACD

MA CLIENT DETAIL

071611 10:31

4X IZZY R

CASE NAME: JOHNSTON, JOHN

CASE NUMBER: 00001245 MONTH: 0811

CLIENT NAME: JOHNSTON, EDWIN

CLIENT NUMBER: 0000004385 PQ:

	EDWIN J	JOHN J	MARY J
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED:	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	1800.00	900.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	1800.00	900.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	1710.00	810.00
CNTBLE NET INC/PRO :	0.00 1	1710.00 4	810.00 4
TOTAL PRORATION :	0.00	427.50	202.50
TOT INC ALLOC :	630.00		
STANDARD / 133 %FPL:	685.00		

STANDARD FOR 01/03 OF 03

DENIAL CLOSURE REASON:

INELIG DATE:

BENEFIT AUTHORIZATION:

ELIGIBLE FOR: SC

CASE RENEWAL DATE: 0712

CLIENT RENEWAL DATE: 0712

SEND (Y/N): N

IS ELIGIBLE

NEXT-->

Attachment # 6 – Case Scenario # 4 – MED Determination

MABI

MA BUDGET INQUIRY

022211 14:50

5R IZZY R

CASE NAME: MARSHAL, JOHN

CASE NUMBER: 00006705 MONTH: 0211

CLIENT NAME: MARSHAL, JOHN

CLIENT NUMBER: 0001084881

	GRAND TOTAL	02/11	03/11	04/11
COUNTABLE UNEARNED :	0.00	0.00	0.00	0.00
COUNTABLE EARNED :	17160.00	5720.00	5720.00	5720.00
- COE AND DEP CARE :	540.00	180.00	180.00	180.00
TOTAL NET EARNED :	16620.00	5540.00	5540.00	5540.00
COUNTABLE NET INCOME :	16620.00	5540.00	5540.00	5540.00

BENEFIT STANDARD :	2215.00	735.00	735.00	745.00
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EXPENSE PERIOD MONTHS

		01/11	02/11	03/11
VERIFIED EXPENSES :	18000.00	0.00	18000.00	0.00

BENEFIT AUTHORIZATION: 1493 DENIAL CLOSURE REASON: INELIG DATE:

CASE RENEWAL DATE : 0711 ELIGIBLE FOR : MD

CLIENT RENEWAL DATE : 0711

Attachment # 6 – Case Scenario # 4 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child (

MACD

MA CLIENT DETAIL

071411 09:26

4X IZZY R

CASE NAME: MARSHAL, JOHN

CASE NUMBER: 00001243 MONTH: 0811

CLIENT NAME: MARSHAL, JOHN

CLIENT NUMBER: 0000004374 PQ:

	JOHN M	MARY M
EDUC INCOME :	0.00	0.00
OTHER UNEARNED :	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00
SELF EMPL INCOME :	4000.00	1720.00
EMPLOY INCOME :	0.00	0.00
CNTBLE EARNED :	4000.00	1720.00
COST OF EMPLOY :	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00
TOTAL NET EARN :	3910.00	1630.00
CNTBLE NET INC/PRO :	3910.00 4	1630.00 4
TOTAL PRORATION :	977.50	407.50
TOT INC ALLOC :	1385.00	
STANDARD / 100 %FPL :	613.00	

STANDARD FOR 01/02 OF 02 DENIAL CLOSURE REASON: INELIG DATE:

BENEFIT AUTHORIZATION: ELIGIBLE FOR:

CASE RENEWAL DATE: 0112 CLIENT RENEWAL DATE: 0112 SEND (Y/N): N

IS NOT ELIGIBLE

NEXT-->

Attachment # 6 – Case Scenario # 4 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child (
 MACD MA CLIENT DETAIL 071411 09:26

4X IZZY R

CASE NAME: MARSHAL, JOHN CASE NUMBER: 00001243 MONTH: 0811
 CLIENT NAME: MARSHAL, MARY CLIENT NUMBER: 0000004375 PQ:

	MARY M	JOHN M
EDUC INCOME :	0.00	0.00
OTHER UNEARNED :	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00
SELF EMPL INCOME :	1720.00	4000.00
EMPLOY INCOME :	0.00	0.00
CNTBLE EARNED :	1720.00	4000.00
COST OF EMPLOY :	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00
TOTAL NET EARN :	1630.00	3910.00
CNTBLE NET INC/PRO :	1630.00 4	3910.00 4
TOTAL PRORATION :	407.50	977.50
TOT INC ALLOC :	1385.00	
STANDARD / 100 %FPL :	613.00	

STANDARD FOR 01/02 OF 02 DENIAL CLOSURE REASON: INELIG DATE:
 BENEFIT AUTHORIZATION: ELIGIBLE FOR:
 CASE RENEWAL DATE: 0112 CLIENT RENEWAL DATE: 0112 SEND (Y/N): N
 IS NOT ELIGIBLE NEXT-->

MACD MA CLIENT DETAIL

071411 09:27

4X IZZY R

CASE NAME: MARSHAL, JOHN CASE NUMBER: 00001243 MONTH: 0811
 CLIENT NAME: MARSHAL, ELLA CLIENT NUMBER: 0000004376 PQ:

	ELLA M	JOHN M	MARY M
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	4000.00	1720.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	4000.00	1720.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	3910.00	1630.00
CNTBLE NET INC/PRO :	0.00 1	3910.00 4	1630.00 4
TOTAL PRORATION :	0.00	977.50	407.50
TOT INC ALLOC :	1385.00		
STANDARD / 100 %FPL :	515.00		

STANDARD FOR 01/03 OF 03 DENIAL CLOSURE REASON: INELIG DATE:
 BENEFIT AUTHORIZATION: ELIGIBLE FOR: SC
 CASE RENEWAL DATE: 0112 CLIENT RENEWAL DATE: 0112 SEND (Y/N): N
 IS NOT ELIGIBLE NEXT-->

Attachment # 6 – Case Scenario # 4 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child (

MACD

MA CLIENT DETAIL

071411 09:27

4X IZZY R

CASE NAME: MARSHAL, JOHN

CASE NUMBER: 00001243 MONTH: 0811

CLIENT NAME: MARSHAL, EDWIN

CLIENT NUMBER: 0000004377 PQ:

	EDWIN M	JOHN M	MARY M
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	4000.00	1720.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	4000.00	1720.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	3910.00	1630.00
CNTBLE NET INC/PRO :	0.00 1	3910.00 4	1630.00 4
TOTAL PRORATION :	0.00	977.50	407.50
TOT INC ALLOC :	1385.00		
STANDARD / 100 %FPL :	515.00		
STANDARD FOR 01/03 OF 03	DENIAL CLOSURE REASON:		INELIG DATE:
BENEFIT AUTHORIZATION:	ELIGIBLE FOR: SC		
CASE RENEWAL DATE: 0112	CLIENT RENEWAL DATE: 0112	SEND (Y/N): N	
IS NOT ELIGIBLE	NEXT-->		