



**Center for Medicaid, CHIP and Survey & Certification**

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July 1, 2011

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

Dear Mr. Betlach:

On March 31, 2011, Arizona submitted a request to terminate its Childless Adult program when its current 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. While we regret this decision, as expressed previously in the Secretary's February 15, 2011, letter to Governor Brewer, this is a matter of State choice: the State is not required to renew its current Demonstration. In light of the State's decision, it must submit a phase-out plan for the Childless Adult program per Special Terms and Conditions (STCs #9 and 10). Arizona has advised CMS that it has chosen to not continue the Childless Adult program in its current form.

Specifically, Arizona has requested approval for a new demonstration project (effective October 1, 2011) under which it would continue providing coverage to Childless Adults enrolled prior to July 8, 2011, provided that these individuals continue to meet program eligibility and redetermination requirements. Effective no earlier than July 8, 2011, the program would no longer be open to new enrollment, and new members would generally not be permitted to enroll in the Childless Adult program as of the date of the enrollment freeze. On June 27, 2011, CMS received the State's phase-out plan, and we are hereby approving that plan, with the inclusion of a revised enrollment freeze effective date of July 8, 2011, as agreed upon in a conversation with the State on July 1, 2011. This is not an approval of Arizona's decision to terminate and impose an enrollment freeze on the Childless Adult program; this is an approval only of the phase out plan 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. The State will provide notice, on or about July 8, 2011, to all Childless Adult program beneficiaries that it is implementing an enrollment freeze on the Childless Adult program effective no earlier than July 8, 2011 and emphasizing the importance of renewing coverage. This notice will include information about free legal services;
2. The State will mail on or about July 8, 2011, a notice to all remaining AHCCCS beneficiaries informing them that they are not impacted by the enrollment freeze on the Childless Adult program;

3. Beginning June 28, 2011, and every month thereafter, the State will identify any childless adult in the program who is age 65 and older, or who is under age 65 and has Medicare and transfer the beneficiary to the Supplemental Security Income – Medical Assistance Only (SSI MAO) eligibility category. Shortly after the State has made this change, it will notify the beneficiary of the eligibility category change. For individuals not identified by the State as 65 or older, or who is under 65 and has Medicare, information on how they may qualify under other Medicaid eligibility categories will be included in the general notice that will be sent out to all affected Childless Adults;
4. Beginning June 28, 2011, and every month thereafter, the State will identify any childless adult in the program who for any reason did not complete the Childless Adult redetermination process and has a diagnosis of HIV/AIDS and/or takes antiretroviral drugs in order to transfer him/her to the SSI MAO eligibility category. Shortly after the State has made this change, it will notify the beneficiary of the eligibility category change;
5. Beginning June 28, 2011, and every month thereafter, the State will identify any childless adult who is Seriously Mentally Ill (SMI) and transfer the beneficiary to the SSI MAO eligibility category. Shortly after the State has made this change, it will notify the beneficiary of the eligibility category change. For individuals not identified by the State as SMI, information on how they may qualify under other Medicaid eligibility categories will be included in the general notice that will be sent out to all affected Childless Adults;
6. Individuals transferring to the SSI MAO eligibility category will not be affected by the changes in the Childless Adult program.
7. The State will send a third and final warning notice to Childless Adults who may potentially lose coverage for the Childless Adult program because they did not complete the redetermination process. The notice will also include language stating that if the beneficiary complies with the redetermination requirements before the effective date of their discontinuance, they can remain in the Childless Adult program;
8. The State will send Childless Adults who lose coverage a discontinuance notice, as is current practice, with appeal rights information. This notice will include information about free legal services and other health insurance coverage programs operating in the State
9. The State will identify children who will age out of the 1931, SOBRA Child, Young Adult Transitional Insurance (YATI) and KidsCare programs upon their 19<sup>th</sup> or 21<sup>st</sup> birth date. The State will transfer these children into the Childless Adult program where they will still need to comply with redetermination requirements when they are due for redetermination.
10. Childless Adult program 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 childless adult beneficiary file an appeal. The Childless Adult 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 of 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;

11. The State will continue to work with the Health-e-Arizona Steering Committee to develop an outreach plan to notify community organizations regarding the changes made to the Childless Adult program and ideas for assisting Childless Adult beneficiaries during the phase-out period. The State will conduct two, one-hour trainings which will be open to the public to ensure the public is appropriately informed of the Childless Adult phase-out activities, as well as to reduce any unnecessary and undue confusion that the Childless Adult program enrollment freeze may cause for other AHCCCS beneficiaries;
12. The State will ensure that it has the appropriate level of staffing and personnel resources to adequately address the possible increase in eligibility appeals caseload that may result from the Childless Adult program enrollment freeze; and
13. The State will produce monthly reports containing information on the number of Childless Adults identified, and subsequently transferred, to a different eligibility category, such as the number of members age 65 and older transferred to the SSI MAO category, as well as the number of beneficiaries enrolled in the Childless Adult program at the beginning of each month.

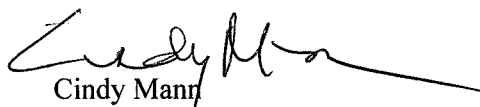
We also reserve the right to review the implementation of the phase-out plan to ensure that the State is acting in accordance with the approved phase-out plan activities, as well as complying with all Federal regulations. The implementation review may include, but is not limited to the following:

- Additional monthly status reports;
- Data inquiries relating to number of new Medicaid applications received by the State, the number of appeals filed by Childless Adult beneficiaries, and the timeliness and outcome of appeals decisions; and
- Possible onsite review by CMS staff.

During our discussions with Arizona we suggested that the State conduct a more targeted outreach campaign to affected beneficiaries, as well as to provide assistance with the redetermination process to vulnerable populations, such as beneficiaries with serious mental illnesses, who may be placed particularly at risk by the enrollment freeze than other Childless Adult beneficiaries. The State has indicated it will not take these steps, however, we strongly urge the State to reconsider this suggestion.

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

Sincerely,

  
Cindy Mann  
Director

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

# Childless Adults Freeze Implementation Milestones Phase Out Plan and Corresponding Enrollment Freeze

## Effective July 8, 2011

### 1. Summary of Childless Adults

Childless adults is a waiver program for adults who have not been determined Medicaid eligible under a categorical link (aged, blind, disabled, pregnant, under 18 or parent of a deprived child). Childless adults have open ended eligibility with redeterminations every 12 months. An asset test is not required and they have income under 100% of the Federal Poverty Level (FPL).

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

AHCCCS determines eligibility for CHIP, long term care, aged, blind, disabled populations, the Breast and Cervical Cancer Treatment Program and Medicare Savings Programs. AHCCCS also determines eligibility under Medicaid programs for children, pregnant women, families and the Childless Adult program for family members of KidsCare (CHIP) eligible members.

As of March 1, 2011 AHCCCS had about 2,800 Childless Adults in KidsCare households. Although the KidsCare program has been frozen since January 1, 2010, AHCCCS still processes renewals and changes for the active KidsCare population and their families, sometimes resulting in applications for Childless Adults. When KidsCare was open to new enrollment, AHCCCS processed KidsCare and Medicaid applications for everyone in the household. Even though enrollment in KidsCare is now frozen, AHCCCS still manages the entire household, including any category of Medicaid under which a household member qualifies. AHCCCS processes the renewals for the entire household. KidsCare children who age out of KidsCare will be processed by AHCCCS for Childless Adult coverage.

Below is an example of a KidsCare household with AHCCCS Care parents:

Mother	no income	eligible for AC
Father	3050.00 earnings	eligible for AC
Child 15 yrs old	no income	eligible for KidsCare
Child 6 yrs old	no income	eligible for KidsCare
Child 10 yrs old	no income	eligible for KidsCare

- Total household income: \$3050.00
- KidsCare income limit for family of 5: \$4362.00

- The children are ineligible for SOBRA because of their share of their father's income but they are eligible for KidsCare.
- The mother and father are eligible for AHCCCS Care because when the father's income is allocated between the members, their share of the income is \$610.00 which is under the \$613.00 income limit.

## **2. Applications submitted prior to 7/8/11**

Applications that are received prior to July 8, 2011 will be processed, even if DES or AHCCCS cannot complete the eligibility determination until after July 8, 2011. If household members meet all eligibility requirements, before July 8, 2011, they will be approved for Childless Adults, even if the determination cannot be made until after July 8, 2011. If household members do not meet eligibility requirements until July 8, 2011 or later, the household member will not be approved for Childless Adults.

## **3. Potential Consumer Notices:**

- Notice #1: In the first week of July 2011, AHCCCS will notify all Childless Adult members that on July 8, 2011 enrollment into the Childless Adult program will be frozen. If they want to retain Medicaid coverage under the Childless Adult program they will need to comply with redetermination requirements and continue to meet the eligibility requirements for that program.

The first group of Childless Adult members who are SMI, aged 65 and older, under age 65 and have Medicare, and AHCCCS Care members who have HIV/AIDS and have lost coverage for AHCCCS Care because they failed to comply with the redetermination will have been already transferred to SSI MAO before this notice is generated.

See Attachment #1

- Notice #2: In the month of July 2011, AHCCCS will send a notice to all AHCCCS eligible members, who are not on MED or the Childless Adult program, explaining to all remaining populations that they are not impacted by the elimination of the MED program or the freeze of the Childless Adult Program.

See Attachment #2

- Notice #3 Beginning June 28 2011, and every month thereafter, AHCCCS will notify all Childless Adults who are age 65 and older, and all Childless Adults, who are under age 65 and who have Medicare, that they are being transferred to the SSI MAO program. The SSI MAO program will not be frozen and SSI MAO staff will contact these individuals for a redetermination of their eligibility under SSI MAO rules.

Every month AHCCCS will identify Childless Adults who are age 65 or older, or under age 65 and have Medicare, and transfer them to SSI MAO. AHCCCS will notify these individuals that they are being transferred shortly after their eligibility category has changed from AHCCCS Care to SSI MAO. This transfer will occur when the member turns 65, or when the member obtains Medicare if under age 65, and is not based on their redetermination date. AHCCCS will give these individuals the same redetermination date that they had in AHCCCS Care.

See Attachment #3

- Notice #4: Beginning June 28, 2011, and every month thereafter, Childless Adults who lose coverage for the Childless Adult program, because they failed to comply with the redetermination process AND they have a diagnosis of HIV/AIDS and/or take antiretroviral drugs, will receive a notice that they are being transferred to the SSI MAO program. The SSI MAO program will not be frozen and SSI MAO staff will contact these individuals for a redetermination of their eligibility under SSI MAO rules. These individuals will be identified every month and will be transferred to the SSI MAO program. They will be notified that they are being transferred to SSI MAO shortly after their eligibility category has changed from AHCCCS Care to SSI MAO. They will have a redetermination shortly after they are transferred since they failed to comply with their Childless Adult redetermination requirements.

See Attachment #4

- Notice #5: Beginning June 28, 2011, and every month thereafter, AHCCCS will notify all Childless Adults, who are identified in the AHCCCS PMMIS system as Seriously Mentally Ill (SMI) by the Arizona Department of Health Services (ADHS), that they will be transferred to the SSI MAO program. The SSI MAO program will not be frozen and SSI MAO staff will contact these individuals for a redetermination of their eligibility under SSI MAO rules. Every month AHCCCS will identify Childless Adults who are seriously mentally ill and transfer them to the SSI MAO program. The timing

of the transfer occurs upon a member's designation as being SMI. They will be notified that they are being transferred to SSI MAO shortly after their eligibility category has changed from AHCCCS Care to SSI MAO. We will give these individuals the same redetermination date that they had in AHCCCS Care.

See Attachment #5

- Notice #6: Childless Adults who lose coverage for the Childless Adult program (and they are not SMI, HIV/AIDS, over 65 or under 65 with Medicare), because they failed to comply with the redetermination process will receive a third and final notice from AHCCCS beginning June 25, 2011, and each month thereafter. The notice will tell them that they cannot get back into the Childless Adult program, but if they comply with redetermination requirements before the effective date of their discontinuance they can remain on AHCCCS Care.

See Attachment #6

- Notice #7: Childless Adults who lose coverage for the Childless Adult program (and they are not SMI, HIV/AIDS, over 65 or under 65 with Medicare), because they failed to comply with the redetermination process will receive a discontinuance notice from the eligibility agency. The notice will tell them that they cannot get back into the Childless Adult program, they can file an appeal if they believe the discontinuance was made in error, if they appeal timely they can request continued benefits and that they can reapply for AHCCCS (but not Childless Adults). If they reapply they will need to demonstrate that they have a categorical link, including: pregnancy, parent of a deprived child, disability, or being age 65 or older.

See Attachment #7

- Notice #8: Childless Adults whose redetermination is due by June 30, 2011 will receive a notice from AHCCCS in June letting them know that AHCCCS is planning to freeze Childless Adults effective July 1, 2011, pending approval from CMS. The notice will also let them know that if they do not comply with the redetermination process by June 30, 2011 they will lose AHCCCS coverage under the Childless Adult category and may not be able to get back onto AHCCCS, unless they are eligible under a categorical link such as:

age 65 or older, blind, disabled, pregnant or the parent of a deprived child.

This notice will also be sent in July to Childless Adults whose redetermination is due July 31, 2011, letting them know that AHCCCS will freeze enrollment for Childless Adults effective July 8, 2011, pending approval from CMS. The notice will also let them know that if they do not comply with the redetermination process by July 31, 2011, they will lose AHCCCS coverage under the Childless Adult category and may not be able to get back onto AHCCCS, unless they are eligible under a categorical link such as: age 65 or older, blind, disabled, pregnant or the parent of a deprived child.

See Attachment #8

- Notice #9: Children who are aging out of the 1931, SOBRA Child, YATI (Young Adult Transitional Insurance for children 18-21 years old who aged out of foster care) and KidsCare programs will receive Notice #9 if they are aging out in the month in which their redetermination is due. The notice will advise them that if they comply with the redetermination requirements, they may be redetermined under the Childless Adults program. If they do not comply with the redetermination requirements, and their eligibility ends, they cannot apply for coverage under the Childless Adult program while enrollment is frozen.

This notice will be sent June 22, 2011, and then every subsequent month. Additionally, the notice will be sent early in the month that the renewal is due. Note that Notice #9 is only triggered when an individual both ages out AND has a redetermination in the same month. This will occur each month for a small sub-set of children who are aging out of the 1931, SOBRA Child, YATI and KidsCare programs.

- Notice #10: Children who aged out of the 1931, SOBRA Child, YATI and KidsCare programs will receive Notice #10 to notify them that they have been determined eligible for Childless Adults, and that they will need to comply with the redetermination process in order to remain eligible. Children who age out will be transferred to Childless Adults at the time of their birth date, and will be notified shortly after their eligibility category has changed. They will keep their same redetermination date.



**4. Ex Parte Determinations and other Processes:  
After 7-1-11 for Childless Adult Members Who Are No Longer Eligible as Childless Adults and for Children Aging Out of 1931, SOBRA Child, YATI and KidsCare**

- On June 28, 2011, and every month thereafter, any Childless Adult who is age 65 and older, or who is under age 65 and has Medicare, who is eligible as a Childless Adult for the following month will be transferred to the SSI MAO program and will be redetermined under that category. These members will be identified in our PMMIS system and their eligibility key codes will be changed from Childless Adult to SSI MAO-Aged or SSI MAO-Disabled. We have an automated process from PMMIS to post this change back into DES' AZTECS system and AHCCCS' ACE system to close the Childless Adult case. There will be no break in coverage for these members. If they lose coverage for Childless Adults for any other eligibility reason, i.e., excess income, loss of residency, etc, they will not be moved to SSI MAO. AHCCCS and DES may become aware of these other reasons for losing eligibility for the Childless Adults program through a variety of means, such as, redetermination, self reporting (all Medicaid members are required to report changes in their circumstances), or PARIS updates (which is a data system that allows state Medicaid agencies across the country to share data regarding state residency and other issues). AHCCCS will look for individuals who are age 65 and older, and for individuals under age 65 with Medicare every month subsequent to June 28, 2011. This process will ensure that individuals turning 65 or individuals under age 65 receiving Medicare are moved to SSI MAO. The same process described for June 28, 2011 will be followed each month. By transferring these individuals prior to our month end processing, we will get them into the correct capitation rate category prior to paying monthly capitation to our contractors for the following month.

These individuals will be scheduled for a redetermination based on their next redetermination due date for AHCCCS Care.

AHCCCS makes a file available monthly to all of its contracted health plans, Indian Health Services and 638 tribal contractors that identifies AHCCCS members with redeterminations due in the next 60 days. This file can be sorted by zip code and eligibility category. The 270/271 eligibility and enrollment verification will include redetermination due dates for each member effective June 19, 2011. The 270/271 file is available on line (AHCCCS On Line), through Interactive Voice Response (a phone bank) and through batch processing. Batch processing allows the registered provider to access information on multiple members at one time. Batch processing will be updated effective October 1, 2011.

Members age 65 and older or under age 65 with Medicare, who are moved to SSI MAO and subsequently determined to be ineligible under the requirements for that program, will be returned to the Childless Adult program without a break in coverage.

- On June 28, 2011, and every month thereafter, any Seriously Mentally Ill (SMI) adult, who is eligible under the Childless Adult program for the following month will be moved into the SSI MAO program and will be redetermined under that category. If they lose coverage for Childless Adults for any other eligibility reason, e.g., excess income, loss of residency, etc, they will not be moved to SSI MAO. AHCCCS and DES may become aware of these other reasons for losing eligibility (e.g., excess income, loss of residency) for the Childless Adults program through a variety of means, such as, redetermination, self reporting (all Medicaid members are required to report changes in their circumstances), or PARIS updates.

SMI members are identified by the Arizona Department of Health Services (ADHS) through their Regional Behavioral Health Authorities (RBHAs) and their behavioral health provider network. This information is posted in the AHCCCS PMMIS system.

AHCCCS will look for individuals who are SMI every month subsequent to June 28, 2011. This process will ensure that individuals diagnosed as SMI are moved to SSI MAO. The same process described for June 28, 2011 will be followed each month. By transferring these individuals prior to our month end processing, we will get them into the correct capitation rate category prior to paying monthly capitation to our contractors for the following month.

These individuals will be scheduled for a redetermination based on their next redetermination due date for AHCCCS Care. AHCCCS will share a listing of transferred SMI members who are due for renewal within 60 days with each Regional Behavioral Health Authority (RHBA) on a monthly basis. The RBHAs work with their providers; application assistor staff use Health-e-Arizona to complete the renewal application, including submission of any necessary documentation. Application assistants are individuals employed by a Health-e-Arizona facility who are trained in using the Health-e-Arizona product and helping individuals complete the application process. Using Health-e-Arizona will allow the RBHA providers to track and follow up with the renewal process, and ensure members have support in completing the process.

In addition, AHCCCS has reached agreement with the Disability Determination Service Administration (DDSA) to significantly streamline the process of collecting and submitting documentation for the disability determination, if one is required. Typically, the disability determination through DDSA requires a lot of documentation. AHCCCS is working with DDSA to allow RHBA providers to submit data that is essential to the disability determination directly to DDSA. This way, DDSA can coordinate with providers to obtain the required documentation rather than rely solely on the individual.

AHCCCS makes a file available monthly to all of its contracted health plans, Indian Health Services and 638 tribal contractors that identifies AHCCCS members with redeterminations due in the next 60 days. This file can be sorted by zip code and eligibility category. The 270/271 eligibility and enrollment verification will include redetermination due dates for each member effective June 19, 2011. The 270/271 file is available on line (AHCCCS On Line), through IVR and through batch processing. Batch processing will be updated effective October 1, 2011.

SMI members who are moved to SSI MAO and subsequently determined to be ineligible under the requirements for that program will be returned to the Childless Adult program without a break in coverage.

- Effective June 28, 2011, and every month thereafter, Childless Adults who have a diagnosis of HIV/AIDs and/or take antiretrovirals, and lose coverage under the Childless Adults program, because they did not comply with the redetermination process, will be moved into the SSI MAO program and will be redetermined under the rules of that category. If the adult with HIV/AIDS does not meet the requirements for SSI MAO, that individual's eligibility ends.

Adults with HIV/AIDS, who are moved to SSI MAO, because they did not comply with the Childless Adult redetermination process, will not have a break in coverage when they are transferred from the Childless Adults program to SSI MAO.

Adults with HIV/AIDS, who are moved to SSI MAO, will be scheduled for a redetermination as soon as possible, since they lost AHCCCS Care for failure to comply with the redetermination process.

If the adult with HIV/AIDS loses coverage for Childless Adults for any other eligibility reason, i.e., excess income or loss of residency, they will not be moved to SSI MAO.

AHCCCS will identify these individuals based on the diagnosis code of 042 and/or antiretrovirals for which there are encounters and claims in the PMMIS system. AHCCCS will look for these individuals every month before our month end processing, starting June 28, 2011.

AHCCCS makes a file available monthly to health plans, Indian Health Services and 638 tribal contractors that identifies AHCCCS members with redeterminations due in the next 60 days. This file can be sorted by zip code and eligibility category.

The 270/271 eligibility and enrollment verification will include redetermination due dates for each member effective June 19, 2011. The 270/271 file is available on line (AHCCCS On Line), through IVR and through batch processing. Batch processing will be updated effective October 1, 2011.

- Other Childless Adults who lose coverage because they did not comply with the redetermination process, will be advised by the eligibility agency using Notice #7 that they are no longer eligible for AHCCCS Care, that they can file an appeal if they believe their eligibility was discontinued in error and that they can apply for Medicaid, if they believe they are aged, blind, disabled, pregnant, or the parent of a deprived child. They will receive a final notification from AHCCCS using Notice #6 that their eligibility is ending and advising them to complete their renewal prior to the effective date of their discontinuance.

AHCCCS makes a file available monthly to health plans, Indian Health Services and 638 tribal contractors that identifies AHCCCS members with redeterminations due in the next 60 days. This file can be sorted by zip code and eligibility category.

The 270/271 eligibility and enrollment verification will include redetermination due dates for each member effective June 19, 2011. The 270/271 file is available on line (AHCCCS On Line), through IVR and through batch processing. Batch processing will be updated effective October 1, 2011.

- Children who are aging out of the 1931, SOBRA Child, YATI and KidsCare programs, and meet the qualifications for Childless Adults, can continue to be determined eligible for Childless Adults after the enrollment freeze is in effect. Children who have a redetermination due the month they are aging out of the 1931, SOBRA Child, YATI and KidsCare programs must comply with the redetermination process. If they do not comply with the redetermination, and as a result, lose coverage, and then reapply

after the effective date of the discontinuance of their coverage, they cannot be determined eligible for Childless Adults.

AHCCCS makes a file available monthly to health plans, Indian Health Services and 638 tribal contractors that identifies AHCCCS members with redeterminations due in the next 60 days. This file can be sorted by zip code and eligibility category.

The 270/271 eligibility and enrollment verification will include redetermination due dates for each member effective June 19, 2011. The 270/271 file is available on line (AHCCCS On Line), through IVR and through batch processing. Batch processing will be updated effective October 1, 2011.

DES and AHCCCS staff will automatically determine eligibility for children aging out of the 1931, SOBRA Child, YATI and KidsCare programs, who do not have a redetermination due. If DES and AHCCCS staff are unable to complete the eligibility determination for the child before the child ages out, the child will be transferred to Childless Adults and will remain eligible for Childless Adults if they meet all other eligibility criteria. The child's redetermination date will remain the same as it was under his or her previous eligibility category.

- Households are advised that they can submit a paper application or can use the Health-e-Arizona on line application at [www.healthearizona.org](http://www.healthearizona.org).
- All households that have not submitted a renewal application by the second week of the renewal month receive an automated reminder call, if they have a phone number.

## 5. Examples of Childless Adult Members:

- **CASE SCENARIO 1** – Childless Adult member is SMI and is transferred from the Childless Adult program to SSI MAO effective July 1, 2011. AHCCCS has a unique identifier for SMI members in our PMMIS system. This information is supplied by the Arizona Department of Health Services (ADHS), who is responsible for diagnosing and serving this population.

Household consists of John Smith, age 55, who has been identified by the Department of Health Services as SMI.

John earns \$400 monthly. A notice is sent to John in June 2011 informing him that his eligibility has been transferred from the

Childless Adult program to SSI MAO. John will be contacted by SSI MAO staff to complete a redetermination for that program, based on the redetermination date he would have had in Childless Adults.

On November 1, 2011 an SSI MAO eligibility specialist tries to contact John to start the redetermination process. The Eligibility Specialist phones John and his phone has been disconnected. John is sent a redetermination notice to complete the redetermination process, and is informed that he has until January 31, 2012 to respond. The redetermination notice is returned by the U.S. Post Office as undeliverable. His SSI MAO eligibility is discontinued effective February 1, 2012. John is ineligible for SSI MAO.

- **CASE SCENARIO 2** – Childless Adult member fails to comply with the redetermination process after the freeze is in effect and is diagnosed with HIV/AIDs. (We will identify and track these individuals before they lose coverage)

John earns \$400 monthly. A notice requiring John to send a renewal application was sent to John on November 1, 2011. John was required to respond by December 31, 2011. No renewal application was received from John. His Childless Adult eligibility is discontinued effective January 1, 2012. But John is transferred to SSI MAO effective January 1, 2012 and will be contacted by SSI MAO staff to complete a redetermination for that program.

John is sent a notice that he has been transferred to SSI MAO and that he will need to complete the redetermination process and meet the requirements for SSI MAO in order to remain eligible for that program.

On February 1, 2012 an SSI MAO eligibility specialist telephones John to start the redetermination process. The eligibility specialist then sends John a disability packet to complete and answers questions for John after he reviews it. John returns the requested information and the disability packet is sent to the DES Disability Determination Service Administration (DDSA).

On June 15, 2012 DDSA determines that John meets the requirements for disability and returns that information to the eligibility specialist. The eligibility specialist updates the eligibility system, ACE, with the DDSA information and completes the redetermination. John is eligible for SSI MAO.

- **Case Scenario #3** - Childless adult member is age 66 on July 8, 2011 when the Childless Adult program is frozen. These members will be identified in our PMMIS system and their eligibility key codes will be changed from Childless Adult to SSI MAO-Aged.

Household consists of John Smith, aged 66, who has been identified in our MMIS system as being over age 65.

We change his eligibility category to SSI MAO aged in our PMMIS system and the system sends a message to the DES AZTECS system to discontinue his Childless Adult eligibility. We notify the SSI MAO Office to add him to the ACE eligibility system and conduct a redetermination based on the redetermination date he would have had in Childless Adults.

On September 1, 2011 an SSI MAO eligibility specialist contacts John by telephone to start the redetermination process. John provides requested information by September 15, 2011 and the eligibility specialist updates the eligibility system, ACE with John's information and completes the redetermination. John is eligible for SSI MAO.

- **Case Scenario #4** – Childless adult member fails to comply with the redetermination process after the freeze is in effect and is pregnant.

Household consists of Jane Smith, age 35. Jane earns \$400 monthly. A notice requiring Jane to send a renewal application was sent to Jane on November 1, 2011. Jane was required to respond by December 31, 2011. No renewal application was received from Jane.

A discontinuance notice is sent to Jane on December 19, 2011 advising her that her Childless Adult eligibility will be discontinued effective January 1, 2012.

The discontinuance notice advises Jane that she no longer qualifies for the Childless Adult program, but she can file an appeal if she feels this discontinuance was made in error and advises her that she can reapply for AHCCCS. Her Childless Adult eligibility is discontinued effective January 1, 2012.

Jane reapplied for AHCCCS on January 5, 2012 and indicates that she is pregnant. An eligibility determination is made under SOBRA Pregnant Woman and on January 18, 2012 she is approved for

AHCCCS effective January 1, 2012. Jane is eligible as a SOBRA Pregnant Woman.

- **Case Scenario #5:** - Childless adult member fails to comply with the redetermination process after the freeze is in effect and is disabled.

Household consists of Jane Smith, age 35. Jane earns \$400 monthly. A notice requiring Jane to send a renewal application was sent to Jane on November 1, 2011. Jane was required to respond by December 31, 2011. No renewal application was received from Jane.

A discontinuance notice is sent to Jane on December 19, 2011 advising her that her Childless Adult eligibility will be discontinued effective January 1, 2012. No renewal application was received from Jane. The discontinuance notice advises Jane that she no longer qualifies for the Childless Adult program, but she can file an appeal if she feels this discontinuance was made in error and advises her that she can reapply for AHCCCS. The notice tells her that she will need a categorical link to AHCCCS such as pregnancy, disability, being the parent of a deprived child or being over age 65. Her Childless Adult eligibility is discontinued effective January 1, 2012.

Jane reapplied for AHCCCS on January 5, 2012 and indicates that she is disabled. An application for SSI MAO is entered into the ACE eligibility system and Jane is asked to complete a disability determination packet. A disability determination is made by the DES Disability Determination Service Administration (DDSA) and Jane is determined to have a disability on April 1, 2012. Jane is approved for SSI MAO on April 10, 2012, effective January 1, 2012. Jane is eligible for SSI MAO.

- **Case Scenario #6:** Child ages out of SOBRA Child after the freeze is in effect.

Household consists of Jane Smith, age 35 and Jimmy Smith, who turns age nineteen in August. Jane earns \$775 monthly. Jimmy earns \$500. Jimmy's scheduled redetermination under SOBRA Child is in March. An alert is generated in July notifying eligibility staff that Jimmy is turning 19. On July 25<sup>th</sup>, eligibility is redetermined for Jimmy using the most current information in the file.



Jimmy does not have a deprived, dependent child and is not disabled. He is determined eligible for the Childless Adult program effective September 1<sup>st</sup> without a break in coverage. Jimmy will receive Notice #10 informing him of his transfer to Childless Adults. Jimmy will then complete his redetermination under Childless Adults in March as scheduled. Jane remains eligible for the Childless Adult program.

## **6. System Changes:**

- Changes to the Department of Economic Security AZTECS eligibility system: AZTECS will not approve Childless Adults for applications dated July 8, 2011 or later. It will approve Childless Adults for applications dated prior to July 8, 2011, if all eligibility criteria were met prior to July 8, 2011. AZTECS will generate Notice #7. It will allow children aging out of the 1931, SOBRA Child, and YATI programs to move into Childless Adults if they meet the eligibility requirements.
- Changes to the AHCCCS ACE eligibility system: ACE will not approve Childless Adults for applications dated July 8, 2011 or later. It will approve Childless Adults for applications dated prior to July 8, 2011, if all eligibility criteria were met prior to July 8, 2011. ACE will generate Notice #7. It will allow children aging out of the 1931, SOBRA Child, and KidsCare programs to move into Childless Adults if they meet the eligibility requirements.
- Changes to the AHCCCS PMMIS system: On July 8, 2011 PMMIS will stop accepting Childless Adults for eligibility effective July 8, 2011 or later. It will accept Childless Adults eligibility from children aging out of the 1931, SOBRA Child, YATI, and KidsCare programs. It will permit manual update of Childless Adults for cases closed in error. It will produce notices #1, #2, #3, #4, #5, #6, #8, #9 and #10.

PMMIS will move members age 65 and older, and members under age 65 with Medicare to SSI MAO. PMMIS will post a file of those members in the DES AZTECS system and the AHCCCS ACE system to close their Childless Adult cases. PMMIS will produce a file of these members so they can be added into the ACE system as SSI MAO eligibles. AHCCCS will run this process every month effective June 28, 2011.

AHCCCS will identify individuals from the PMMIS Claims and Encounters systems, who have a diagnosis code of 042 (HIV/AIDS)

and/or who have a pharmacy claim or encounter for an antiretroviral. We will create an electronic file of these individuals monthly and run it against our PMMIS Recipient system monthly to ensure their Childless Adult cases remains active. If a future termination date is sent for these members, PMMIS can identify through the coding if the case is being closed because they did not comply with the redetermination process. If it is, the member will be transferred to SSI MAO and scheduled for a redetermination, without a break in their coverage. AHCCCS will run this process every month, effective June 28, 2011.

AHCCCS will identify individuals from the PMMIS Recipient System, who have been identified as SMI. We will transfer all of these individuals to SSI MAO on July 1, 2011 and schedule them for a redetermination, without a break in their coverage. AHCCCS will run this process every month.

The 270/271 process for eligibility and enrollment verification will be updated to include redetermination dates for each member effective June 19, 2011. This process includes web based and IVR tools. Batch 270/271 will be updated effective October 1, 2011.

- Changes to the AHCCCS/DES Health-e-Arizona on line application and renewal system: Effective July 8, 2011 Health-e-Arizona will stop screening for Childless Adults.

## **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 (OAH). Other than the two different offices the eligibility appeals process are essentially the same. Any differences are noted below.

If a Childless Adult loses eligibility for any reason, they have 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 member may request to withdraw the hearing request at any time.

Benefits will continue if the request for appeal is received within 10 calendar days from the date the decision notice is mailed. Benefits will not be continued if the action appealed is due solely to a change required by a change in federal or state law.

Within 7 days from receipt of the appeal request at DES and within 10 days at AHCCCS, the DES or AHCCCS eligibility office schedules a pre-hearing conference and sends copies of the budget calculations, income screens, notices, and case notes to the member. The conference may be conducted by telephone at the request of the member.

Within 10 calendar days of receipt of the appeal request, a DES or AHCCCS 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 at DES, a request to withdraw from the appeal is sent to the member. An informal resolution may happen when the decision is discussed with the member directly and the member agrees that the agency made the correct decision. A request to withdraw from the appeal is not sent to the member 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 or the Office of Administrative Hearings that indicates that the matter was vacated and remanded to the local office for correction.

At AHCCCS, 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 member. If a correction is needed, AHCCCS takes the action necessary to correct the adverse action being appealed. When the completed Voluntary Withdrawal from Appeal form is received, it is sent electronically to OAH with a request to vacate the appeal.

When a resolution is not reached during the pre-hearing conference, DES or AHCCCS 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 member 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 member and the Office of Appeals for DES or the Office of Administrative Hearings for AHCCCS. The member is afforded the same rights as members who attend face-to-face hearings.

The member 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.

The Office of Appeals for DES or the AHCCCS Director, for AHCCCS appeals, notifies the member of the appeal decision. If the appeal decision is unfavorable to the member, he/she may request an appeals board review of the decision. If the Appeals Board decision is unfavorable to the member, he/she may request a Judicial Review of the Appeals Board decision.

For AHCCCS, OAH makes a written recommended decision within 20 days from the day of the hearing. The AHCCCS Director reviews the recommendation and issues a written decision to the member within 30 days. If the decision is unfavorable to the member, the member may request a re-hearing.

Local eligibility offices are required to take action to implement all appeal decisions and remands within 10 days. Based on historical appeals data relating to changes in eligibility, copayments, etc., the State has seen a minimal increase in the number of appeals. Given the other elements in the phase out plan, such as specific community outreach, the ex parte process and exceptions made to target particular groups, DES does not expect a heavy influx of appeal requests. There is a significant amount of variation regarding total number of appeals received in any one month. Thus, DES is staffed in such a way as to deal with peak highs and lows.

Eligibility appeals are given priority and appeals from providers and others are secondary. Also, DES provides a quarterly report on number of hearing requests, number of decisions and timeliness that AHCCCS monitors. The State does not shift staff to address high/low peaks. The Arizona Office of Administrative Hearings conducts hearings on a number of different subjects, in addition to eligibility appeals. The State has a longstanding agreement that eligibility appeals are given priority. This agreement – that eligibility cases are a priority for the State to remain in compliance with federal law – is included in AHCCCS' Intergovernmental Agreement with the Office of Administrative Hearings. In the event that the State receives a significant increase of appeals in a given month, the State is aware of its responsibilities to process eligibility appeals timely and would appropriately allocate resources to that end.

## 8. Other Communication:

- Web
  - The AHCCCS website, [www.azahcccs.gov](http://www.azahcccs.gov) will be updated continually to reflect program changes as decisions are made.
  - The Childless Adults phase out plan will be posted on the AHCCCS website, [www.azahcccs.gov](http://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](http://www.azahcccs.gov/members), the Health-e-Arizona website, [www.healthearizona.org](http://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](http://www.azahcccs.gov/members/myahcccs).
  - Providers can verify the status of member eligibility at <https://azweb.statemedicaid.us/Home.asp>.
  
- 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 and/or newspaper publication 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.
  
- 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.
  - AHCCCS makes a file available monthly to health plans, Indian Health Services and 638 tribal contractors that identifies AHCCCS members with redeterminations due in the next 60 days. This file can be sorted by zip code and eligibility category.

- The 270/271 eligibility and enrollment verification will include redetermination due dates for each member effective June 19, 2011. The 270/271 is available on line (AHCCCS On Line), through IVR and through batch processing. Batch processing will be updated effective October 1, 2011.
- 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 located across the state and are very dedicated to assisting people in applying for or renewing coverage. They will receive complete information about this phase out plan and how they can assist.
  - 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. As a result AHCCCS has modified its monthly renewal file which provides the names of members whose renewal dates are due in the next 60 days. As of May 4, 2011 IHS and 638 contractors can sort this file by zip code and eligibility category.
  - AHCCCS will work with the Health-e-Arizona Steering Committee to develop an outreach plan for AHCCCS Care households. The plan will include notification to community partners of the change to the AHCCCS Care program and ideas for assisting AHCCCS Care members. See Attachment #9
  - In addition, AHCCCS will host two one-hour training sessions for community partners and stakeholders that assist the AHCCCS Care population. The training will focus on walking through the steps of the Childless Adult Phase out Plan.
- News Entities
  - AHCCCS may also provide information through news entities.

## **9. Consideration of Public Comment:**

AHCCCS has received numerous comments from the public, including individual members, family members, organizations and providers. Many of these comments were part of the Community Forum held on June 1, 2011. A summary of this forum can be found on the AHCCCS website at:

[http://www.azahcccs.gov/publicnotices/Downloads/ChildlessAdultsForumFromJune1\\_2011\\_SummaryFINAL.pdf](http://www.azahcccs.gov/publicnotices/Downloads/ChildlessAdultsForumFromJune1_2011_SummaryFINAL.pdf)

Other comments have been submitted electronically via the AHCCCS website or email. Some of these comments were submitted through the comment portal on the 1115 Waiver section of the AHCCCS website and will be addressed individually. Some comments were received as part of the formal administrative rules process.

In addition, AHCCCS staff have attended meetings with community groups where there has been discussion of the childless adult phase out plan. In addition, the phase out plan has been discussed with Health-e-Arizona Steering Committee partners who have assisted in developing fact sheets and alternative resources materials for community health centers and other organizations who regularly assist consumers that may fall into the childless adult category.

AHCCCS has considered all public comments and incorporated the public comments in the following ways:

- Transitioning all members who are designated SMI to the SSI MAO category;
- Transitioning members with HIV/AIDS in the childless adult category who fall off for failure to comply with their annual renewal to the SSI MAO category;
- Transitioning children who age out of SOBRA, 1931, YATI and KidsCare to the childless adult category;
- Updating the provider portal and the myahcccs.com site by providing specific redetermination dates by June 17 to assist providers in reaching out to members;
- Providing specific outreach to I.H.S. and 638 facilities with a review file so that these facilities can obtain redetermination dates;
- Developing a fact sheet for organizations who assist consumers;
- Developing a list of alternative resources for individuals;
- Including a notice specifically for those individuals whose redetermination is June 30 and may not be aware of the potential enrollment freeze in childless adults eligibility category;
- Facilitating the process for public input via the AHCCCS website and community forums.

#### **10. Health-e-Arizona:**

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 get 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.

## **11. Reports:**

AHCCCS will produce the following reports every month regarding the Childless Adult Freeze:



- Report #1: The number of members enrolled in the Childless Adult program as of the 1<sup>st</sup> of each month and the percentage of change from the previous month.
- Report #2: The number of SMI members transferred from Childless adults to SSI MAO effective the first of each month and the total number of SMI members transferred to date.
- Report #3: The number of members age 65 and older transferred from Childless Adults to SSI MAO effective the first of each month and the total number transferred to date.
- Report #4: The number of members under age 65, with Medicare transferred from Childless Adults to SSI MAO effective the first of each month and the total number transferred to date.
- Report #5: The number of members identified with HIV/AIDS transferred from Childless Adults to SSI MAO effective the first of each month and the total number transferred to date.
- Report #6: The number of SMI members who did not meet SSI MAO requirements and were transferred back into the Childless Adults program.
- Report #7: The number of members with HIV/AIDS who did not meet SSI MAO requirements and were discontinued because they did not qualify for any Medicaid category.
- Report #8: The number of individuals aged 65 and older or under age 65 with Medicare who do not meet the eligibility requirements for SSI MAO and are transferred back to Childless Adults.

**Attachment #1: Notice #1**



**ARIZONA HEALTH CARE COST  
CONTAINMENT SYSTEM (AHCCCS)**

**IMPORTANT NOTICE ABOUT A FREEZE ON THE AHCCCS CARE  
PROGRAM**

You get AHCCCS Health Insurance through the AHCCCS Care program. Due to the current budget crisis in Arizona, the State will “freeze” new enrollment in the AHCCCS Care program beginning July 8, 2011. This means that no new applications for the AHCCCS Care program will be accepted after July 7, 2011.

**People who are already on the AHCCCS Care program will still receive medical services from AHCCCS, but only as long as they stay eligible for AHCCCS.**

**If you lose coverage for the AHCCCS Care program because you no longer meet eligibility requirements, you will not be able to get back on the AHCCCS Care Program.**

**To keep your AHCCCS Care benefits, you must:**

- **Continue to meet the eligibility requirements of the AHCCCS Care program;**
- **Cooperate with all requests you receive from the Department of Economic Security (DES) or AHCCCS staff; and**
- **Complete your renewal when notified.**

This change only applies to the AHCCCS Care program. Please quickly answer any requests that you may receive from DES or AHCCCS about your AHCCCS Care benefits. If you have family members on other AHCCCS programs, their benefits are not affected at this time.

If you do lose coverage for AHCCCS Care, you may be eligible under another AHCCCS program if you are:

- Pregnant,
- The parent of a deprived child under 18,
- Age 65 and older or
- Have a disability.

If you do lose coverage for AHCCCS Care, DES and AHCCCS will let you know how to apply for other programs. If you have specific questions, please contact your AHCCCS office or call DES at 602-542-9935 or 1-800-352-8401

If you do lose coverage for AHCCCS and you are employed and your employer offers health insurance, under 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 if you lose your AHCCCS Care benefits. Listed below are some other health care programs that may also be able to help you afford health care services if your AHCCCS Care benefits end.

**SEE IMPORTANT INFORMATION ON THE OTHER SIDE OF THIS NOTICE**

**Here are some other health care programs that may also be able to help you afford health care services if your AHCCCS Care benefits end:**

Community Health Centers

Phone: 602-253-0090

On the Web: [www.aachc.org/associatemembersl.php](http://www.aachc.org/associatemembersl.php)

Health Care Connect

Maricopa County

Phone: 602-288-7564

On the Web: [www.healthcareconnect.org/contactus.php](http://www.healthcareconnect.org/contactus.php)

Pima Community Access Program (PCAP)

Pima and Santa Cruz County

Phone: 520-694-0418

On the Web: [www.pcap.cc](http://www.pcap.cc)

Community Access Programs of Arizona and Mexico (CAPAZ-MEX)

Yuma County

Phone: 928-627-9222

On the Web: [www.rcfbh.org/programCAPAZMEX](http://www.rcfbh.org/programCAPAZMEX)

Pre-existing Condition Insurance Plan

Phone: 1-866-717-5826

On the Web: <http://www.healthcare.gov/law/provisions/preexisting/states/az.html>

**If you need free legal advice, call the following numbers:** Phoenix at 602-258-3434 (800-852-9075); Tucson at 520-623-9461 (800-248-6789); and Flagstaff at 928-774-0653 (800-789-5781). For persons in other parts of the state, call 1-866-637-5341 to find the nearest legal services office in your area.

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>

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



## ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)



### IMPORTANT NOTICE ABOUT CHANGES TO THE MEDICAL EXPENSE DEDUCTION (MED) PROGRAM AND THE AHCCCS CARE PROGRAM

You may have heard that enrollment in some AHCCCS programs is being frozen or may end due to the current budget crisis in Arizona.

At this time, only the Medical Expense Deduction (MED) program and the AHCCCS Care Program have been affected.

#### What is MED and AHCCCS Care?

MED is an AHCCCS program administered by the Department of Economic Security (DES). MED provides AHCCCS benefits to people who have income too high to qualify for other programs, but who have high medical expenses. Enrollment in the MED program was frozen on May 1, 2011 and the program will end on October 1, 2011.

AHCCCS Care provides AHCCCS benefits to people whose income is not too high, but they do not meet some other requirements for the rest of the AHCCCS programs. Enrollment in the AHCCCS Care Program was frozen on July 8, 2011. Effective July 8, 2011 no one can be added to this program.

#### Does This Change Affect Me?

**If you are not on MED or the AHCCCS Care Program, these changes do not affect you.** These changes do not affect AHCCCS coverage under any other programs at this time. However, if you or other family members receive AHCCCS coverage under the MED or AHCCCS Care programs, you or other family members have already received a separate letter describing the changes in more detail.

**This letter is sent only for your information so that you will know that if you are not on the MED or AHCCCS Care programs, you are not affected by the changes for the MED and AHCCCS Care programs. If you have specific questions, please contact your AHCCCS office or call DES at 602-542-9935 or 1-800-352-8401.**



## ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)



### IMPORTANT NOTICE ABOUT YOUR AHCCCS ELIGIBILITY

You get AHCCCS Health Insurance through the AHCCCS Care program.

Due to the current budget crisis in Arizona, the State will “freeze” new enrollment in the AHCCCS Care program beginning July 8, 2011. This means that no new applications for the AHCCCS Care program will be accepted after July 7, 2011.

**Because you are over age 65 or are under age 65 and have Medicare, your case has been sent to the AHCCCS SSI MAO office, which provides AHCCCS health insurance to people who are aged, blind or disabled. There is not a freeze on enrollment for this program. The SSI MAO office will contact you when your redetermination is due to determine your eligibility for the SSI MAO program.**

The SSI MAO office is located at:

801 E. Jefferson Street, MD 3800  
Phoenix, AZ 85034

To stay eligible for SSI MAO benefits, you must:

- Meet the eligibility requirements of the SSI MAO program;
- Let AHCCCS know if you move;
- Cooperate with all requests you receive from AHCCCS staff; and
- Complete your renewal when requested.

If you have any questions or need to report a change, call the SSI MAO office at a phone number listed below:

602-417-5010 (Area Codes 602, 480 and 623)  
Toll Free: 1-800-528-0142 FAX: 602-258-4619

For information about SSI MAO eligibility go to:

[http://www.azahcccs.gov/community/Downloads/resources/Description\\_of\\_AHCCCS\\_Programs.pdf](http://www.azahcccs.gov/community/Downloads/resources/Description_of_AHCCCS_Programs.pdf)



AHCCCS is  
Arizona's  
Medical  
Assistance  
Program  
(Medicaid)

AHCCCS

## ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)



### IMPORTANT NOTICE ABOUT YOUR AHCCCS ELIGIBILITY

You were getting AHCCCS Health Insurance through the AHCCCS Care program with the Department of Economic Security (DES) or through AHCCCS, but your benefits ended when you failed to complete your annual renewal.

Due to the current budget crisis in Arizona, the State will “freeze” new enrollment in the AHCCCS Care program beginning July 8, 2011. This means that you will not be able to get back on the AHCCCS Care program.

**However, your case has been sent to the AHCCCS SSI MAO office, which provides AHCCCS health insurance to people who are aged, blind or disabled. There is no freeze on enrollment for this program.**

**The SSI MAO office will contact you soon to determine your eligibility under the SSI MAO program.**

**In order to be eligible, you must:**

- Meet the eligibility requirements of the SSI MAO program; and
- Cooperate with all requests you receive from AHCCCS staff.
- Complete your renewal when requested.

The SSI MAO office is located at:

801 E. Jefferson Street, MD 3800  
Phoenix, AZ 85034

If you have any questions or need to report a change, call the SSI MAO office at a phone number listed below:

Ph: 602-417-5010 (Area Codes 602, 480 and 623)  
Toll Free: 1-800-528-0142

FAX: 602-258-4619

For information about SSI MAO eligibility go to:

[http://www.azahcccs.gov/community/Downloads/resources/Description\\_of\\_AHCCCS\\_Programs.pdf](http://www.azahcccs.gov/community/Downloads/resources/Description_of_AHCCCS_Programs.pdf)



## ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)



### IMPORTANT NOTICE ABOUT YOUR AHCCCS ELIGIBILITY

You get AHCCCS Health Insurance through the AHCCCS Care program.

Due to the current budget crisis in Arizona, the State will “freeze” new enrollment in the AHCCCS Care program beginning July 8, 2011. This means that no new applications for the AHCCCS Care program will be accepted after July 7, 2011.

**Your case has been sent to the AHCCCS SSI MAO office. The AHCCCS SSI MAO program provides AHCCCS health insurance to people who are aged, blind or disabled. There is no freeze on enrollment for this program.**

**The SSI MAO office will contact you at your redetermination time to do a determination of your eligibility under the SSI MAO program.**

**In order to be eligible, you must:**

- Complete an SSI MAO eligibility redetermination;
- Meet the eligibility requirements of the SSI MAO program; and
- Cooperate with all requests you receive from AHCCCS staff.

The SSI MAO office is located at:

801 E. Jefferson Street, MD 3800  
Phoenix, AZ 85034

If you have any questions or need to report a change, call the SSI MAO office at a phone number listed below:

Ph: 602-417-5010 (Area Codes 602, 480 and 623)  
Toll Free: 1-800-528-0142

FAX: 602-258-4619

For information about SSI MAO eligibility go to:

[http://www.azahcccs.gov/community/Downloads/resources/Description\\_of\\_AHCCCS\\_Programs.pdf](http://www.azahcccs.gov/community/Downloads/resources/Description_of_AHCCCS_Programs.pdf)

Attachment #6: Notice #6



ARIZONA HEALTH CARE COST  
CONTAINMENT SYSTEM (AHCCCS)



**IMPORTANT NOTICE ABOUT YOUR AHCCCS  
ELIGIBILITY**

You are on AHCCCS Care and you recently received a letter from DES or AHCCCS telling you that your AHCCCS Health Insurance will stop June 30, 2011 because you did not complete the renewal process.

Due to the current budget crisis in Arizona, the State will “freeze” new enrollment in the AHCCCS Care program beginning July 8, 2011. This means that you will not be able to get back on the AHCCCS Care program after your eligibility ends.

If you contact your eligibility worker before your AHCCCS Health Insurance stops and provide needed information, you may still be eligible.

If you do lose coverage for AHCCCS Care, you may be eligible under another AHCCCS program if you are:

- Pregnant,
- The parent of a deprived child under 18,
- Age 65 and older or
- Have a disability including serious mental illness or HIV/AIDS.

If you do lose coverage for AHCCCS Care, DES and AHCCCS will let you know how to apply for other programs.

If you do lose coverage for AHCCCS and you are employed and your employer offers health insurance, under 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 if you lose your AHCCCS Care benefits.

If you have specific questions, please contact your AHCCCS office or call DES at 602-542-9935 or 1-800-352-8401. They can answer questions and help you complete your renewal for AHCCCS Care.

**SEE IMPORTANT INFORMATION ON THE OTHER SIDE OF THIS NOTICE**



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

Community Health Centers

Phone: 602-253-0090

On the Web: [www.aachc.org/associatemembersl.php](http://www.aachc.org/associatemembersl.php)

Health Care Connect

Maricopa County

Phone: 602-288-7564

On the Web: [www.healthcareconnect.org/contactus.php](http://www.healthcareconnect.org/contactus.php)

Pima Community Access Program (PCAP)

Pima and Santa Cruz County

Phone: 520-694-0418

On the Web: [www.pcap.cc](http://www.pcap.cc)

Community Access Programs of Arizona and Mexico (CAPAZ-MEX)

Yuma County

Phone: 928-627-9222

On the Web: [www.rcfbh.org/programCAPAZMEX](http://www.rcfbh.org/programCAPAZMEX)

Pre-existing Condition Insurance Plan

Phone: 1-866-717-5826

On the Web: <http://www.healthcare.gov/law/provisions/preexisting/states/az.html>

**If you need free legal advice, call the following numbers:** Phoenix at 602-258-3434 (800-852-9075); Tucson at 520-623-9461 (800-248-6789); and Flagstaff at 928-774-0653 (800-789-5781). For persons in other parts of the state, call 1-866-637-5341 to find the nearest legal services office in your area.

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>

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

Attachment #7 Notice #7  
NOTICE: X051  
TITLE: MISSED REVIEW NOTICE

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

>>

\*\*\*\*\* @@  
\* IMPORTANT INFORMATION ABOUT YOUR CASH ASSISTANCE \* @@  
\* AND AHCCCS HEALTH INSURANCE \* @@  
\*\*\*\*\* @@

>>

Your Cash Assistance and/or AHCCCS Health Insurance will be stopped without further notice beginning %%%%. The item listed

below applies to you. @@

// @@

|##|A. You failed to report to your local office for an interview to @@  
renew your Cash Assistance and/or AHCCCS Health Insurance @@  
eligibility. @@

|| @@

|##|B. You failed to turn in an application for an interview to @@  
renew your Cash Assistance and/or AHCCCS Health Insurance @@  
eligibility. || @@

\\ @@

If you want your benefits to continue you need to fill out an application and complete an interview by %%%%. @@

>>

If you need a special appointment time, day or location (for example: home visit, phone interview, before 8:00 AM or after 5:00 PM) due to work, school, distance to a DES local office, or other reasons, please let us know when you turn in your application. @@

>>

Even if you are employed, you may continue to be eligible for AHCCCS Health Insurance. Please call us for details. @@

If you do lose coverage for AHCCCS Care, you may be eligible under another AHCCCS program if you are:

- Pregnant,
- The parent of a deprived child under 18,
- Age 65 and older or
- Have a disability including serious mental illness or HIV/AIDS.

If you do lose coverage for AHCCCS Care, DES and AHCCCS will let you know how to apply for other programs.

>>

If you have a child who was born in the past 12 months while you were receiving AHCCCS Health Insurance, the child(ren) may continue to be eligible. If you have not called us, please do so immediately. @ @

>>

This action is based on 42 Code of Federal Regulations (CFR) 435.916 and 45 CFR 206.10 and Arizona Administrative Code R9-22-1414. The CFR references are available through public libraries. @ @

>>

If you think your benefits should not be stopped, ask for a hearing by filling out the form on the back now. @ @

>>

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). To apply for free legal help, call %%%%%%%%%%. Fair Hearing rights are explained on the back of this notice. @ @

Attachment #8

**IMPORTANT NOTICE: YOU MUST COMPLETE YOUR RENEWAL FOR  
AHCCCS BY JUNE 30, 2011**



You get AHCCCS Health Insurance through the AHCCCS Care program. Your current coverage period will end on June 30, 2011 unless you renew your coverage on time. Your deadline to renew your coverage is June 30, 2011.

Due to the current budget crisis in Arizona, the State is planning to “freeze” new enrollment in the AHCCCS Care program beginning July 1, 2011. This means that no new applications for the AHCCCS Care program will be accepted after June 30, 2011.

**If you do not return your completed renewal application by the June 30, 2011 deadline, your coverage will end on July 1, 2011. You will be discontinued from the AHCCCS Care program, and if the program is “frozen” on July 1<sup>st</sup>, you will not be able to get back on the program.**

**To keep your AHCCCS Care benefits, you must:**

- Turn in a renewal application by June 30, 2011;
- Meet the eligibility requirements of the AHCCCS Care program; and
- Cooperate with all requests you receive from the Department of Economic Security (DES) or AHCCCS staff.

If you have already turned in a renewal application, please be sure to reply to any mail you get from DES or AHCCCS, and provide any proof requested.

This change only applies to the AHCCCS Care program. If you have family members on other AHCCCS programs, they still need to complete their renewal applications. However, if they lose their AHCCCS coverage because they do not complete a renewal application, they may still be able to get back on other AHCCCS programs.

If you do lose coverage for AHCCCS Care, you may be eligible under another AHCCCS program if you are:

- Pregnant;
- The parent of a deprived child under 18;
- Age 65 and older; or
- Have a disability.

If you lose eligibility for AHCCCS Care, DES and AHCCCS will let you know how to apply for other AHCCCS programs. If you have specific questions, please contact your AHCCCS office or call DES at 602-542-9935 or 1-800-352-8401.

If you do lose coverage for AHCCCS and you are employed and your employer offers health insurance, under 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 if you lose your AHCCCS Care benefits.

**SEE IMPORTANT INFORMATION ON THE OTHER SIDE OF THIS NOTICE**

**Note:** This notice was already sent to AHCCCS Care members in this group and so reflects the original proposed July 1, 2011, effective date. This notice will be sent to AHCCCS Care members with a July 31, 2011, redetermination date, and will reflect the revised July 8, 2011, AHCCCS Care enrollment freeze effective date.

**Here are some other health care programs that may also be able to help you afford health care services if your AHCCCS Care benefits end:**

Community Health Centers

Phone: 602-253-0090

On the Web: [www.aachc.org/associatemembersl.php](http://www.aachc.org/associatemembersl.php)

Health Care Connect

Maricopa County

Phone: 602-288-7564

On the Web: [www.healthcareconnect.org/contactus.php](http://www.healthcareconnect.org/contactus.php)

Pima Community Access Program (PCAP)

Pima and Santa Cruz County

Phone: 520-694-0418

On the Web: [www.pcap.cc](http://www.pcap.cc)

Community Access Programs of Arizona and Mexico (CAPAZ-MEX)

Yuma County

Phone: 928-627-9222

On the Web: [www.rcfbh.org/programCAPAZMEX](http://www.rcfbh.org/programCAPAZMEX)

Pre-existing Condition Insurance Plan

Phone: 1-866-717-5826

On the Web: <http://www.healthcare.gov/law/provisions/preexisting/states/az.html>

**If you need free legal advice, call the following numbers:** Phoenix at 602-258-3434 (800-852-9075); Tucson at 520-623-9461 (800-248-6789); and Flagstaff at 928-774-0653 (800-789-5781). For persons in other parts of the state, call 1-866-637-5341 to find the nearest legal services office in your area.

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>

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

## Attachment #9

<p style="text-align: center;"><b>AHCCCS Care (Childless Adults) Phase out Plan Fact Sheet June 1, 2011</b></p>
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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 for the month of July 2011 and ongoing, except children aging out of their eligibility group because they turned 19 or 21. The phase out plan is waiting for approval from the Centers for Medicare and Medicaid Services (CMS), and the enrollment freeze will not be implemented until federal approval is granted.

### **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 are 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 can 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.healthearizona.org](http://www.healthearizona.org). They should also report any changes in address to their eligibility worker to insure no loss of contact.

**How will AHCCCS Care members know their renewal date?**

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

**2<sup>nd</sup> 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.

**3<sup>rd</sup> Notice:** AHCCCS will send another notice on the 25<sup>th</sup> of each month as a 3<sup>rd</sup> 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 on [www.myahcccs.com](http://www.myahcccs.com). AHCCCS registered providers can 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.



## Attachment 10

### Comparison of SSI MAO Budgeting Methodology to AHCCCS Care

	<b>AHCCCS Care</b>	<b>SSI-MAO</b>
Cash Program methodology	Title IV-A	Title XVI
Categorical link	No categorical link requirement.	Must be aged, blind or disabled.
Monthly income calculation	Income received more often than monthly is averaged and converted to a monthly amount. Weekly income is multiplied by 4.3 Bi-weekly income is multiplied by 2.15	Monthly income is based on actual income received and not converted.
Deductions	<ul style="list-style-type: none"> <li>\$90 earned income deduction (per wage earner)</li> <li>Up to \$200 per dependent for dependent care expenses. "Dependent" includes a minor child or incapacitated spouse.</li> </ul>	<p><u>FBR Test (100% FBR)</u></p> <ul style="list-style-type: none"> <li>\$20 General deduction</li> <li>\$65 standard earned income deduction</li> <li><b>1/2 earned income deduction</b></li> <li>Child allocation*</li> <li>Student earned income deduction**</li> </ul> <p><u>FPL Test (100% FPL)</u></p> <ul style="list-style-type: none"> <li>\$20 General deduction</li> <li>\$65 standard earned income deduction</li> <li>Child allocation*</li> <li>Student earned income deduction**</li> </ul> <p>* Deduction per child of <i>up to</i> \$337. If the child has countable income of his/her own, the deduction is reduced by the child's countable income.</p> <p>** Deduction per student under age 22 of \$1640 per month, up to a maximum of \$6600 per year.</p>
Due to different Cash Program methodologies, a few income types count differently	Examples: <ul style="list-style-type: none"> <li>In-kind income – Counted</li> <li>Interest/dividends (if withdrawn) – Counted</li> <li>TANF payments - Excluded</li> </ul>	Examples: <ul style="list-style-type: none"> <li>In-kind income – Excluded</li> <li>Interest/dividends (if withdrawn) – Excluded</li> <li>TANF payments - Counted</li> </ul>
Budgeting Methodology	<u>Sneede v. Kizer methodology</u> Net income after deductions is divided equally and allocated based on financial responsibility (spouse to spouse; parent to child). Allocated income is compared to the income limit for a single person, or if married, to ½ the 2-person income limit.	Net income after deductions is compared to the income limit for a single person or couple as appropriate.

## Attachment 11 Notice #9



# ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)



## IMPORTANT NOTICE: YOU MUST COMPLETE YOUR RENEWAL FOR AHCCCS BY JUNE 30, 2011

You get AHCCCS Health Insurance through an AHCCCS program with an age limit of 19 or 21. You have reached the program's age limit. Your eligibility must be redetermined to see if you qualify for any other AHCCCS programs. One of these programs is AHCCCS Care. Due to the current budget crisis in Arizona, the State is planning to "freeze" new enrollment in the AHCCCS Care program beginning July 1, 2011. This means no new applications for the AHCCCS Care program will be accepted after July 1, 2011.

**To make sure that the AHCCCS Care program is available to you, you must complete your renewal application by June 30, 2011. If you do not complete your renewal application by June 30, 2011, and the program is "frozen" on July 1<sup>st</sup>, you will not be able to get on the AHCCCS Care program, even if you do not qualify for any other AHCCCS program.**

**To be able to get on AHCCCS Care, if you do not qualify for any other AHCCCS program, you must:**

- Turn in a renewal application by June 30, 2011;
- Meet the eligibility requirements of the AHCCCS Care program; and
- Cooperate with all requests you receive from Department of Economic Security (DES) or AHCCCS staff.

If you have already turned in a renewal application, please be sure to reply to any mail you get from DES or AHCCCS, and provide any proof requested.

**This change only applies to the AHCCCS Care program. If you have family members on other AHCCCS programs, they still need to complete their renewal application. However, if they lose their AHCCCS coverage because they do not complete a renewal application, they may still be able to get back on other AHCCCS programs.**

If you do not qualify for AHCCCS Care, you may be eligible under another AHCCCS program if you are:

- pregnant
- the parent of a deprived child under 18
- age 65 and older or
- have a disability.

If you lose coverage for AHCCCS Care, DES and AHCCCS will let you know how to apply for other AHCCCS programs. If you have specific questions, please contact your AHCCCS office or call DES at 602-542-9935 or 1-800-352-8401.

If you do lose coverage for AHCCCS and you are employed and your employer offers health insurance, under 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 if you lose your AHCCCS Care benefits.

### **SEE IMPORTANT INFORMATION ON THE OTHER SIDE OF THIS NOTICE**

**Note:** This notice was already sent and reflects the original proposed enrollment freeze effective date of July 1, 2011. This notice will be sent every month to children whose redetermination date and birth date fall in the same month.

**Here are some other health care programs that may also be able to help you afford health care services if your AHCCCS Care benefits end:**

#### Community Health Centers

Phone: 602-253-0090

On the Web: [www.aachc.org/associatemembersl.php](http://www.aachc.org/associatemembersl.php)

#### Health Care Connect

Maricopa County

Phone: 602-288-7564

On the Web: [www.healthcareconnect.org/contactus.php](http://www.healthcareconnect.org/contactus.php)

#### Pima Community Access Program (PCAP)

Pima and Santa Cruz County

Phone: 520-694-0418

On the Web: [www.pcap.cc](http://www.pcap.cc)

#### Community Access Programs of Arizona and Mexico (CAPAZ-MEX)

Yuma County

Phone: 928-627-9222

On the Web: [www.rcfbh.org/programCAPAZMEX](http://www.rcfbh.org/programCAPAZMEX)

#### Pre-existing Condition Insurance Plan

Phone: 1-866-717-5826

On the Web: <http://www.healthcare.gov/law/provisions/preexisting/states/az.html>

**If you need free legal advice, call the following numbers:** Phoenix at 602-258-3434 (800-852-9075); Tucson at 520-623-9461 (800-248-6789); and Flagstaff at 928-774-0653 (800-789-5781). For persons in other parts of the state, call 1-866-637-5341 to find the nearest legal services office in your area.

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>

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

**Attachment #12 Notice #10**

**Attachment 12 Notice #10**



# ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)



## IMPORTANT NOTICE ABOUT YOUR AHCCCS ELIGIBILITY

You were getting AHCCCS Health Insurance through an AHCCCS program with an age limit of 19 or 21. When you reached that program's age limit, you were made eligible for the AHCCCS Care program.

Due to the current budget crisis in Arizona, the State has "frozen" new enrollment in the AHCCCS Care program beginning July 8, 2011. This means no new applications for the AHCCCS Care program will be accepted after July 8, 2011.

**People who are already on the AHCCCS Care program will still receive medical services from AHCCCS, but only as long as they stay eligible for the program.**

**If you lose coverage for the AHCCCS Care program because you no longer meet eligibility requirements, you will not be able to get back on the AHCCCS Care Program.**

**To keep your AHCCCS Care benefits, you must:**

- **Continue to meet the eligibility requirements of the AHCCCS Care program;**
- **Cooperate with all requests you receive from the Department of Economic Security (DES) or AHCCCS staff; and**
- **Complete your renewal when notified.**

If you do not qualify for AHCCCS Care, you still may be eligible for coverage under another AHCCCS program if you are:

- Pregnant;
- The parent of a deprived child under 18; or
- Have a disability.

If you lose coverage for AHCCCS Care, DES and AHCCCS will let you know how to apply for other AHCCCS programs. If you have specific questions, please contact your AHCCCS office or call DES at 602-542-9935 or 1-800-352-8401.

If you do lose coverage for AHCCCS and you are employed, and your employer offers health insurance, under 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 if you lose your AHCCCS Care benefits.

**SEE IMPORTANT INFORMATION ON THE OTHER SIDE OF THIS NOTICE**

**Here are some other health care programs that may also be able to help you afford health care services if your AHCCCS Care benefits end:**

Community Health Centers

Phone: 602-253-0090

On the Web: [www.aachc.org/associatemembersl.php](http://www.aachc.org/associatemembersl.php)

Health Care Connect

Maricopa County

Phone: 602-288-7564

On the Web: [www.healthcareconnect.org/contactus.php](http://www.healthcareconnect.org/contactus.php)

Pima Community Access Program (PCAP)

Pima and Santa Cruz County

Phone: 520-694-0418

On the Web: [www.pcap.cc](http://www.pcap.cc)

Community Access Programs of Arizona and Mexico (CAPAZ-MEX)

Yuma County

Phone: 928-627-9222

On the Web: [www.rcfbh.org/programCAPAZMEX](http://www.rcfbh.org/programCAPAZMEX)

Pre-existing Condition Insurance Plan

Phone: 1-866-717-5826

On the Web: <http://www.healthcare.gov/law/provisions/preexisting/states/az.html>

**If you need free legal advice, call the following numbers:** Phoenix at 602-258-3434 (800-852-9075); Tucson at 520-623-9461 (800-248-6789); and Flagstaff at 928-774-0653 (800-789-5781). For persons in other parts of the state, call 1-866-637-5341 to find the nearest legal services office in your area.

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>

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