

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

2nd Submission

05/04/11

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This version includes updates from the April 11, 2011 version.

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1. Clarification about the notices listed under Section 3.
2. Clarification about the processes for transferring members from Childless Adults to SSI MAO in Section 4.
3. Some adjustments to the case scenarios in Section 5. to reflect the phone renewal process in SSI MAO.
4. An additional system change added in Section 6. to reflect the enhancement of our 270/271 process to include renewal dates.
5. Updates to Section 8., Other Communication, reflecting additional training and the 270/271 changes, as well as changes to our renewal files for Indian Health Services and 638 contractors.

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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.

2. Applications submitted prior to 7/1/11

Applications that are received prior to July 1, 2011 will be processed, even if DES or AHCCCS cannot complete the eligibility determination until after July 1, 2011. If household members meet all eligibility requirements, before July 1, 2011, they will be approved for Childless Adults, even if the determination cannot be made until after July 1, 2011. If household members do not meet eligibility requirements until July 1, 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 1, 2011 enrollment into the

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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.

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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.

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See Attachment #2

- Notice #3 Beginning July, 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.

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See Attachment #3

- Notice #4: Beginning July 2001 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.

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See Attachment #4

- Notice #5: Beginning July 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 effective October 1, 2011. 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.

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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 discontinuance notice. The notice will tell them that they cannot get back into the Childless Adult program, that they can file an appeal if they believe the discontinuance was made in error and that they can reapply for AHCCCS. If they reapply they will need to demonstrate that they have a categorical link including: pregnancy, disability, parent of a deprived child or being aged 65 or older.

See Attachment #6

**4. Ex Parte Determinations and other Processes:
After 7-1-11 for Childless Adult Members Who Are No Longer Eligible as Childless Adults**

- On July 1, 2011 and every month thereafter, AHCCCS will move all Childless Adults who are age 65 and older, and who are under age 65 and have Medicare to the SSI MAO program. 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 the AHCCCS ACE system to close the Childless Adult case. There will be no break in coverage for these members.

AHCCCS will look for individuals who are age 65 and older, and for individuals under age 65 with Medicare every month subsequent to July 1, 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 July 1, 2011 will be followed each month.

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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.

- Any Seriously Mentally Ill (SMI) adults, who are eligible under the Childless Adult program effective July 1, 2011 and every month thereafter, will be moved into the SSI MAO program, and will be redetermined under that category. If they lose coverage for

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Childless Adults for any other eligibility reason, i.e., excess income, loss of residency, etc, they will not be moved to SSI MAO.

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 July 1, 2011. This process will ensure that individuals diagnosed as SMI are moved to SSI MAO. The same process described for July 1, 2011 will be followed each month.

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 July 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 that category.

If they lose 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.

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.

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 starting July 1, 2011.

- Other Childless Adults who lose coverage because they did not comply with the redetermination process, will be advised 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.

- Households are advised that they can submit a paper application or can use the Health-e-Arizona on line application at www.healtharizona.org.

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.

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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 July 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.

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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.

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- 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)

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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.

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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).

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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.

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- **Case Scenario #3** - Childless adult member is age 66 on July 1, 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.

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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.

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- **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. 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 pregnant. An eligibility determination is made under SOBRA Pregnant Woman and on January 18, 2012 she is approved for AHCCCS effective January 1, 2012.

- **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.

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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.

6. System Changes:

- Changes to the Department of Economic Security AZTECS eligibility system: AZTECS will not approve Childless Adults for applications dated July 1, 2011 or later. It will approve Childless Adults for applications dated prior to July 1, 2011, if all eligibility criteria were met prior to July 1, 2011. AZTECS will generate Notice #6.
- Changes to the AHCCCS ACE eligibility system: ACE will not approve Childless Adults for applications dated July 1, 2011 or later. It will approve Childless Adults for applications dated prior to July 1, 2011, if all eligibility criteria were met prior to July 1, 2011. ACE will generate Notice #6.
- Changes to the AHCCCS PMMIS system: On July 1, 2011 PMMIS will stop accepting Childless Adults for eligibility effective July 1, 2011 or later. It will permit manual update of Childless Adults for cases closed in error. It will produce notices #1, #2, #3, #4 and #5.

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 July 1, 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.

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.

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

- Changes to the AHCCCS/DES Health-e-Arizona on line application and renewal system: Effective July 1, 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 may be continued upon request 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. 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.

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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.

8. Other Communication:

- Web
 - The AHCCCS website, 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.
 - The AHCCCS website will provide opportunity for the public to electronically submit comment. Those comments will be posted on the website.
 - Information for members will be posted on the AHCCCS website member portal, www.azahcccs.gov/members, the Health-e-Arizona website, www.healthearizona.org and the DES website, <https://egov.azdes.gov/dbme/faa/myFamilyBenefits>.
 - Members can access information about the status of their eligibility at www.azahcccs.gov/members/myahcccs.
 - Providers can verify the status of member eligibility at <https://azweb.statemedicaid.us/Home.asp>.
- 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 July 1, 2011. The 270/271 is available on line (AHCCCS On Line), through IVR and through batch processing.

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- 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 transition 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.
- In addition, AHCCCS will host two one-hour training sessions for community partners and stakeholders that assist the

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AHCCCS Care population. The training will focus on walking through the steps of the Childless Adult Transition Plan.

- News Entities
 - AHCCCS may also provide information through news entities that request information. AHCCCS does not solicit media attention, but will educate members of the media tracking AHCCCS issues.

9. 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.

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AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)

AHCCCS

ARIZONA HEALTH CARE COST
CONTAINMENT SYSTEM (AHCCCS)

IMPORTANT NOTICE ABOUT A FREEZE ON THE AHCCCS CARE PROGRAM

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You get AHCCCS Health Insurance through the AHCCCS Care program. Due to the current budget crisis in Arizona, beginning July 1, 2011, no more people will be approved for the AHCCCS Care program. **People who are already on the program will still receive medical services from the program, but only as long as they stay eligible for the program.**

If you are discontinued from the AHCCCS Care program because you no longer meet eligibility requirements, you will not be able to get back on the 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 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 become ineligible 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 programs.

If you do become ineligible 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

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Pima Community Access Program (PCAP)¶
Medical Discount Programs¶
Pima and Santa Cruz County¶
Phone: 520-694-0418¶
On the Web: www.pcap.cc ... [1]

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

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

Pima Community Access Program (PCAP)
Pima and Santa Cruz County
Phone: 520-694-0418
On the Web: www.pcap.cc

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

Community Access Programs of Arizona and Mexico (CAPAZ-MEX)
Yuma County
Phone: 928-627-9222
On the Web:
www.rcfbh.org/programCAPAZMEX

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

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

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

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

www.morrisinstituteforjustice.org

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

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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 1, 2011. Effective July 1, 2011 no one can be added to this program.

Does This Change Affect Me?

You are not on the MED program or the AHCCCS Care Program and these changes do not affect you. These changes do not affect AHCCCS coverage under any other programs at this time. However, if you have family members that receive AHCCCS coverage under the MED or AHCCCS Care programs, they will receive a separate letter describing the changes in more detail.

This letter is sent only for your information so that you will know that you are not affected by the changes for the MED and AHCCCS Care programs.

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



AHCCCS

AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)



IMPORTANT NOTICE ABOUT YOUR AHCCCS ELIGIBILITY

▲ You get AHCCCS Health Insurance through the AHCCCS Care program.

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Due to the current budget crisis in Arizona, beginning July 1, 2011, no more people will be approved for the AHCCCS Care program.

Because you are over age 65 or are under age 65 and have Medicare, your case is being moved 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 very soon to redetermine 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



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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, effective July 1, 2011, no more people will be approved for the AHCCCS Care program. This means that you will not be able to get back on the AHCCCS Care program.

However, your case is being 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 very soon to redetermine 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

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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, effective July 1, 2011, no more people will be approved for the AHCCCS Care program.

Effective _____ your case will be 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.

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The SSI MAO office will contact you soon to do a redetermination of your eligibility under the SSI MAO program.

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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



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)



IMPORTANT NOTICE ABOUT YOUR AHCCCS ELIGIBILITY

Your AHCCCS Health Insurance will stop effective [Month DD, YYYY] If you contact your eligibility worker before this date and provide needed information, you may still be eligible.

Reason for our decision:

You did not complete the renewal process so we do not have current information to decide if you are still eligible.

Legal references for our decision: 42 CFR 435.916; AAC R9-22-1414

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Due to the current budget crisis, effective July 1, 2011, no more people will be approved for the AHCCCS Care program. This means that you will not be able to get back on the AHCCCS Care program.

You can appeal this notice if you believe this discontinuance was made in error. You can also apply for other AHCCCS programs. For other AHCCCS programs, you will need to be:

- Pregnant,
- Aged 65 or older.
- Blind or disabled, or
- The parent of a child who is deprived due to the continued absence, disability or under-employment of at least one parent.

If you have any questions or need to report a change, call your [DES/KidsCare] office at a phone number listed below:

Ph: XXX-XXX-XXXX (Area Codes ...)
Toll Free: 1-800-XXX-XXXX

FAX: XXX-XXX-XXXX

DRAFT

Pima Community Access Program (PCAP)
Medical Discount Programs
Pima and Santa Cruz County
Phone: 520-694-0418
On the Web: www.pcap.cc

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

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

Yuma County
Community Access Programs of Arizona and
Mexico (CAPAZ-MEX)
Phone: 928-627-1120
On the Web: www.rcfbh.com

FAIR HEARING RIGHTS FORM**I want a Fair Hearing for:**

- Cash Assistance Two-Parent Employment Program General Assistance
 Food Stamps AHCCCS Health Insurance Tuberculosis Control

I want a Fair Hearing because I do not agree with the:

- Denial Closure Amount of Benefits Overpayment Other: _____

While waiting for a Fair Hearing: I want to get benefits I do NOT want to get benefits

I need an interpreter: ___ Yes ___ No What language: _____

I need an accommodation for a disability: ___ Yes ___ No Please explain: _____

Print Name: _____ Signature: _____

Phone Number: _____ Date: _____

Deadlines to Ask For a Fair Hearing

- **30 Days** from the date on the decision notice for all cash and medical programs.
- **90 Days** from the date on the decision notice for food stamps.

How to Get Benefits While Waiting For a Fair Hearing

- You must ask for a hearing within **10 days** from the date on the decision notice.
- You cannot get benefits while waiting for a hearing if: your application was denied; your benefits stopped because the approval period ended; the law changed; or you got the most you can get under the program.

Caution: You may have to PAY BACK the cash or food stamps you got while waiting for a hearing if you do not win your case.

How to Ask for a Fair Hearing

- Fill out the form above and give it to us in person, by mail, or by FAX.
- Get a form from the DES office or on the internet at www.azdes.gov.
- Give us a statement with your address, phone number, and the reason you do not agree with the decision.
- Call us at the numbers listed on the front of this notice.

Your Fair Hearing Rights are to:

- Get a hearing if you don't agree with our decision, or if we take too long to make a decision.
- Be represented by a lawyer or other person.
- Meet with us before your hearing to discuss your case (we may able to fix the problem at this meeting).
- Review your case file to prepare for the hearing.
- Get a copy of the law, rule, or policy that we based our decision on.
- Present evidence and testimony at the hearing.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1.