ALTCS Eligibility Criteria's

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What is AHCCCS and ALTCS?

Think of AHCCCS as a large umbrella

and the Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid program that services Arizonian's in healthcare programs for those individuals that meet certain income and other requirements to obtain services.

Imagine a spoke of the umbrella.

Arizona Long Term Care System (ALTCS) is the offered through the state's Arizona Health Care Cost Containment System (AHCCCS). It's our healthcare program Medicaid program specifically designed for individuals who are elderly, blind, or living with physical or developmental disabilities.

What is ALTCS?

- It’s Arizona's Medicaid program that may help cover and oversee managed care services which then pays for the cost of assisted living, memory care, in-home care, and nursing home services for eligible Arizonans.
  - Who can receive coverage and care? Be 65 or older, OR blind, OR have a qualifying physical or developmental disability proof.
  - Where can you receive coverage? In home care vs. community based vs. facilities and communities.
  - ALTCS is specifically designed to cover long-term care needs by offering ongoing daily assistance that individuals with serious illness, physical disability, or cognitive decline . This can be provided for a year at a time with renewal criteria’s annually based on date of approval of the program.
    - ALTCS pays for the providers to help with bathing, dressing, eating, mobility, medication management, and more. Once approved, members are enrolled with a Long Term Care health plan and assigned a dedicated case manager who helps coordinate their care.

What Does ALTCS Cover?

- <u>Arizona Health Care Cost Containment System (AHCCCS)</u> administers ALTCS helps cover the cost of intensive, long-term care. Funding comes and covers various settings ie nursing homes; in-care by paying family/contracted agency, assisted living, and adult day care to assist a person who is eligible based on financial and medical care need that meet the same level of nursing home medical care needs. #winwin #family #caregiver #coversassistedliving #incidentials #communityspousebenfit

Let’s Do the Math

Monthly Personal Needs Allowance if approved for the program	$149.10
Gross Monthly Income Limit (1 individual)	$2,982
Resource Limit for an Individual	$2,000
Minimum Community Resource Allowance	$162,660
Minimum Community Spouse Resource Allowance	$32,532
Minimum Monthly Maintenance Needs Allowance	$4,066.50
Income Equity Limit	$752,000

Financial Look Back is 5 Year’s from date of applying for ALTCS

What to consider when it comes to meeting the medical criteria?

- Ask yourself does my loved one have a medical care need that matches that of a nursing home level of care currently?

Nursing Home Definition

- “Nursing Home Level of Care”, is not easily definable, as there is no formal federal definition. Instead, the law reads “each state and the District of Columbia has the task of defining what this means in their own state.” Although the rules are not consistent from state to state, there are four areas commonly considered when a state determines a person’s level of care need. These are generalizations, and therefore, it is unlikely all states consider all four areas.
- **A) Physical Functional Ability**

  One’s ability (or inability) to complete day-to-day activities, called Activities of Daily Living (ADLs), are commonly considered. These are basic activities that a person must complete daily in order to take care of oneself. These activities include bathing and personal hygiene, incontinent in bladder/bowel, dressing and undressing oneself, using the toilet and cleaning up after oneself, shaving, washing body/hair, mobility / transferring (walking from one room to another, getting out of bed and into a chair), and cutting up food/need help eating.

  Instrumental Activities of Daily Living (IADLs) needs. Examples include meal preparation, laundry/cleaning, medication management, paying and overseeing their own affairs including financial responsibilities or do they need someone to manage their affairs and medical appointments.

B) **Health Issues / Medical Needs**
One’s health, or medical needs, are also frequently considered when determining if a senior meets a Nursing Home Level of Care. Examples includes needing assistance with injections, catheter care, and intravenous (put into a vein) medications.

C) Cognitive Impairment
Cognitive (mental) functioning may also be meet the criteria's. This area is particularly relevant for persons who have Alzheimer’s disease or a related dementia, such as forms of dementia from Parkinson’s disease or Lewy body dementia. Seniors with impaired judgement may not be able to make appropriate and/or safe and unsafe decisions, danger issues if living independently without supervision and assistance? When was the induvial last seen by a physician? Behavioral issues, also commonly seen in persons with dementia, particularly in the mid-late stage of the disease, may also be taken into account when determining if an individual meets a Nursing Home Level of Care. Examples of such behaviors include frequent wandering from the home and becoming lost, impulsiveness, and aggressiveness (i.e., physical, sexual, verbal).

www.medicaidplanningassistance.org/nursing-home-level-of-care/

Penalty

Government Wording: Who Pays for Care During the Penalty Period?

- What the government states “When a Medicaid applicant is penalized with a Penalty Period for making disqualifying transfers, they have to pay for long-term care during the Medicaid ineligibility period. This, unfortunately, puts the applicant in an extremely difficult situation. Remember, for one to be eligible for Medicaid long-term care, they must have limited income and assets. If the applicant did not have limited financial means, they would not have otherwise qualified for Medicaid, and hence, be penalized with a Penalty Period for violating Medicaid’s Look-Back Rule.

Break It Down: Who Pays for Care During the Penalty Period?

- It is the applicant’s family that covers the cost of long-term care during the Penalty Period.
- Some Skilled Nursing Facilities have Long Term Care Bed’s that if your loved one is admitted then a loved one or Medical Power Of Attorney (MPOA) can advocate and ask for ALTCS and secure a LTC Bed during the application processes.

Denials and Penalty’s

- Financial Examples
- Spend Down
- Receipts
- Too Many Bank Statements
- Look Back
- Penalty $8,132.22 per month in all other counties; $8,666.72 per month in Maricopa, Pima, & Pinal Counties (eff. 10/01/25 – 9/30/26)

Thank You for allowing us to offer education and support to family caregivers, loved ones, friends, and neighbors caring for a loved one.

Questions?


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