

## SPOUSE ATTENDANT CARE ACKNOWLEDGMENT OF UNDERSTANDING

|               |                            |
|---------------|----------------------------|
| MEMBER'S NAME | AHCCCS ID NO.              |
| SPOUSE'S NAME | SUPPORT COORDINATOR'S NAME |

We, the people who have signed on the next page, choose to have Arizona Long Term Care (ALTCS) pay \_\_\_\_\_ (hereafter referred to as the Spouse) for the attendant care of \_\_\_\_\_ (hereafter referred to as the Consumer).

We know and agree that:

- The ALTCS Support Coordinator will decide the number of hours that will be paid for the Member's care;
- All services will be medically necessary and cost effective; and
- We cannot have more than 40 hours of Attendant Care (or similar services) in a seven-day period.

We know and agree that if the Spouse is paid for giving care:

- There will be an increase in the earned income of the Spouse;
- The extra income could cause us to lose benefits from other publicly funded programs; and
- This change in benefits could affect us and/or others in our household.

Publicly-funded programs may include but are not limited to the following:

| BENEFIT TYPE                                     | AGENCY RESPONSIBLE                      | PHONE NUMBER |
|--|---|--------------|
| AHCCCS, ALTCS and/or KidsCare Eligibility        | AHCCCS                                  |              |
| Supplemental Security Income (SSI)               | Social Security Administration          |              |
| Medicare Part D Low Income Subsidy               | Social Security Administration          |              |
| Nutrition Assistance                             | Arizona Department of Economic Security |              |
| Temporary Assistance to Needy Families (TANF)    | Arizona Department of Economic Security |              |
| General Assistance                               | Arizona Department of Economic Security |              |
| Housing and Urban Development (HUD)              | Local Housing Authority                 |              |
| Social Security Disability                       | Social Security Administration          |              |
| Qualified Medical Beneficiary (QMB)              | AHCCCS                                  |              |
| Specified Low-Income Medicare Beneficiary (SLMB) | AHCCCS                                  |              |
| Qualified Individual -1 (QI-1)                   | AHCCCS                                  |              |
| Other:   |   |              |

We know it is up to us to get in touch with any agencies from whom anyone in our household receives benefits. We will:

- Talk about how a change in income for the Spouse may affect those benefits;
- Talk about this before making a decision to pay the Spouse for care; and
- Tell any agency from whom we currently receive benefits of the change in income if/when we decide to pay the Spouse for care.

We understand that some or all of our publicly funded benefits could be stopped or reduced. This depends on the amount of income the Spouse receives as an ALTCS-paid caregiver. We will ask the ALTCS Support Coordinator of the Member for assistance if we need it.

We also know:

- We can change our minds about paying the Spouse for care at any time;
- We can decide that the Member should receive other ALTCS services; and
- These services must be medically necessary and cost effective.

|                                 |      |
|---------------------------------|------|
| MEMBER'S SIGNATURE              | DATE |
| SPOUSE'S SIGNATURE              | DATE |
| SUPPORT COORDINATOR'S SIGNATURE | DATE |

**ANNUAL REVIEW OF CHOICE FOR SPOUSE ATTENDANT CARE**

My Spouse has been my ALTCS-paid caregiver. I wish to continue with that plan. I know that there are other agencies and caregivers that could provide my care. I know that by choosing my spouse, I only get **up to 40 hours** of Attendant Care (*or similar services*) per week.

|                    |      |
|--------------------|------|
| MEMBER'S SIGNATURE | DATE |

Routing: Original - Case file; Copy - Consumer