ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

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:		
Other:		
Other:		
Other:		

See page 2 for EOE/ADA/LEP/GINA disclosures

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
MEMBER'S SIGNATURE	DATE
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MEMBER'S SIGNATURE	DATE

Routing: Original - Case file; Copy - Consumer