

900 ELIGIBILITY CATEGORIES

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EFFECTIVE DATE: January 15, 1996

There are three types of eligibility: State funded (Division of Developmental Disabilities (DDD)), Targeted Support Coordination (TSC), and Arizona Long Term Care System (ALTCS). Each type has a different mandatory minimum review cycle. Any member receiving services funded by the Division is required to follow the minimum requirements of service review and contact established by this Policy Manual.

- A. Members who are DDD receive Support Coordination and direct services based on assessed need and availability of state funds. Members in this category have the right to choose the type of contact, as applicable. These members are not eligible for TSC or ALTCS.

DDD Members have the right to choose the type of contact for required meetings. The types of contact include:

1. In person;
2. By phone; and,
3. By email/mail.

Members who are in this category can select to be placed in Inactive Status after one year of eligibility. Members who select Inactive Status will be contacted by phone annually. For further information, contact the Support Coordinator.

- B. Members who are TSC are eligible for Title XIX acute care services including, Early Periodic Screening Diagnosis and Treatment (EPSDT). Members in this category receive Support Coordination and direct services based on assessed need and availability of state funds. Members who are TSC are not eligible for ALTCS.

Members who are TSC or their guardians have the right to choose the type and frequency of contact, as applicable. The member/responsible person may choose to change the type and frequency at any time.

Members who are in this category have the right to choose:

1. The type of contact:
 - a. In person;
 - b. By phone; and,
 - c. By mail.

2. The frequency of contact:
 - a. 90 days;
 - b. 180 days; and,
 - c. Annually.
- C. ALTCS

Members who are ALTCS eligible receive Support Coordination, direct services based on assessed need including medical necessity and cost effectiveness, and acute services including, EPSDT. Members eligible for ALTCS have a choice of a Division contracted health plan. Members in this category receiving services funded by the Division are required to follow the minimum requirements of service review and contact established by this Policy Manual.