

**700 DETERMINATION OF ARIZONA LONG TERM CARE SYSTEM ELIGIBILITY**

REVISION DATE: 4/17/2015

REVIEW DATES: 11/26/2025, 12/26/2024

EFFECTIVE DATE: January 15, 1996

REFERENCES: A.R.S. § 36-559(C); AHCCCS Eligibility Manual.

Following determination of eligibility for services from the Division, newly eligible members shall be screened for referral to the Arizona Long Term Care System (ALTCS) unless the referral source was ALTCS. Persons who are identified from the screening as potentially eligible for ALTCS shall not receive state funded Division services, except as outlined in this Policy Manual, until the Arizona Health Care Cost Containment System (AHCCCS) determines the person is eligible or ineligible for ALTCS services.

Persons who meet the criteria for both the Resource Screening and the Functional Screening shall be referred to ALTCS.

Resource Screening for Arizona Long Term Care System

The criteria for the financial screening are cash resources less than \$2,000 and at least one of the following:

- A. Receipt of Supplemental Security Income (SSI); or,
- B. Eligible for Temporary Assistance to Needy Families (TANF), 6th Omnibus Budget Reconciliation Act (SOBRA), or other Medical Assistance (MA) categories; or,
- C. Monthly income not to exceed 300% of the maximum Supplemental Security Income (SSI) benefit.

A child's income and resources will be considered in the eligibility determination. The income and resources of parents may be waived if the child would have been eligible to receive an ALTCS covered service within 30 days prior to the date of application for ALTCS.

The specific financial criteria used by ALTCS are extremely complicated. Whenever there is doubt about whether a person might meet ALTCS financial criteria, the member should be referred to ALTCS. Additional information regarding ALTCS eligibility is available in the ALTCS Eligibility Manual.

Functional Screening for Arizona Long Term Care System

The age appropriate Preadmission Screening (PAS) evaluation must be completed for all applicants, unless the referral source was ALTCS.

The Support Coordinator should explain to the members/responsible person that the Division may not be able to provide services, other than Support Coordination, to non-ALTCS eligible members, consequently, the members /responsible person may choose to apply for ALTCS, even though the Division is not making a referral.

### Pre-Admission Screening

The PAS is both a tool and a process used by AHCCCS to determine medical/functional eligibility for the ALTCS program.

The PAS tool compiles demographic, functional, and medical information for each ALTCS applicant. The PAS instrument measures the level of functional and medical disability and determines when the member is at risk of institutional placement. The PAS is administered by AHCCCS by a registered nurse and/or a social worker. Generally, responsibility for the completion of the PAS for persons served by the Division is as follows:

- A. ALTCS nurse and/or social worker perform the PAS for members who are medically involved, including **all** persons who are dependent upon a ventilator, regardless of placement.
- B. Nurses or social workers, as single PAS Assessors, may perform the PAS for members who reside in an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID), group home, developmental home or any Home and Community Based Services (HCBS) setting, who are not medically fragile or dependent upon a ventilator.

The PAS Assessors have an ALTCS physician consultant available for physician review should there be a question of medical eligibility. ALTCS completes their eligibility process within a 45 day period for most applicants.

AHCCCS re-administers the PAS in rare situations. If the member is determined not ALTCS eligible, AHCCCS sends a file to the Division which is then distributed to the appropriate District for printing.

The Planning Team must use the PAS, along with the ICAP, and other assessment information, to develop the Planning Document and substantiate the need for the services to be provided.

### Arizona Long Term Care System Referral Procedures

Members who meet both the financial and functional screening criteria will be referred to ALTCS by completion of the *AHCCCS Medical Benefits Part I* form. The Support Coordinator shall assist the member/responsible person to complete this form and to take or mail it to the local ALTCS Eligibility Office.

The Support Coordinator will ensure the member/responsible person understands that the ALTCS eligibility process requires two steps:

- A. Completion of the *Part II Application* via interview with an ALTCS Eligibility Worker and completion of the *PAS* evaluation, via an interview with an ALTCS nurse and/or social worker.
- B. ALTCS may also refer a member who is age 18 or over and not receiving Supplemental Security Income or Social Security Administration benefits to Disability Determination Services to establish disability.


The Support Coordinator may serve as an Authorized Representative for ALTCS only for those members who are not able to complete the application process independently and who do not have a family member or guardian readily available to serve as the Authorized Representative.

Arizona Health Care Cost Containment System Roster

The Support Coordinator must check, review and initiate the task assigned in focus on a daily basis to determine when there are members newly eligible for ALTCS. If so, the Individual Support Plan/Individualized Family Services Plan/Person Centered Plan (Planning Document) must be reviewed/developed in accordance with the timelines and procedures specified in this Policy Manual.

Appeal of Arizona Long Term Care System Eligibility Decisions

The Support Coordinator may, upon request of the member or the responsible person, assist the member in completing forms and taking other procedural steps to appeal a denial of ALTCS eligibility.

**Signature:** 

**Date:** 26/11/2025