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Medical Assistance Eligibility Policy Manual (Archive) - Part 3 of 3

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Introduction



Medical Assistance Eligibility Policy Manual Plus Procedures

Need help? Call 855-HEA-PLUS (855-432-7587).

Para recibir ayuda con la póliza en Español, por favor contacte Asistencia del Cliente al
855-HEA-PLUS (855-432-7587).

Visit [Health-e-Arizona Plus](#) for more information and to manage your benefits online.

Last Updated: 01/30/2022

Getting Started

Getting Started

Welcome to Arizona's Medical Assistance Eligibility Policy Manual.

View the [Quick Start](#) page for basic instructions.

View the [Navigating This Manual](#) page for additional instructions and tips.

Quick Start

To get to a specific policy manual section use the Table of Contents to the left and open the policy section followed by the appropriate chapter.

Example: To get to “Chapter 101 - What is AHCCCS Medical Assistance?” you would need to:

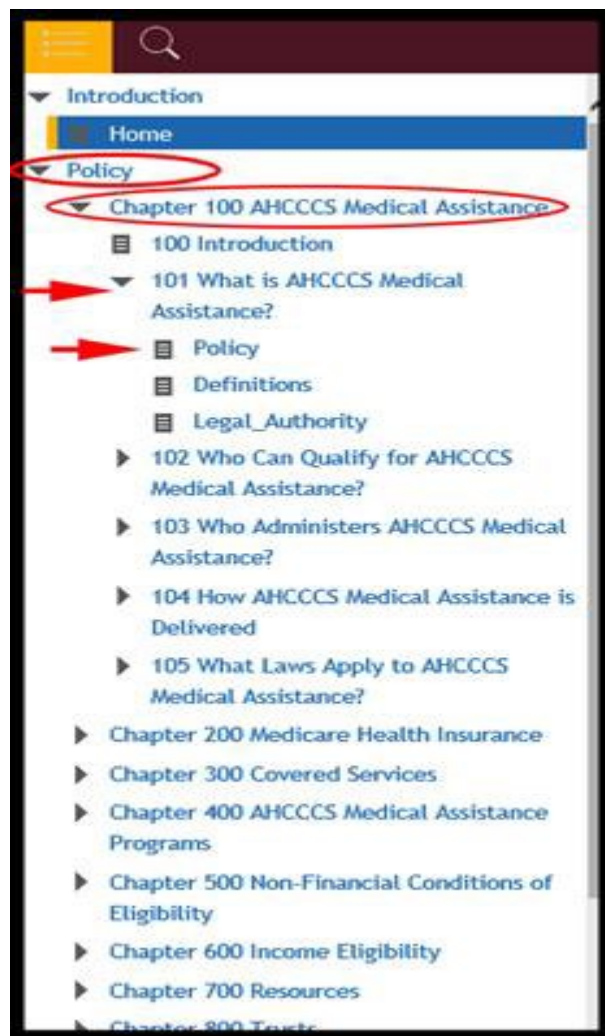
Click on policy

Click on Chapter 100 - Introduction

Click to open subchapter 101 - What is Medical Assistance

Click on subsections>> Policy>> Definitions>> Legal Authority...

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For more instructions on navigating this manual, click on the topic "Navigating This Manual" from the Table of Contents on the left.

Navigating this manual

The window of the Arizona's Medical Assistance Eligibility Policy Manual is divided into three panels: top, left and right.

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Medical Assistance Eligibility Policy Manual

Top Tool bar

Left Panel

Right Panel

Home > Policy > Chapter 100 AHCCCS Medical Assistance > 101 What is AHCCCS Medical Assistance? > Policy

101 What is AHCCCS Medical Assistance?

Revised 10/01/2015

Policy

The Arizona Health Care Cost Containment System (AHCCCS) Medical Assistance was established by the State of Arizona. AHCCCS Medical Assistance provides health care for eligible Arizona residents.

AHCCCS administers Arizona's three main health insurance programs:

- Medicaid;
- KidsCare; and
- Medicare Savings Program (MSP).

For a list of Arizona's Medicaid, CHIP and MSP programs, see Chapter 400 - [AHCCCS Medical Assistance Programs](#).

Definitions

Term	Definition
Medicaid	A jointly funded, Federal-State health insurance program. Medicaid provides medical assistance for certain low-income and needy persons.
KidsCare	Arizona's Children's Health Insurance Program (CHIP). This program is for low-income, uninsured children under age 19.
Medicare Savings Program (MSP)	Provides help with Medicare expenses for customers entitled to Medicare Part A.

Legal Authority

This requirement applies to the following program:

The top panel of the manual contains the following icons:

Table of Contents

Search button

Print button

Scroll buttons

-Search- Search Box

The left panel of the manual contains the table of contents and the search button.

The right panel is the main display window for the eligibility policy manual.

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Home > Policy > Chapter 100 AHCCCS Medical Assistance > 101 What is AHCCCS Medical Assistance?

101 What is AHCCCS Medical Assistance?

Revised 10/01/2015

Policy

The Arizona Health Care Cost Containment System (AHCCCS) Medical Assistance was established by the State of Arizona. AHCCCS Medical Assistance provides health care for eligible Arizona residents.

AHCCCS administers Arizona's three main health insurance programs:

- Medicaid
- Medicare Health Insurance Savings Program (MSP).
- Arizona's Children's Health Insurance Program (CHIP).

For a list of Arizona's Medicaid, CHIP and MSP programs, see Chapter 400 - [AHCCCS Medical Assistance Programs](#).

Definitions

Term	Definition
Medicaid	A jointly funded, Federal-State health insurance program. Medicaid provides medical assistance for low-income and needy persons.
KidsCare	Arizona's Children's Health Insurance Program (CHIP). This program provides health insurance for children in families with income up to 200% of the federal poverty level.

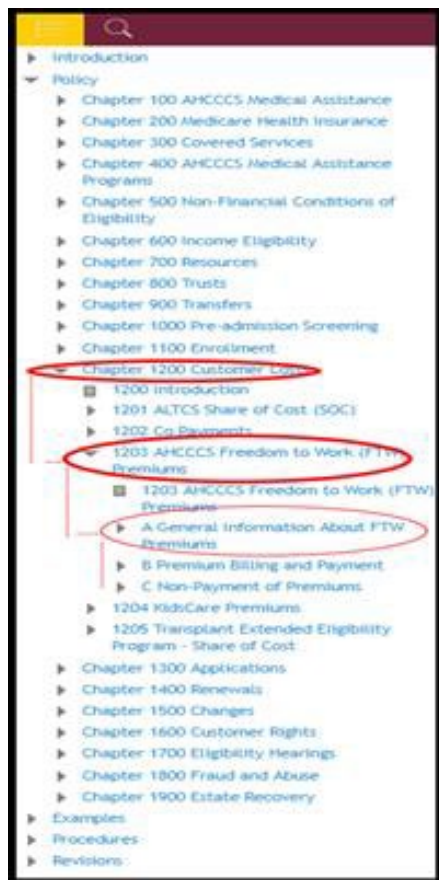
The expand and collapse button allows the user to hide or open the table of contents. This page also provides a secondary navigation at the top of the page.

At the bottom of the page there is a cursor arrow to navigate to the top of the page

Table of Contents

The Table of Contents can be accessed by clicking the "Contents" button, if it's not already displayed. It is organized into three levels. The first two levels are "books" and the third level contains "pages". Books organize content by chapters (1st level) and subchapters/topics (2nd level), while pages contain the actual policy. Clicking on a book will load the pages related to that section of the chapter.

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Search

The search option allows you to find all policy sections that contain a word or phrase. You can use the search button on the left of the screen of the search box. Type the word or phrase you are looking for in the Search field and click enter. (When you start typing a word or topic, a set of suggestions will start appearing and you may not have to enter the full search string).

The screenshot shows a search interface for the Medical Assistance Eligibility Policy Manual. The search term 'STT' is entered in the top right. The left sidebar shows search results, with '7 result(s) found for STT' highlighted. The top result is 'E Special Treatment Trusts and ALTCS Eligibility'. The main content area displays the policy text for 'Special Treatment Trusts (STT)', including a list of three types: 'Trusts for Individuals Under Age 65 with a Disability', 'Income-Only Trusts, and', and 'Pooled Trusts'. Below the text is a table with two columns: 'Condition' and 'Description'.

Condition	Description
Date of creation	The trust must be created on or after August 11, 1993. NOTE A trust created before August 11, 1993 must be dissolved and recreated to qualify as a STT .
Customer as beneficiary	The customer must be designated as the beneficiary of the trust.
AHCCCS as remainder beneficiary	<ul style="list-style-type: none"> Irrevocable trusts must name AHCCCS as the remainder beneficiary upon the death of the customer. Revocable trusts must name AHCCCS as the remainder beneficiary upon the trust being revoked or terminated, or upon the death of the customer.

The results of the search is displayed below the search box. A ranking system displays the most relevant sections first. Click on the title of results you want to look at and the manual section will open in the right panel. Your search term will be highlighted wherever it appears on the page.

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Cash Assistance and Nutrition Assistance Policy

Please see the Cash and Nutrition Assistance Policy Manual located at
<https://DBMEFAAPolicy.azdes.gov> for policy and procedures.

Example

Examples

This page is left intentionally blank.

Click on the next  (arrow) button in the top navigation pane to go to the Examples.

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Introduction

This section provides examples of how policy is applied in various situations. Sections are numbered relating to the MA section the example is for.

E508 Community Spouse Example

Program	Manual Section
ALTCS	MA508

Mrs. Greene is a community spouse living at home.

On July 8th, Mrs. Greene enters a nursing facility. She is discharged on August 28th and returns home. Community spouse rules apply for both July and August since she was living in the community for at least one day in each of those months.

Mrs. Greene is admitted to the nursing facility again on September 11th and does not return home until December 21st. Community spouse rules apply for September since she was living in the community for at least one day in that month. Community spouse rules do not apply for October and November because Mrs. Greene was not living in the community for at least one day in either month. Community spouse policy applies again in December because she returned home during the month.

E524 Qualified Noncitizen for at Least Five Years Examples

Program	Manual Section
ALTCS	MA524B

Calculating total time in a Qualified Noncitizen Status - Examples

1) Customer Has Different Prior Qualified Statuses

A customer applied for Medical Assistance on July 5, 2021. The customer's current noncitizen status is Lawful Permanent Resident (LPR). He was granted LPR status on November 12, 2019. The customer provides information that she originally entered the U.S. as a Parolee. Documentation in the file from a prior application shows he was granted Parolee status on April 4, 2015. Since the customer was granted the Parolee status more than five years in the past, she has met the 5-year bar and can qualify for full AHCCCS MA.

2) Customer had a prior status of battered noncitizen under Violence Against Women Act (VAWA)

A customer applied for Medical Assistance on May 4, 2021. She is currently a Lawful Permanent Resident (LPR) and says she adjusted to that status from Battered Noncitizen. red noncitizen. She provides the following documents:


- LPR card showing a grant date of June 3, 2018;
- Approval of self-petition under the Violence Against Women Act (VAWA) showing an approval date of September 15, 2017; AND
- A notice of "prima facie" approval of a pending self-petition under the Violence Against Women Act (VAWA) dated January 25, 2016.

The SAVE response confirms the current LPR status and grant date. However, her earliest qualified status began on January 25, 2016, with the prima facie approval under VAWA. This date is used to determine the customer has had a qualified noncitizen status for more than five years and can qualify for full AHCCCS MA.

E602 Budget Group Examples

E602 Budget Group Examples

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Click on the next  (arrow) button in the top navigation pane to go to the Chapter subsections.

A MAGI Budget Group Examples

Programs	Manual Section
Caretaker Relative	MA602D
Pregnant Women	
Child	
Adult	
KidsCare	

These examples are divided into five groups based on taxpayer or tax dependent status and age:

- Taxpayer Budget Group
- Tax Dependent Under Age 19 Budget Group
- Tax Dependent Age 19 or Older Budget Group
- Not a Taxpayer or Tax Dependent (under age 19) Budget Group
- Not a Taxpayer or Tax Dependent (age 19 or older) Budget Group

Each section includes budget group examples only for the person in the scenario that meets the rules for that section. The location of any examples for other people in the scenario is listed at the end of the scenario.

Taxpayer Budget Group Examples

1) Married taxpayer filing a joint return

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Mr. and Mrs. Smyth are married but recently separated, and are not living together. They have two children. Jesse is 15 years old and lives with his father. Jamie is 8 years old and lives with her mother. Mr. and Mrs. Smyth plan to file a joint tax return for the current year and claim both children as tax dependents. (see Example #4 for Jesse's and Jamie's budget groups)

The Budget Group for...	Includes...
Mr. Smyth	<ul style="list-style-type: none">• Mr. Smyth (self)• Mrs. Smyth (joint filer)• Jesse (his tax dependent)• Jamie (his tax dependent)
Mrs. Smyth	<ul style="list-style-type: none">• Mrs. Smyth (self)• Mr. Smyth (joint filer)• Jesse (her tax dependent)• Jamie (her tax dependent)

2) Married taxpayer filing separate return

Mr. and Mrs. Jones are married and live together with their 5-year old child, Davy. They plan to file separate tax returns this year. Mrs. Jones will claim Davy as a tax dependent. (see Example #9 for Davy's budget group)

The Budget Group for...	Includes...
Mr. Jones	<ul style="list-style-type: none">• Mr. Jones (self)• Mrs. Jones (spouse in the home)
Mrs. Jones	<ul style="list-style-type: none">• Mrs. Jones (self)• Mr. Smyth (spouse in the home)• Davy (her tax dependent)

3) Unmarried taxpayer claiming dependents

Mr. Webster is divorced and lives alone. He plans to file a tax return for the current year and will claim his 12-year old son, Daniel, as a tax dependent as allowed by the divorce decree. Daniel lives with his mother in Colorado.

The Budget Group for...	Includes...
Mr. Webster	<ul style="list-style-type: none">• Mr. Webster (self)• Daniel (his tax dependent)

Tax Dependent Under Age 19 Budget Group Examples

4) Tax dependent - Example 1

Mr. and Mrs. Smyth are married but recently separated, and are not living together. They have two children. Jesse is 15 years old and lives with his father. Jamie is 8 years old and lives with her mother. Mr. and Mrs. Smyth plan to file a joint tax return for the current year and claim both children as tax dependents. (see Example #1 for the parents' budget groups)

The Budget Group for...	Includes...
Jesse	<ul style="list-style-type: none">• Jesse (self)• Mr. Smyth (taxpayer claiming him)• Mrs. Smyth (taxpayer claiming him)• Jamie (other tax dependent claimed by taxpayers)
Jamie	<ul style="list-style-type: none">• Jamie (self)

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	<ul style="list-style-type: none">• Mr. Smyth (taxpayer claiming him)• Mrs. Smyth (taxpayer claiming him)• Jesse (other tax dependent claimed by taxpayers)
--	---

5) Tax dependent - Example 2

Carrie Nation lives with her 2-year old son Bill and her 8-year old nephew Zane. She plans to file a return for the current year and will claim both Bill and Zane as a tax dependent. Carrie is only applying for Bill. Zane already has coverage through the ALTCS program.

The Budget Group for...	Includes...
Bill	<ul style="list-style-type: none">• Bill (self)• Carrie Nation (taxpayer claiming him)• Zane (other tax dependent claimed by taxpayer)

Tax Dependent Age 19 or Older Budget Group Example

6) Tax dependent over age 19

Mrs. Pond, her 20-year old daughter Amy and Amy's 1-year old son Rory live together. Mrs. Pond plans to file a tax return for the current year and will claim her daughter Amy as a tax dependent. Rory will be claimed by his father who lives in another state. (see Example #8 for Rory's budget group)

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The Budget Group for...	Includes...
Amy	<ul style="list-style-type: none">• Amy (self)• Mrs. Pond (taxpayer claiming her)

Not a Taxpayer or Tax Dependent (under age 19) Budget Group Examples

The following provide examples of budget groups for people who are not taxpayers, are not claimed as a tax dependent, or ARE claimed as tax dependents but meet an exception from using tax dependent rules.

7) Not a taxpayer or claimed as a tax dependent

Archie Andrews, age 17, lives with his mother Sara, his 21-year old brother Max, Max's 2-year old daughter Angel, and his step-father Reggie. No one in the home plans to file a tax return for the current year, and no one is claimed as a tax dependent by someone else.

The Budget Group for...	Includes...
Archie	<ul style="list-style-type: none">• Archie (self)• Sara (mother)• Reggie (step-father)

8) Lives with a parent, but claimed as a tax dependent by a non-custodial parent.

Mrs. Pond, her 20-year old daughter Amy and Amy's 1-year old son Rory live together. Mrs. Pond plans to file a tax return for the current year and will claim her

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daughter Amy as a tax dependent. Rory will be claimed by his father who lives in another state. (see Example #6 for Amy's budget group)

The Budget Group for...	Includes...
Rory	<ul style="list-style-type: none">• Rory (self)• Amy (mother)

9) Claimed as a tax dependent by one parent, but living with more than one parent.

Mr. and Mrs. Jones are married and live together with their 5-year old child, Davy. They plan to file separate tax returns this year. Mrs. Jones will claim Davy as a tax dependent. (see Example #2 for the parents' budget groups)

The Budget Group for...	Includes...
Davy	<ul style="list-style-type: none">• Davy (self)• Mrs. Jones (mother)• Mr. Jones (father)

10) Claimed as a tax dependent by someone other than a spouse or parent.

Mrs. Green lives with her 5-year old granddaughter Sophie. Mrs. Green plans to file a tax return for the current year and will claim Sophie as a dependent.

The Budget Group for...	Includes...
Sophie	<ul style="list-style-type: none">• Sophie (self)

Not a Taxpayer or Tax Dependent (age 19 or older) Budget Group Examples

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11) Not a taxpayer or claimed as a tax dependent

Jonah and his girlfriend Helen are in their twenties. They live together along with Helen's 12-year old child Jasper. No one plans to file a tax return for the current year, nor will they be claimed as dependents by someone else.

The Budget Group for...	Includes...
Jonah	<ul style="list-style-type: none">• Jonah (self)
Helen	<ul style="list-style-type: none">• Helen (self)• Jasper (her child under age 19)

12) Claimed as a tax dependent by someone other than a spouse or parent.

Gladys is 63 years old and lives with her adult daughter Peggy. Peggy plans to file a tax return for the current year, and will claim Gladys as a dependent.

The Budget Group for...	Includes...
Gladys	<ul style="list-style-type: none">• Gladys (self)

13) Pregnant Woman Budget Group

Sarah is pregnant and lives with her daughter Michelle

The Budget Group for...	Includes...
Sarah	<ul style="list-style-type: none">• Sarah (self)• Michelle (Daughter)• Unborn Child

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Michelle	<ul style="list-style-type: none">• Michelle (Self)• Sarah (Mother)
----------	--

B Conflicting Tax Information

Member completes and application online stating she files head of household and claims her 2 children. While working her case, the eligibility worker discovers the children's father (not in the home) has also submitted an application and reports claiming the 2 children. This would require further verification to determine who is actually claiming the children for tax purposes.

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E603 Examples for What is not Income

E603 Examples for What is not Income

Program	Manual Section
All programs	MA603

A Return of an incorrect payment

On January 3rd, the customer receives his regular VA pension check of \$290.00. On January 15th, he gets another check for \$290.00 with a letter saying that his January check was delayed due to a computer error. The customer realizes that the second check was sent by accident and plans to return it.

The second payment is not returned until early April. The customer explains that he was not able to return it sooner due to illness. The return of the second \$290.00 check is verified and the reason for the delay is noted in the file.


B Vendor Payment

The customer is unable to pay his car payment. His sister pays the monthly loan payment for him directly to the lender. The payment is not income to the customer.

E604 Receipt of Income Examples

E604 Receipt of Income Examples

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Click on the next  (arrow) button in the top navigation pane to go to the Chapter subsections.

A Revocably Assigned Income Examples

Program	Manual Section
All programs	MA604B

Examples

1) Flat Rate Insurance Policy

The customer has a flat rate long-term care insurance policy. It pays \$50.00 a day for each day that he is in a nursing facility. The payments are made monthly.

The customer has signed a form that authorizes the insurance company to make the payments directly to the nursing facility. However, he can have the payments sent to himself instead at any time.

The insurance payments are revocably assigned, so they are considered constructively received. The payments are counted as income to the customer, just as if they were sent to him instead of the nursing facility.

2) Disability Insurance

The customer has a disability insurance policy that pays \$2,500 per month. The insurance payment is being paid to the customer's spouse. The customer can have the payments paid to him at any time.

The disability insurance payments are revocably assigned, so they are considered constructively received. The payments are count as income to the customer, not the spouse.

3) Annuity Payments

The customer purchased an irrevocable annuity in 2012 that pays \$1,500 per month. Payments are currently being paid to the customer's son. According to the annuity

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contract, the customer may change who receives payments from the annuity at any time.

The annuity payments are revocably assigned, so they are considered constructively received. The payments are counted as income to the customer. Payments made to the customer's son during the transfer look-back period must be reviewed as potential transfers (MA902A).

B Example Irrevocably and Permanently Assigned Income

Program	Manual Section
ALTCS	MA604.B

Mr. Addams has a flat rate insurance policy. It pays \$50.00 a day for each day that he is in a nursing home. The payments are made monthly.

Mr. Addams irrevocably assigns these monthly insurance payments to the nursing home beginning in the month of November. He cannot change the assignment or get the ongoing payments back.

Any payments Mr. Addams got before November are counted as income in the month he got them. Starting in November, the payments are not counted as income. However, if Mr. Addams is applying for or getting ALTCS, the assignment of the insurance payments is as a transfer.

C Example Irrevocably and Periodically Assigned Income

Program	Manual Section
ALTCS only	MA604.B

Mrs. Addams is an ALTCS customer. She irrevocably assigns her pension payments for January and February of this year to her adult child.

Since only two months of the pension payments were assigned, the payments are considered constructively received for ALTCS. The payments for January and February are counted as income for Mrs. Addams just as if she had actually received them.

D Example Income received on behalf of another person

Program	Manual Section
All programs	MA604.C.2

Ms. Clay and her 17 year-old son live together. Ms. Clay receives Social Security Disability and a Social Security benefit for her son.

Both payments are directly deposited to Ms. Clay's checking account. The Social Security records show that Ms. Clay is the representative payee for her son's Social Security benefits. The son's Social Security benefit deposited into her account is not counted as income for Ms. Clay. It is counted as income for her son.

E Example Five weekly payments received in a month

Program	Manual Section
ALTCS	MA604.E
SSI-MAO	
MSP	
FTW	

Mr. Blythe applies in November. He is working and paid weekly. Mr. Blythe gets five weekly checks in November. The total income from the five checks received in November is more than the income limit. In December and for the next few months, Mr. Blythe will receive four weekly checks. The total income from the four checks he normally gets is less than the income limit.

Mr. Blythe will be denied in November for excess income, and approved for December and ongoing. The worker uses Mr. Blythe's pay schedule to figure out the next month he will get five checks and sets an alert for the month before to review his case.

F Example Three bi-weekly payments received in a month

Program	Manual Section
ALTCS	MA604.E
SSI-MAO	
MSP	
FTW	

Mr. Blythe applies in November. He is working and is paid every other week. Mr. Blythe gets three bi-weekly checks in November. The total income from the three checks received in November is more than the income limit. In December and for the next few months, Mr. Blythe will get two bi-weekly checks. The total income from the two checks he normally gets is less than the income limit.

Mr. Blythe will be denied in November for excess income, and approved for December and ongoing. The worker uses Mr. Blythe's pay schedule to figure out the next month he will get three checks and sets an alert for the month before to review his case.

G Example Contract periods that cover more than one calendar year

Programs	Manual Section
Adult	MA604.F.1
Caretaker Relative	
Child	
Pregnant Woman	
KidsCare	

Mr. Darcy applies in October. He is employed under a contract with a local bank to revise their human resources policy. The contract runs from September 1st through March 31st of the following year. He is paid \$2000 monthly for a total of \$14,000.

He was paid \$2000 in September, and has not been paid yet for October.

The monthly equivalent is calculated by taking the income he will get under the contract from the month he applied through September of the following year.

He will get \$2000 per month for the months of October through March for a total of \$12,000. This amount is divided by 12 to get the monthly equivalent of \$1000.

H Example Contract anticipated to be renewed

Programs	Manual Section
Adult	MA604.F.1
Caretaker Relative	
Child	
Pregnant Woman	
KidsCare	

Mrs. Sheffield applies in March. She is employed under a contract with the school district as a teacher's aide. She has received a contract for the last two years and expects to get a contract for the next school year too.

The contract covers the school year from August 23rd through May 23rd. Mrs. Sheffield will be paid bi-weekly, and the total contract amount is \$24,600.

The monthly equivalent is calculated by taking the anticipated income from the month she applied through February of the following year.

I Example Seasonal income

Programs	Manual Section
Adult	MA604.F.2
Caretaker Relative	
Child	
Pregnant Woman	
KidsCare	

Ms. Argyle has worked at the Honeybaked Ham store every holiday season (from October 1 through December 31) for the last 4 years. On her application, she says that she will be working there again this year.

AZ DOR shows income from this employer only in the 4th quarter of each of the last 4 years. She has earned an average of \$1,200 each year from this seasonal job and expects to make the same amount this year.

The expected annual income of \$1,200 is divided by 12 months to get the monthly equivalent of \$100 per month.

J Example Changes in pay rate

The customer reports receiving a raise in pay from \$9.00 per hour to \$9.50 per hour, however they have not yet received any paystubs with the new pay rate. The customer's normal hours are 30 hours per week, paid bi-weekly, both of which are not expected to change. To forecast the new pay amounts:

- (Normal bi-weekly hours of 30 hours per week) x (2) = 60 hours per pay period
- (60 hours) x (new pay rate of \$9.50 per hour) = new anticipated pay of \$570 per pay period

K Example Changes in work hours

1) Example 1: Paid weekly and work hours vary

The customer reports that their new work hours will vary between 10 and 20 hours per week. Their pay rate is \$8.25 per hour and that will not change. To forecast the new pay amounts:

- Add the range of hours to get the average weekly hours: $(10 + 20) = 30$. Divide by 2 = 15 (Expected averaged weekly hours).
- Multiply by 2 to get the average hours per pay period. $(15 \times 2) = 30$ (Expected averaged bi-weekly hours).
- Multiply by the pay rate to get the new expected bi-weekly pay rate $(30 \times 8.25) = \$247.50$

2) Example 2: Paid semi-monthly and work hours vary

The customer reports that their new work hours will vary between 20 and 25 hours per week. Their pay rate is \$8.25 per hour and that will not change. To forecast the new pay amounts:

- Add the range of hours to get the average weekly hours: $(20 + 25) = 45$. Divide by 2 = 22.5 (Expected averaged weekly hours).
- Multiply by 2.15 to get the average hours per pay period $(22.5 \times 2.15) = 48.37$ (Expected average semi-monthly hours)
- Multiply by the pay rate to get the new expected semi-monthly pay rate $(48.37 \times 8.25) = \$399.05$

L Example Zero pay periods


The customer reports that she get's paid weekly, works on call, and that zero pays are not unusual. She provided 4 weekly paychecks, 1 of which is a zero pay. The gross pay for each of the checks were (check 1 = \$300.00, check 2 = \$290.00, check 3 = \$0.00, and check 4 = \$310.00). To determine the monthly amount to budget for a MAGI program:

- Add all of the pay amounts for the income period ($\$300 + \$290 + \$310$) = \$900
- Divide by the amount of total number of pay periods including the zero pay period ($\$900$ divided by 4) = \$225
- Multiply by 4.3 because she is paid weekly ($\$225 \times 4.3$) = \$967.50 (average monthly amount including the zero pay)

E605 Verifying Income Examples

E605 Verifying Income Examples

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A Examples - Reasonable compatibility

Programs	Manual Section
All programs, except ALTCS	MA605.1

1) Example - Income information is reasonably compatible

Mr. Xavier is 40 years old. He is a single person applying for MA in January 2014. Mr. Xavier lists income of \$1,150 per month from his job on the application. The state hub shows average monthly income of \$1,220 from the job. No other income is found by the state and federal hubs.

Under the Adult Group, the income limit for a budget group of one person is \$1,274 per month. Since both sources of information show that his income is below the limit, Mr. A qualifies for MA no matter which source is used. The difference in the two amounts does not affect eligibility, so it is reasonably compatible.

2) Example - Income information is not reasonably compatible


Mr. Charles is also 40 years old and a single person applying for MA in January 2014. Mr. Charles lists income of \$1,150 per month on the application from his job, but the state hub shows average monthly income from this job is \$2,150. No other income is found by the state and federal hubs.

Under the Adult Group, the income limit for a budget group of one person is \$1,274 per month. Since Mr. Charles says his income is low enough to qualify for MA, but the state hub shows his income is too high to qualify, he will need to provide proof of his current monthly income. The difference in the two amounts could affect eligibility, so it is not reasonably compatible.

E606 Types of Income

E606 Types of Income

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Click on the next  (arrow) button in the top navigation pane to go to the Chapter subsections.

A Allocated Income

Programs	Manual Section
All programs	MA606H

Example	Calculation
<p>Mr. Smith is in a nursing facility and on ALTCS. Mrs. Smith lives at home and is applying for SSI MAO.</p> <ul style="list-style-type: none"> Mr. Smith's gross income is \$745 per month. He pays \$38.50 for health insurance His personal needs allowance (PNA) is \$109.95 His calculated Share of Cost (SOC) is \$0 The calculated CSMIA is \$895 	<p>745.00 (gross income)</p> <p>-109.95 (PNA)</p> <p>- 38.50 (insurance premium)</p> <p>= 596.55 (remaining income)</p> <p>Remaining income is less than the CSMIA. So, the allocated income amount is \$596.55.</p>
<p>Mrs. Jackson is in a nursing facility and on ALTCS. Mr. Jackson lives at home and is applying for MSP.</p> <ul style="list-style-type: none"> Mrs. Jackson's gross income is \$1245 per month Her PNA is 109.95 She pays \$120.00 for health insurance Her calculated SOC is 773.50 The calculated CSMIA is 245.00 	<p>1245.00 (total gross income)</p> <p>-109.95 (PNA)</p> <p>-120.00 (TPL)</p> <p>-770.05 (SOC)</p> <p>= 245.00 (remaining income)</p> <p>Remaining income is less than the CSMIA. So, the allocated income amount is \$245.</p>
<p>Mr. Williams is in an assisted living home and is on ALTCS. Mrs. Williams lives at home and is applying for ALTCS.</p> <ul style="list-style-type: none"> Mr. Williams' gross income is \$3300 	<p>3500.00 (total gross income)</p> <p>-2199.00 (PNA)</p> <p>- 50.00 (TPL)</p>

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<p>per month</p> <ul style="list-style-type: none">• His PNA is \$2199• He pays \$50.00 for TPL• Calculated SOC is \$0• The calculated CSMIA is \$1062	<p>= 1251.00 (remaining income)</p> <p>Remaining income is more than the CSMIA. So, the allocated income amount is the full CSMIA amount of \$1062.</p>
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B Disability Insurance Payments Examples

Programs	Manual Section
All programs	MA606S

1) Reduced Disability Insurance Amount

The customer is out of work and getting short-term disability insurance payments. The proof provided by the insurer shows that he is entitled to a maximum benefit of \$1,250.00 per month. However, he also gets a monthly Social Security Disability payment of \$820.00.

The \$820.00 from Social Security is deducted from the maximum short-term disability benefit, resulting in an actual disability insurance payment of \$430.00. Only the \$430.00 actually paid is considered as disability insurance income.

2) Taxable Disability Insurance Amount (MAGI Only)

The customer is getting long-term disability benefits of \$1,500 per month. The proof provided by the employer shows that the customer's long-term disability premiums were split between the employer and the customer with each paying half. The employee's half of the premiums were paid with after-tax income.

Since half of the premium was paid by the employee with after-tax income, half of the \$1,500 payment is excluded from counting as income. The other half of the payment is counted since the other half of the premium was paid by the employer.

C Indian Gaming Profit Distribution

Programs	Manual Section
All programs	MA606DD

The customer received a quarterly gaming distribution of \$2000 in October from the tribe. Since quarterly payments are based on new gaming profit, we will not know the amount of each payment until after the payments have been received. So, the \$2000 received in October is used to anticipate the amount of the payment that will be received in the next quarter (January).

NOTE For programs where income is not prorated over the months in the quarter and is counted in full for the month it is received, a quarterly payment may put the person over the income limit. If the gaming income puts the customer over the income limit for January, his AHCCCS Medical Assistance will be stopped from January 1 to January 31. His benefits will be reinstated for February 1st.

D Indian Income from Protected Rights and Resources

Programs	Manual Section
All programs	MA606EE

1) Indian Land Lease or Royalty Payments Example

The customer is a tribal member and has an allotment of trust lands. These lands are leased out for livestock grazing, and the customer gets a semi-annual payment of \$4,500 from this lease. The proof received shows that the lands leased are federally-designated trust lands, and the income is not counted when determining the customer's eligibility.

2) Products Harvested Under Protected Rights or from Trust Land Example 1

The customer is a member of a tribe that has federally protected fishing rights. Each year during the spring, he fishes and sells much of the catch. He provides proof from the tribe of his fishing rights, and the income is not counted when determining his eligibility.

3) Products Harvested Under Protected Rights or from Trust Land Example 2

The customer is a member of a tribe with federally protected hunting and gathering rights. She creates and sells artworks and crafts from deer and elk antlers, hide and other products from this hunting. She provides proof of her tribal hunting and gathering rights, and the income is not counted when determining her eligibility.

4) Unique Religious, Spiritual, Traditional, or Cultural Significance Example

The customer gathers and sells herbs and plants for use in traditional tribal ceremonies. She makes between \$200 and \$600 per month from this self-employment. She provides a statement about the spiritual and traditional significance of the plants and herbs for tribal ceremonies. The income is not counted when determining the customer's eligibility.

E Self-Employment Examples

Programs	Manual Section
MAGI programs	MA606CCC

1) Net Loss of Income (MAGI programs only)

The customer's business did not make any profits for the year. The customer gives proof that the business had a loss of \$2,400 for the year. The \$2,400 is divided by 12 to get the monthly amount of loss. The average monthly loss is \$200. This amount is subtracted from the budget group's countable income when determining income eligibility.

2) Net Loss of Income (Non-MAGI programs only)

The customer's business did not make any profits for the year. The customer gives proof that the business had a loss of \$1800 for the year. The \$1800 is divided by 12 to obtain the monthly amount of loss. The average monthly loss is \$150. The income from this business is counted as \$0 when determining the budget group's countable income eligibility for the month.

3) Qualified Joint Venture by a Married Couple (All Programs)

The customer provided two Schedule C Tax forms as proof of income for the business the customer and spouse share. Both the customer and spouse filed taxes as joint owners of the business. Since both customers run the business, they are co-owners and each filed taxes for their part. Income from the business would be counted for each member when determining the budget group's countable income.

4) Non-Standard Self Employment (All Programs)

The customer and her family were part of the Adopt-A-Road program for years while she was in high school. Last year she moved into an apartment with her friends but had trouble finding work. She decided to use her experience as a volunteer and collect cans and other materials she could sell. She does keep regular hours and considers this her job. When she filed taxes, she used Form 1040 and had to attach a Schedule 1 for

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'Other Income'. Even though she did not have a formal business, her self-employment income is countable, and the tax forms may be used as proof.

5) Pro-Rated Monthly amounts (All Programs)

The customer started a business in early September last year. The customer started making money right away and the businesses income has stayed the same ever since. He and his family applied for Medical Assistance in March of this year. The customer explained that the tax forms are the only proof they could give, but that they expected this income to stay about the same month to month. We would use the customer's tax forms to calculate his monthly income from the previous year. By dividing the income and expenses claimed on his tax forms by the number of months (September through December) he was in business.

6) Loan Expenses (Non-MAGI programs only)

The customer and spouse have a mortgage on their farm. The customer is now applying for ALTCS. They give tax documents for the farm as proof of income. The mortgage payments are entered as an expense on the tax documents. For ALTCS, and other Non-MAGI programs, the interest paid on the mortgage is deducted from the income. Payment of the loan principal is not deducted from the income when determining the budget group's countable income.

7) Loan Expenses (MAGI programs only)

The customer owns and operates a small cafe. The business has a mortgage for the land and the building. The customer applies for Medical Assistance in the Adult program. The customer gives tax forms as proof of income. The mortgage is entered as an expense. For Adult and MAGI programs, the full amount of the expense paid for the mortgage is allowed. Both principal and interest are deducted from the income when determining the budget group's countable income.

8) Income is not the same as last year (All Programs)

The customer is self-employed. The customer gives taxes for last year as proof of income. When applying, the customer provided a letter explaining that this income is less than last year. The letter says that the income is about the same every month. The customer is asked to provide proof of the last 30 days of income and expenses for the

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business. This proof will be used when determining her budget group's countable
income for the month.

F Arizona State Retirement System with Health Insurance Supplement Examples

Programs	Manual Section
All programs	MA606TT

Examples

1) The health insurance premium supplement is the same amount as the premium paid.

A pay stub from Arizona State Retirement System (ASRS) shows:

- \$950 gross monthly income;
- \$100 of the gross amount is for a health insurance premium supplement; AND
- \$100 is deducted for a health insurance premium.

$\$950$ (Gross income) - $\$100$ (health insurance premium supplement) = $\$850.00$ countable income.

NOTE For ALTCS, a share of cost deduction would not be allowed for the health insurance because ASRS is paying the entire premium for the customer.

2) The health insurance premium supplement is less than the total premium paid.

A pay stub from Arizona State Retirement System (ASRS) shows:

- \$1200 gross monthly income;
- \$100 of the gross amount is for a health insurance premium supplement; AND
- \$300 is deducted for a health insurance premium.

$\$1200$ (Gross income) - $\$100$ (health insurance supplement) = $\$1100.00$ countable income.

NOTE For ALTCS, only \$200 would be allowed as a share of cost deduction because it is the amount the customer actually pays for the premium.

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3) The health insurance premium supplement is more than the total premium paid.

A pay stub from Arizona State Retirement System (ASRS) shows:

- \$800 gross monthly income;
- \$100 of the gross amount is for a health insurance premium supplement; AND
- \$80 is deducted for a health insurance premium.

\$100 (health insurance supplement)-\$80 (health insurance premium) = \$20 countable from the health insurance supplement. Only an amount up to the premium paid may be deducted from the total income.

\$800 (Gross income) + \$20 (The amount of the supplement that exceeds the total premium paid) = \$820 countable income.

NOTE For ALTCS, a share of cost deduction would not be allowed for the health insurance because ASRS is paying the entire premium for the customer.

G Crowdfunding

Programs	Manual Section
ALTCS	MA606AA
SSI MAO	
MSP	

Examples

1) The customer does not own the crowdfunding account

Joshua Johnson got into a car accident. The injuries caused by the accident made him need nursing home care. Joshua's best friend Sarah created a Gofundme crowdfunding campaign to help pay for Joshua's medical expenses related to the car accident.

Since Joshua is not the owner of the Gofundme campaign, it is not counted as a resource for ALTCS. When the money is given to Joshua, it is a gift/contribution and is counted income for non-MAGI Medical Assistance programs.

2) The customer owns the crowdfunding account

Amanda had a stroke and needed nursing home care. She created a Fundly crowdfunding campaign to help pay for expenses while she is out of work. Since Amanda is the owner of the campaign, any money available to her is counted as a resource for ALTCS. All money raised is countable income for non-MAGI Medical Assistance programs.

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E608 Income Deeming Examples

E608 Income Deeming Examples

Programs	Manual Section
All programs	MA608.B

A Sponsor Deeming - Counting Only Current and Past Quarters

Example

The customer applies for AHCCCS Medical Assistance on May 23rd. Her earnings history from Social Security shows wages earned through December of the previous year and verifies that she has 36 qualifying quarters. She states that she has earned \$4,000 so far since the beginning of the current year.

For the current year, the most quarters for which she can be credited is 2 quarters because May is in the second quarter of the year. The 2 quarters from the current year plus the 36 quarters verified by SSA add up to 38. Since this is less than the 40 quarters needed to be exempt from sponsor deeming, the customer does not have to provide proof of the income earned this year.

NOTE When the fourth quarter of the current year is reached, the customer is potentially eligible for the exemption from sponsor deeming and income for any lag quarters will need to be verified.

E609 Modified Adjusted Gross Income (MAGI) Deductions - Examples

Programs	Manual Section
Caretaker Relative (including TMA and Continued Coverage)	MA609C
Pregnant Woman	
Child	
Adult	
KidsCare	

Examples

The following examples are for several of the most common types of MAGI deductions:

1) Contributions to a Health Savings Account

The customer is employed and has Health Savings Account (HSA) contributions deducted from her paycheck every month. She provided pay stubs verifying the deductions. The amount of the monthly HSA contribution is given as a MAGI deduction.

2) Spousal Support

The customer and his wife both pay spousal support to ex-spouses.

The customer's spousal support agreement was created in 2017 and has not been modified since then. The spousal support he pays every month is allowed as a MAGI deduction.

The customer's current wife also pays spousal support, but the agreement was created in February 2019. The spousal support she pays every month is not allowed as a MAGI deduction.

3) Educator expenses

The customer is a full-time teacher and is claiming educator expenses. He provides a copy of his last tax returns confirming the deduction. He also has receipts for the current year showing \$312.00 in out-of-pocket expenses for class supplies this year. Only \$250.00 of the expenses are allowed as a MAGI deduction. The \$250 is divided by 12 to get a monthly amount for the deduction.

4) Pre-tax deductions from gross income

The customer and her spouse work and both have pre-tax deductions taken from their pay. The customer provides recent paystubs from their jobs.

She is paid bi-weekly and the paystubs show several deductions from gross pay, which are listed in two separate boxes on the paystub. One box is titled "Pretax deductions" and the second box is titled "Other Deductions". The Pretax Deductions box shows deductions for health insurance and retirement totaling \$132.00 per pay period. The customer is given a MAGI deduction for \$132.00 bi-weekly.

The customer's spouse is paid weekly. His paychecks also show multiple deductions, but they are all listed together in one box. However, one deduction for \$28.00 has an asterisk at the end. At the bottom of the paystub, it explains that deductions with an asterisk are taken pretax. The customer's spouse is given a MAGI deduction for \$28.00 weekly.

5) Student loan interest paid

The customer is making monthly student loan payments of \$250.00. The proof shows that \$180.00 of the payment is for the loan principal, and \$70.00 is for the loan interest. The \$70.00 in interest is given as a MAGI deduction.

6) MAGI 5% Disregard - Adult

The customer is a household of one person with no dependents. He only meets the non-financial requirements for the Adult program. He has counted income of \$1,450.00 per month, which is compared to the 2020 income standard for an Adult of \$1,415.00. Since the Adult program is the only program that Andrew might qualify for, the MAGI 5% disregard of \$54.00 is applied.

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After the 5% disregard is applied, the counted income is \$1,396.00. The customer qualifies for the Adult program.

7) MAGI 5% Disregard – Caretaker Relative #1

In October 2020, a married couple apply for themselves. They have six-year old twin children who get SSI-Cash and are already receiving AHCCCS MA.

The parents are filing a joint return and claiming the children. Both parents are under age 65 and do not have Medicare. The family's counted monthly income is \$2,373.00. The parents meet the non-financial requirements for two MAGI programs, the Caretaker Relative and the Adult programs.

The budget group size is four people for both parents. The household income of \$2,373.00 is first compared to the income limit for the Caretaker Relative program for a family of four, which is \$2,315.00. The parents are over the income limit for the Caretaker Relative program. Since they also meet the requirements for the Adult program, the MAGI 5% disregard is not applied to the income test for Caretaker Relative. The household income is then compared to the income limit for the Adult program for a family of four, which is \$2,904.00. The household income is under the Adult limit and the parents qualify for the Adult program. The 5% MAGI Disregard is not applied.

8) MAGI 5% Disregard – Caretaker Relative #2

The customer is 68 years old and has custody of her three grandchildren. She applies for AHCCCS for herself in June 2020. The children are already on AHCCCS. The customer has counted income of \$2,350.00 per month. She will be filing taxes and claiming the three grandchildren as dependents. The customer only meets the non-financial requirements for one MAGI program, the Caretaker Relative Program.

The customer's MAGI budget group includes all four family members. The customer's income of \$2,350.00 is compared to the Caretaker Relative income limit for a household of 4, which is \$2,315.00. Since the Caretaker Relative program is the only program that the customer might qualify for, the MAGI 5% disregard of \$110.00 is applied.

After the 5% disregard is applied, the counted income is \$2,240.00. The customer qualifies for the Caretaker Relative program.

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E610 Examples for Calculating Income Eligibility for ALTCS

E610 Examples for Calculating Income Eligibility for ALTCS

Program	Manual Section
All programs	MA610

A Gross Test Calculation - Non-Community Spouse

Examples

The customer lives with his wife, but they do not meet the community spouse rules. Their two minor children, who are 13 and 15 years old, live with them.

The customer gets Social Security Disability of \$1,000 and a disability pension of \$500 per month. His wife works full time and earns \$4,000 per month.

The two children each get Social Security Survivor's benefits of \$250 per month.

The customer's eligibility is calculated using the steps below:

Step	Action
1	The customer's monthly income is totaled: $\$1000 + \$500 = \mathbf{\$1500}$
2	The total from step 1 is compared to 300% of the FBR. In 2022, 300% FBR = \$2523.00 Because \$1,500.00 is less than 300% of the FBR, the customer is income eligible for ALTCS.

B Gross Income Test Calculation - Community Spouse

Examples

The Community Spouse Gross Income Test can have two parts: community property rules and name-on-check rules.

1) Community Property Rules

The customer lives in a nursing facility and meets the community spouse rules. Her husband lives at home.

The customer gets \$1,200.00 Social Security Retirement and \$200.00 Arizona State Retirement per month. Her husband gets \$1,600.00 Social Security Retirement per month.

First, the gross income test is calculated using community property rules. See the steps below:

Step	Action
1	The gross countable unearned income of both spouses are combined: \$1,400.00 (customer's total countable unearned income) <u>+ \$1,600.00 (spouse's total countable unearned income)</u> =\$3,000.00 total gross countable unearned income
2	The gross countable earned income of both spouses are combined: \$0.00 (customer's total countable earned income) <u>+ \$0.00 (spouse's total countable earned)</u> =\$ 0.00 total gross countable earned income

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3	<p>The combined gross countable unearned income from Step 1 and the combined gross countable earned income from Step 2 are totaled:</p> <p>\$3,000.00 (total gross countable unearned income)</p> <p>+ <u>\$0.00 (total countable earned income)</u></p> <p>= \$3,000.00 total countable income.</p>
4	<p>The total calculated from Step 3 is divided by two:</p> <p>\$3,000.00 / 2 = \$1,500.00.</p>
5	<p>The result from Step 4 is compared to 300% of the FBR.</p> <p>In 2022, 300% FBR = \$2523.00.</p> <p>Because \$1,500.00 is less than \$2523.00, the customer is income eligible for ALTCS using community property rules.</p> <p style="text-align: center;">NOTE When the result from Step 4 is more than 300% FBR, “name-on-check rules” are applied. See MAE610B.2 below.</p>

2) Name on Check Rules

The customer lives with his spouse at home and meets the community spouse rules.

He gets monthly income of \$800.00 Social Security retirement and \$600.00 California State retirement pension. His spouse works full time and earns \$5,000.00 a month in wages.

The community property rules are applied first, then the name-on-check rules:

Step	Action
1	<p>The gross countable unearned income of both spouses is combined:</p> <p>\$1,400.00 (customer’s total countable unearned income)</p> <p>+ <u>\$0.00 (spouse’s total countable unearned income)</u></p> <p>= \$1,400.00 total gross countable unearned income</p>
2	<p>The gross countable earned income of both spouses is combined:</p>

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	<p>\$0.00 (customer's total countable earned income)</p> <p><u>+ \$5,000.00 (spouse's total countable earned)</u></p> <p>= \$5,000.00 total gross countable earned income</p>
3	<p>The combined gross countable unearned income from Step 1 and the combined gross countable earned income from Step 2 is totaled:</p> <p>\$1,400.00 (total gross countable unearned income)</p> <p><u>+ \$5,000.00 (total countable earned income)</u></p> <p>= \$6,400.00 total countable income.</p>
4	<p>The total calculated from Step 3 is divided by two:</p> <p>$\\$6,400.00 / 2 = \\$3,200.00$</p>
5	<p>The result from Step 4 is compared to 300% of the FBR.</p> <p>In 2022, 300% FBR = \$2523.00.</p> <p>Since \$3,200.00 is greater than \$2523.00, the customer is income ineligible for ALTCS using community property rules. Income eligibility must be determined using name on check rules (continue to step 6 below)</p>
6	<p>The customer's counted monthly unearned income and earned income is totaled:</p> <p>\$1,400.00 (customer's total countable unearned income)</p> <p><u>+ \$0.00 (customer's earned income)</u></p> <p>= \$1,400.00 total countable income used for the gross income test.</p>
7	<p>The result from Step 6 is compared to 300% of the FBR:</p> <p>Since \$1,400.00 is less than \$2523.00, the customer is eligible for ALTCS using the name on check rules.</p>

3) Income Ownership

Joint Rental Income Example

The customer and spouse are joint owners of a rental property. Their daughter is the agent for the rental property. The monthly rent paid by the renters of the property is

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\$400.00. The \$400.00 check paid by the renters is made out to the daughter. Although the check is made out to the daughter, the owners of the income are the customer and the spouse. \$200.00 is the customer's income and \$200.00 is the spouse's income.

Jointly Owned Annuity Example:

The customer and spouse are named as the annuitants on an annuity contract. The \$1,000.00 monthly annuity check is made out only in one spouse's name. Because the customer and spouse are both owners of the annuity, \$500.00 is considered the customer's income and \$500.00 is considered the spouse's income.

C Net Income Test Examples

Examples

1) Net Income Test for the Customer Only

The customer is not married and lives in a setting where long-term care services cannot be provided.

She gets monthly income of \$700.00 Social Security Retirement and a \$100.00 VA pension (need-based). She also sells Avon to make extra money and received \$80.00 in the budget month from this part time job.

The customer's eligibility is calculated using the net income test as follows:

Step	Action
1	Calculate net unearned income: \$700.00 (customer's total countable unearned income that is not needs based) <u>-\$0.00 (1/3 child support deduction is not applicable)</u> =\$700.00 (subtotal) <u>-\$20.00 (general income deduction)</u> =\$680.00 (subtotal) <u>+\$100.00 (need-based income)</u> =\$780.00 (net unearned income)
2	Calculate net earned income: \$80.00 (customer's total countable earned income). -\$0.00 (unused portion of the \$20.00 general income deduction) -\$65.00 (standard work expense deduction) <u>-\$0.00 (IRWE deduction)</u>

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	<p>= \$15.00 (subtotal of earned income)</p> <p>- \$7.50 (½ subtotal of earned income)</p> <p><u>- \$0.00 (blind work expense deduction)</u></p> <p>= \$7.50 (net earned income)</p>
3	<p>Calculate total net income:</p> <p>\$780.00 (net unearned income from Step 1 above)</p> <p><u>+ \$7.50 (net earned income from Step 2 above)</u></p> <p>= \$787.50 (subtotal or net income)</p> <p><u>- \$0.00 (no child allocation)</u></p> <p>= \$787.50 (total net income)</p>
4	<p>The result in Step 3 above is compared to 100% of the FBR</p> <p>In 2022, 100% FBR = \$841.00. Because \$787.50 is less than \$841.00, the customer is income eligible for ALTCS using the 100% FBR net test.</p>

2) Net Income Calculation for Customer and Spouse

The customer and his wife live at home with their two-year-old child. The customer has been on ALTCS six months, when the program contractor notifies the office that he is refusing HCBS. The worker determines ALTCS acute care eligibility using the net test.

The customer gets monthly income of \$700.00 Social Security Disability, and his wife works part time and makes \$400.00 per month from her job. The child gets \$250.00 Social Security Survivor benefits.

The customer's eligibility is calculated using the net income test as follows:

Step	Action
1	<p>Calculate net unearned income:</p> <p>\$700.00 (total of the customer's and the spouse's counted unearned income)</p> <p><u>- \$0.00 (1/3 child support deduction not applicable)</u></p>

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	<p>= \$700.00 (subtotal)</p> <p><u>- \$20.00 (general income deduction)</u></p> <p>= \$680.00 (subtotal)</p> <p><u>+ \$0.00 (there is no income based on need)</u></p> <p>= \$680.00 (net unearned income)</p>
2	<p>Calculate net earned income:</p> <p>\$400.00 (total of the customer's and the spouse's counted earned income)</p> <p>- \$0.00 (unused portion of the \$20.00 general income deduction)</p> <p>- \$65.00 (standard work expense deduction)</p> <p><u>- \$0.00 (IRWE deduction)</u></p> <p>= \$335.00 (subtotal of earned income)</p> <p>- \$167.50 (1/2 subtotal of earned income)</p> <p><u>- \$0.00 (blind work expense deduction)</u></p> <p>= \$167.50 (net earned income)</p>
3	<p>Calculate total net income:</p> <p>\$680.00 (net unearned income from Step 1 above)</p> <p><u>+ \$167.50 (net earned income from Step 2 above)</u></p> <p>= \$847.50 (subtotal of net income)</p> <p><u>- \$142.00 (child allocation amount)</u></p> <p>= \$705.50 (total net income)</p>
4	<p>Compare the result in Step 3 above to \$1,261.00 (100% of the FBR for a couple for 2022):</p> <p>Because \$705.50 is less than \$1,261.00, the customer is income eligible for ALTCS.</p>

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3) Calculation for Customer Child and Ineligible Parent

The customer is a 2-year-old child with a developmental disability. She lives with her parents and two minor siblings, aged 5 and 8. She has been on ALTCS benefits for seven months when the program contractor reports that the parents are refusing HCBS services for the customer. The worker determines eligibility for ALTCS acute care using the net test.

None of the children get any income. The customer's father works full time and makes \$4,000.00 per month. Her mother gets a \$400.00 pension payment. The customer's parents are not receiving or applying for SSI or any AHCCCS benefits for themselves.

The customer's eligibility is calculated using the net income test as follows:

1st Process: Determine Child Allocations	
Step	Action
1	Add the child allocation amounts for each other child in the home other than the customer child (see MA609B.8): \$420.00 (child allocation for 5-year-old sibling) <u>+\$420.00 (child allocation for 8-year-old sibling)</u> = \$840.00 (total child allocation)
2nd Process: Deeming Calculation	
Step	Action
2	Subtract the total child allocation from Step 1 from the ineligible parents' unearned income: \$400.00 (total of the ineligible parents' counted unearned income) <u>- \$840.00 (total child allocations from Step 1)</u> = -\$440.00 (remaining unused child allocations) NOTE Since the child allocation amount is higher than the unearned income, the remaining unearned income amount to be deemed from the parents is \$0. The remaining child allocation is carried over to the net earned income calculation.

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3	<p>Calculate ineligible parents' net unearned income:</p> <p>\$0.00 (remaining unearned income amount from Step 2)</p> <p>-\$20.00 (general income deduction)</p> <p>= -\$20.00 (remaining general income deduction)</p> <p>NOTE Since the general income deduction is higher than the remaining unearned income, the unearned income amount to be deemed from the parents is \$0. The remaining general income deduction amount is carried over to the net earned income calculation.</p>
4	<p>Calculate ineligible parents' net earned income:</p> <p>\$4000.00 (Mr. and Mrs. Kay's total earned income)</p> <p>- \$0.00 (student earned income deductions)</p> <p>- \$440.00 (remaining unused child allocation from Step 2)</p> <p>- \$20.00 (remaining unused general income deduction amount)</p> <p>- \$65.00 (standard income deduction)</p> <p>- <u>\$0.00 (IRWE deduction)</u></p> <p>= \$3475.00 (subtotal of earned income)</p> <p>- <u>\$1709.50 (½ subtotal of earned income)</u></p> <p>= \$1709.50 (subtotal of earned income)</p> <p>-\$0.00 (blind work expense deduction)</p> <p>= \$1709.50 (total net earned income)</p>
5	<p>Calculate total net income as follows:</p> <p>\$0.00 (total net unearned income from Step 3)</p> <p><u>+\$1709.50 (total net earned income from Step 4)</u></p> <p>=\$1709.50 (total net income)</p>

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6	<p>Calculate the deemed income from the ineligible parents:</p> <p>\$1709.50 (total net income from Step 5)</p> <p><u>- \$1261.00 (Couple FBR)</u></p> <p>= \$448.50 (amount of deemed income from parents)</p>
3rd Process: Net Income Test Calculation	
Step	Action
7	<p>Calculate the net unearned income:</p> <p>\$0.00 (customer child's own income)</p> <p>+ \$448.50 (deemed income from parents from Step 6)</p> <p>- \$0.00 (1/3 child support deduction – does not apply)</p> <p><u>- \$20.00 (general income deduction)</u></p> <p>= \$428.50 (subtotal unearned income)</p> <p><u>+ \$0.00 (no needs based assistance payments)</u></p> <p>= \$428.50 (net unearned income)</p>
8	<p>Calculate the net earned income:</p> <p>\$0.00 (customer child's counted earned income)</p> <p>- \$0.00 (student earned income deduction is not applicable)</p> <p>- \$0.00 (unused remaining general income deduction from Step 7)</p> <p>- \$0.00 (standard work expense deduction)</p> <p>- \$0.00 (IRWE deduction)</p> <p>- \$0.00 (1/2 subtotal of earned income)</p> <p><u>- \$0.00 (Blind Work Expenses)</u></p> <p>= \$0.00 (net earned income)</p>

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9	<p>Calculate total net income:</p> <p>\$428.50 (net unearned income from Step 7)</p> <p>+ \$0.00 (net earned income from Step 8)</p> <p><u>- \$0.00 (child allocation amount for the customer child's children)</u></p> <p>= \$428.50 (total net income)</p>
10	<p>Compare the total net income from Step 9 to 100% of the FBR.</p> <p>In 2022, 100% FBR = \$841.00.</p> <p>Because \$570.50 is less than \$841.00, the customer is income-eligible for ALTCS using the net test.</p>

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E611 Calculating Income Eligibility for SSI-MAO Examples

E611 Calculating Income Eligibility for SSI-MAO Examples

Programs	Manual Section
SSI MAO	MA611

A Calculation for the Customer Only Examples

Examples

1) Eligible under the 100% FBR Standard

Ms. Fry, a 65-year-old single individual, resides with her two adopted children ages 10 and 12. Ms. Fry applies for AHCCCS Medical Assistance for herself in January 2022.

Ms. Fry receives \$1100.00 Social Security Retirement per month. She also works part-time to make extra money and received \$780.00 in January 2022. The two children do not have any income.

Calculate Ms. Fry's eligibility as follows:

Step	Action
1	Calculate net unearned income: \$1,100.00 (customer's total countable unearned income that is not needs based) <u>-\$0.00 1/3 child support deduction (not applicable)</u> = \$1,100.00 (subtotal) <u>-\$20.00 (general income deduction)</u> = \$1,080.00 (subtotal) <u>+\$0.00 income based on need (not applicable)</u> = \$1,080.00 (net unearned income)
2	Calculate net earned income: \$780.00 customer's total countable earned income -\$0.00 (unused portion of the \$20.00 general income deduction) -\$65.00 (standard work expense deduction) <u>-\$0.00 (IRWE deduction)</u> = \$715.00 (subtotal of earned income) -\$357.50 (one-half of the subtotal of earned income) <u>-\$0.00 (blind work expense deduction)</u> = \$357.50 (net earned income)
3	Calculate total net income: \$1,080.00 (net unearned income from Step 1 above)

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	<p><u>+\$357.50 (net earned income from Step 2 above)</u></p> <p>=\$1,437.50 (subtotal of net income)</p> <p><u>-\$840.00 child allocation (\$420.00 per child, two children)</u></p> <p>=\$597.50 (total net income)</p>
4	<p>Compare the result in Step 3 above to \$841.00 (100% of the FBR for an individual for 2022).</p> <p>Because \$597.50 is less than \$841.00, Ms. Fry is income eligible for AHCCCS Medical Assistance under SSI Non-Cash using the 100% FBR standard.</p>

2) Eligible under the 100% FPL Standard

Mr. Gray is a 70-year-old single individual. Mr. Gray applies for AHCCCS Medical Assistance in February 2022.

Mr. Gray receives monthly income of \$850.00 Social Security retirement. He also works part time and made \$125.00 in February 2022 from his job.

The customer's eligibility is calculated as follows:

Step	Action
1	<p>Calculate net unearned income as follows:</p> <p>\$850.00 customer's total countable unearned income that is not needs based</p> <p><u>-\$0.00 1/3 child support deduction (not applicable)</u></p> <p>=\$850.00 subtotal</p> <p><u>-\$20.00 (general income deduction)</u></p> <p>=\$830.00 subtotal</p> <p><u>-\$0.00 income based on need (not applicable)</u></p> <p>=\$830.00 net unearned income</p>

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2	Calculate net earned income as follows: \$125.00 (customer's total countable earned income) -\$0.00 (unused portion of the \$20.00 general income deduction) -\$65.00 (standard work expense deduction) <u>-\$0.00 (IRWE deduction)</u> = \$60.00 (subtotal of earned income) -\$30.00 (one-half of the subtotal of earned income) <u>-\$0.00 (blind work expense deduction)</u> = \$30.00 (net earned income)
3	Calculate total net income as follows: \$830.00 (net unearned income from Step 1 above) <u>+\$30.00 (net earned income from Step 2 above)</u> = \$860.00 subtotal of net income <u>-\$ 0.00 child allocation (not applicable)</u> = \$860.00 (total net income)
4	Compare the result in Step 3 above to \$841.00 (100% of the FBR for an individual). Because \$860.00 is greater than \$841.00, Mr. Gray is income ineligible for AHCCCS Medical Assistance using the FBR standard. Continue to Step 5 to determine eligibility using the 100% FPL standard.
5	Take the total net income result from Step 3 and add the one-half subtotal of earned income from Step 2 back in: \$860.00 (total net income from FBR test) <u>+\$30.00 (one-half subtotal of earned income)</u> = \$890.00 (total net income)
6	Compare the result in Step 5 above to \$1,133.00 (100% of the FPL for an individual): Because \$890.00 is less than \$1,133.00, Mr. Gray is income eligible for SSI-MAO using the FPL standard.

B Calculation for Customer and Spouse Examples

Examples

1) Eligible under the 100% FBR Standard Example

Mr. May is 70 years old, and lives with his wife, who is 45 years old. Their 10-year-old daughter lives with them. Mr. May applies for AHCCCS Medical Assistance for himself in January 2022.

Mr. May receives monthly income of \$900.00 Social Security retirement. Mrs. May works part time and received \$1000.00 in January 2022. Their daughter does not have any income.

The customer's eligibility is calculated as follows:

Step	Action
1	Calculate net unearned income: \$900.00 total of the customer's and the spouse's counted unearned income <u>-\$0.00 1/3 child support deduction (not applicable)</u> = \$900.00 subtotal <u>-\$20.00 (general income deduction)</u> = \$880.00 subtotal <u>\$0.00 income based on need (not applicable)</u> = \$880.00 net unearned income
2	Calculate net earned income: \$1000.00 (total of the customer's and the spouse's counted earned income) -\$0.00 (unused portion of the \$20.00 general income deduction) -\$65.00 (standard work expense deduction) <u>-\$0.00 (IRWE deduction)</u> = \$935.00 (subtotal of earned income) -\$467.50 (one-half subtotal of earned income) <u>-\$0.00 (blind work expense deduction)</u> = \$467.50 (net earned income)

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3	<p>Calculate total net income:</p> <p>\$880.00 (net unearned income from Step 1 above)</p> <p><u>+\$467.50 (net earned income from Step 2 above)</u></p> <p>=\$1347.50 (subtotal of net income)</p> <p><u>- \$420.00 (child allocation)</u></p> <p>=\$927.50 (total net income)</p>
4	<p>Compare the result in Step 3 above to \$1,261.00 (100% of the FBR for a couple for 2022):</p> <p>Because \$927.50 is less than \$1,261.00, Mr. May is income eligible for SSI-MAO using the 100% FBR standard.</p>

2) Eligible Using FPL Standard Example

Mr. June, a 70-year-old man, lives with his 50-year-old wife. Mr. June applies for AHCCCS Medical Assistance for himself in February 2022.

Mr. June receives monthly income of \$1,300.00 Social Security retirement. Mrs. June has no income.

The customer's eligibility is calculated using the net income test as follows:

Step	Action
1	<p>Calculate net unearned income:</p> <p>\$1,300.00 (total of the customer's and spouse's unearned income)</p> <p><u>-\$0.00 1/3 child support deduction (not applicable)</u></p> <p>=\$1,300.00 (subtotal)</p> <p><u>-\$20.00 (general income deduction)</u></p> <p>=\$1,280.00 (subtotal)</p> <p><u>+\$0.00 no income based on need (not applicable)</u></p> <p>=\$1,280.00 (net unearned income)</p>
2	<p>Calculate net earned income:</p> <p>\$0.00 (total of the customer's and the spouse's counted earned income)</p> <p>-\$0.00 (unused portion of the \$20.00 general income deduction)</p>

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	<p>-\$65.00 (standard work expense deduction)</p> <p><u>-\$0.00 (IRWE deduction)</u></p> <p>=\$0.00 (subtotal of earned income)</p> <p>-\$0.00 (one-half subtotal of earned income)</p> <p><u>-\$0.00 (blind work expense deduction)</u></p> <p>=-\$0.00 (net earned income)</p>
3	<p>Calculate total net income:</p> <p>\$1,280.00 (net unearned income from Step 1 above)</p> <p><u>+\$0.00 (net earned income from Step 2 above)</u></p> <p>=\$1,280.00 (subtotal of net income)</p> <p><u>-\$0.00 child allocation (not applicable)</u></p> <p>=\$1,280.00 (total net income)</p>
4	<p>Compare the result in Step 3 above to \$1,261.00 (100% of the FBR for a couple for 2022):</p> <p>Because \$1,280.00 is greater than \$1,261.00, Mr. June is ineligible using the 100% FBR standard. Continue to Step 5 to determine SSI Non-Cash eligibility using the 100% FPL standard.</p>
5	<p>Take the total net income result from Step 3 and add the one-half subtotal of earned income from Step 2 above:</p> <p>\$1,280.00 (total net income for FBR test)</p> <p><u>+\$0.00 (1/2 subtotal of earned income)</u></p> <p>=\$1,280.00 (total net income)</p>
6	<p>Compare the result in Step 5 above to \$1,526.00 (100% of the FPL for a couple):</p> <p>Because \$1,280.00 is less than \$1,526.00, Mr. June is eligible for SSI-MAO using the FPL standard for a couple.</p>

C Calculation for Customer Child and Ineligible Parents Example

Examples

Mary Kay, a 10-year-old child, lives with her parents, and her two siblings, Hannah, age 2 and Joe, age 5. Mary has been determined disabled by DDSA. She is not eligible for SSI because her resources exceed \$2,000.00. Mary's parents apply for AHCCCS Medical Assistance (MA) for Mary in February 2022.

Mr. Kay, who is 30 years old, works full time and received \$4,800.00 in February 2022. Mrs. Kay receives monthly pension income of \$800.00. None of the three children have any income. Mr. and Mrs. Kay do not receive and are not applying for MA.

Mary Kay's eligibility is calculated as follows:

1st Process: Determine Child Allocations	
Step	Action
1	Add the child allocation amounts for each other child in the home other than the customer child (see MA609B.8): \$420.00 (child allocation for Hannah) <u>+\$420.00 (child allocation for Joe)</u> = \$840.00 (total child allocation)
2nd Process: Deeming Calculation	
Step	Action
2	Subtract the total child allocation from Step 1 from the ineligible parents' unearned income: \$800.00 (total of the ineligible parents' counted unearned income) <u>- \$840.00 (total child allocations from Step 1)</u> = -\$40.00 (remaining unused child allocations) NOTE Since the child allocation amount is higher than the unearned income, the remaining unearned income amount to be deemed from the parents is \$0. The remaining child allocation is carried over to the net earned income calculation.
3	Calculate ineligible parents' net unearned income: \$0.00 (remaining unearned income amount from Step 2)

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	<p><u>-\$20.00 (general income deduction)</u> = -\$20.00 (remaining general income deduction)</p> <p>NOTE Since the general income deduction is higher than the remaining unearned income, the unearned income amount to be deemed from the parents is \$0. The remaining general income deduction amount is carried over to the net earned income calculation.</p>
4	<p>Calculate ineligible parents' net earned income:</p> <p>\$4,800.00 (Mr. and Mrs. Kay's total earned income)</p> <p>- \$0.00 (student earned income deductions)</p> <p>- \$40.00 (remaining unused child allocation from Step 3)</p> <p>- \$20.00 (remaining unused general income deduction amount)</p> <p>- \$65.00 (standard income deduction)</p> <p><u>- \$0.00 (IRWE deduction)</u></p> <p>= \$4,675.00 (subtotal of earned income)</p> <p><u>- \$2337.50 (1/2 subtotal of earned income)</u></p> <p>= \$2,337.50 (subtotal of earned income)</p> <p>- \$0.00 (blind work expense deduction)</p> <p>= \$2,337.50 (total net earned income)</p>
5	<p>Calculate total net income as follows:</p> <p>\$0.00 (total net unearned income from Step 3)</p> <p><u>+\$2,337.50 (total net earned income from Step 4)</u></p> <p>=\$2,337.50 (total net income)</p>
6	<p>Calculate the deemed income from the ineligible parents:</p> <p>\$2,337.50 (total net income from Step 5)</p> <p><u>- \$1,261.00 (100% FBR for a couple for 2022)</u></p> <p>= \$1,076.50 (amount of deemed income from parents)</p>
3rd Process: Net Income Test Calculation	
Step	Action
7	<p>Calculate the net unearned income:</p> <p>\$0.00 (customer child's own income)</p> <p>+ \$1,076.50 (deemed income from parents from Step 6)</p> <p>- \$0.00 (1/3 child support deduction – does not apply)</p>

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	<p>- \$20.00 (general income deduction)</p> <p>= \$1,056.50 (subtotal unearned income)</p> <p>+ \$0.00 (no needs based assistance payments)</p> <p>= \$1,056.50 (net unearned income)</p>
8	<p>Calculate the net earned income:</p> <p>\$0.00 (customer child's counted earned income)</p> <p>- \$0.00 student earned income deduction (not applicable)</p> <p>- \$0.00 (unused remaining general income deduction from Step 7)</p> <p>- \$0.00 (standard work expense deduction)</p> <p>- \$0.00 (IRWE deduction)</p> <p>- \$0.00 (1/2 subtotal of earned income)</p> <p>- \$0.00 (Blind Work Expenses)</p> <p>= \$0.00 (net earned income)</p>
9	<p>Calculate total net income:</p> <p>\$1,056.50 (net unearned income from Step 7)</p> <p>+ \$0.00 (net earned income from Step 8)</p> <p>- \$0.00 (child allocation amount for the customer child's children)</p> <p>= \$1,056.50 (total net income)</p>
10	<p>Compare the total net income from Step 9 to \$841.00 (100% of the FBR for an individual for 2022).</p> <p>Because \$1,056.50 is greater than \$841.00, Mary is income ineligible using the 100% FBR income standard. Continue to Step 11 to determine if she is eligible using the 100% FPL standard.</p>
Net Income Test Using 100% FPL Standard	
FPL Deeming Calculation	
Step	Action
11	<p>Calculate the deemed income from the parents:</p> <p>\$2,337.50 (parents' total net income from Step 5)</p> <p>+ \$2,337.50 (one-half subtotal of earned income from Step 4 added back in)</p> <p>= \$4,675.00 (subtotal total net income)</p> <p>- \$1,526.00 (100% FPL amount for a couple)</p> <p>= \$3,149.00 (amount of deemed income from parents)</p>
3rd Process: Net Income Test Calculation	

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Step	Action
12	Calculate the net unearned income: \$0.00 (customer child's own income) + \$3,149.00 (deemed income from parents from Step 11) - \$0.00 1/3 child support deduction (not applicable) - <u>\$20.00 (general income deduction)</u> = \$3,129.00 (subtotal unearned income) + \$0.00 needs based assistance payments (not applicable) = \$3,129.00 (net unearned income)
13	Calculate the net earned income: \$0.00 (customer child's counted earned income) - \$0.00 (student earned income deduction - not applicable) - \$0.00 (unused remaining general income deduction from Step 7) - \$0.00 (standard work expense deduction) - \$0.00 (IRWE deduction) - <u>\$0.00 (Blind Work Expenses)</u> = \$0.00 (net earned income)
14	Calculate total net income: \$3,129.00 (net unearned income from Step 12) + \$0.00 (net earned income from Step 13) - <u>\$0.00 (child allocation amount for the customer child's children)</u> = \$3,129.00 (total net income)
15	Compare the total net income from Step 14 to \$1,133.00 (100% of the FPL for an individual). Because \$3,203.00 is greater than \$1,133.00, Mary is income ineligible using the 100% FPL income standard.

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E612 MSP Income Eligibility Calculation Examples

E612 MSP Income Eligibility Calculation Examples

Programs	Manual Section
MSP	MA612

A Customer Only Calculation

The customer has Medicare Part A and Part B. The customer receives Social Security Retirement income of \$1,050.00 per month. He also works part time and made \$200.00 in February 2018.

The customer's MSP eligibility is calculated as follows:

Step	Action
1	Calculate net unearned income: \$1,050.00 (customer's countable unearned income that is not needs based) - \$0.00 (1/3 child support deduction is not applicable) <u>- \$20.00 (general income deduction)</u> = \$1,030.00 (subtotal) <u>+ \$0.00 (has no income based on need)</u> = \$1,030.00 (net unearned income)
2	Calculate net earned income: \$200.00 (customer's total countable earned income) - \$0.00 (unused portion of the \$20.00 general income deduction) - \$65.00 (standard work expense deduction) <u>- \$0.00 (IRWE deduction)</u> = \$135.00 (subtotal of earned income) - \$67.50 (1/2 subtotal of earned income) <u>- \$0.00 (blind work expense deduction)</u> = \$67.50 (net earned income)

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3	<p>Calculate total net income:</p> <p>\$1,030.00 (net unearned income from Step 1 above)</p> <p><u>+ \$67.50 (net earned income from Step 2 above)</u></p> <p>= \$1,097.50 (subtotal or net income)</p> <p><u>- \$0.00 (allocation not applicable because the customer has no children)</u></p> <p>= \$1,097.50 (total net income)</p>
4	<p>Compare the result in Step 3 to the MSP for an individual:</p> <p>Because \$1,097.50 is between \$1,012.01 - \$1,214.00 (2018 SLMB FPL Standard), The customer is income eligible for SLMB.</p>

B Customer and Spouse Calculation Example

The customer lives with his wife and their 15-year-old daughter. He has Medicare Part A and Part B, and applies for Medicare Savings Program benefits for himself in April 2013.

The customer gets \$1,600.00 in Social Security Retirement income per month. His wife works and received \$500.00 in April 2018. The customer's daughter has no income of her own.

The customer's eligibility is calculated using the net income test as follows:

Step	Action
1	Calculate net unearned income: \$1,600.00 (customer's total counted unearned income [\$1,600.00] plus the spouse's counted unearned income [\$0.00]) <u>-\$ 0.00 (1/3 child support deduction is not applicable)</u> =\$1,600.00 (subtotal) <u>-\$ 20.00 (general income deduction)</u> =\$1,580.00 (subtotal) <u>+\$ 0.00 (there is no income based on need)</u> =\$1,580.00 (net unearned income)
2	Calculate net earned income: \$ 500.00 (customer's total counted earned income [\$0.00] plus the spouse's counted earned income [\$500.00]) -\$ 0.00 (unused portion of the \$20.00 general income deduction) -\$ 65.00 (\$65.00 work expense deduction)

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	<p><u>-\$ 0.00 (IRWE deduction is not applicable)</u></p> <p>=\$ 435.00 (subtotal of earned income)</p> <p>-\$ 217.50 (1/2 subtotal of earned income)</p> <p><u>-\$ 0.00 (blind work expense deduction is not applicable)</u></p> <p>=\$ 217.50 (net earned income)</p>
3	<p>Calculate total net income:</p> <p>\$1,580.00 (net unearned income from Step 1 above)</p> <p><u>+\$ 217.50 (net earned income from Step 2 above)</u></p> <p>=\$1,797.50 (subtotal of net income)</p> <p>- \$ 376.00 (2018 child allocation of \$376.00 - \$0.00 income = \$376.00)</p> <p>=\$1,421.50 (total net income)</p>
4	<p>Compare the result in Step 3 to the MSP Standards for a couple:</p> <p>Because \$1,421.50 is between \$1,372.01 – 1,646.00 (2018 SLMB FPL Standard for a couple), Mr. Day is income eligible for SLMB.</p>

C Income calculation - Customer child w/ ineligible parents

The customer, Henry, is a 15-year-old child. He lives with his parents and two siblings, Robin and Fred. He has End Stage Renal Disease and receives Medicare Part A and Part B. The customer's parents apply for Medicare Savings Programs for Henry in April 2018.

Henry's father works full time and earned \$3,100.00 in April 2018. Henry's mother gets \$600 per month from Arizona State Retirement. None of the three children have income of their own. Henry's parents are not getting MA and are not applying for MA for themselves.

The customer's eligibility is calculated using the net income test as follows:

1st Process: Determine Child Allocations	
The following steps are used to determine the total amount of the child allocations for the customer's siblings in the household:	
Step	Action
1	Calculate a child allocation separately for each child of the customer's parents in the household (excluding the customer child): Robin's allocation \$ 376.00 (2018 allocation amount) <u>-\$ 0.00 (Robin's income)</u> \$ 376.00 (allocation amount for Robin) Fred Wells allocation \$ 376.00 (2018 allocation amount) <u>-\$ 0.00 (Fred's income)</u> \$ 376.00 (allocation amount for Fred)
2	Combine the individual allocations: \$376.00 (Robin's allocation) <u>+\$376.00 (Fred's allocation)</u>

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	= \$752.00 (total allocation)
2nd Process: Deeming Calculation	
The following steps are used to calculate the amount deemed from the ineligible parent(s) to the customer child:	
Step	Action
3	<p>Calculate remaining unearned income:</p> <p style="padding-left: 40px;">\$600.00 (parents' unearned income)</p> <p style="padding-left: 40px;"><u>- \$752.00 (child allocation amount from Step 2)</u></p> <p>= \$0.00 (with -\$152.00 remaining unused child allocations)</p> <p style="text-align: right;">NOTE The remaining unused child allocation is carried over to Step 4.</p>
4	<p>Calculated remaining earned income:</p> <p style="padding-left: 40px;">\$3,100.00 (parents' earned income)</p> <p style="padding-left: 40px;"><u>- \$ 152.00 (unused child allocation)</u></p> <p>= \$2,948.00 (remaining earned income)</p>
5	<p>Calculate net unearned income of ineligible parent(s):</p> <p style="padding-left: 40px;">\$ 0.00 (remaining unearned income from Step 3 above)</p> <p style="padding-left: 40px;"><u>-\$20.00 (general deduction)</u></p> <p>\$0.00 (with -\$20.00 unused general deduction)</p> <p style="text-align: right;">NOTE The remaining unused general deduction is carried over to Step 6.</p>

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6	<p>Calculate net earned income of ineligible parent(s):</p> <p>\$2,948.00 (remaining earned income from Step 4 above)</p> <p>-\$ 20.00 (unused portion of the \$20.00 deduction)</p> <p>-\$ 65.00 (\$65.00 work expense deduction)</p> <p><u>-\$ 0.00 (Impairment Related Work Expense deduction)</u></p> <p>=\$2,863.00 (subtotal earned income)</p> <p>-\$1,431.50 (1/2 subtotal of earned income)</p> <p><u>-\$ 0.00 (Blind Work Expense deduction)</u></p> <p>=\$1,431.50 (net earned income of ineligible parent(s))</p>
8	<p>Calculate total net income of ineligible parent(s):</p> <p>\$0.00 (net unearned income of ineligible parent(s) from Step 6 above)</p> <p><u>+ \$1,431.50 (net earned income of ineligible parent(s) from Step 7 above)</u></p> <p>=\$1,431.50 (total net income)</p>
9	<p>Determine deemed income from ineligible parent(s):</p> <p>\$1,431.50 (total net income from Step 8 above)</p> <p><u>-\$1,372.00 (2018 couple FPL/two parent allocation)</u></p> <p>\$ 59.50 (amount of deemed income)</p>

3rd Process: Net Income Test Calculation

The steps below are used to calculate the net income used for eligibility:

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Step	Action
10	Calculate the net unearned income: \$ 0.00 (customer child's income) +\$59.50 (deemed income of ineligible parents(s) from Step 9) <u>-\$ 0.00 (1/3 child support deduction does not apply)</u> =\$59.50 (subtotal unearned income) -\$ 20.00 (\$20.00 general deduction) <u>+\$ 0.00 (no needs based assistance payments)</u> =\$39.50 (net unearned income)
11	Calculate net earned income: \$0.00 (total of the customer child's counted earned income [\$0.00]) -\$0.00 (unused portion of the \$20.00 general income deduction) -\$65.00 (\$65.00 work expense deduction) <u>-\$0.00 (IRWE deduction)</u> =\$0.00 (subtotal of earned income) -\$0.00 (1/2 subtotal of earned income) -\$0.00 (blind work expense deduction) <u>-\$0.00 (PAS Deduction)</u> =\$0.00 (net earned income)
12	Calculate total net income: \$39.50 (net unearned income from Step 10 above)

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	<p><u>+\$0.00 (net earned income from Step 11 above)</u></p> <p>=\$39.50 (subtotal of net income)</p> <p><u>0.00 (child allocation amount – customer child does not have dependent children)</u></p> <p>=\$39.50 (total net income)</p>
13	<p>Compare the result in Step 12 to the MSP Standards for an individual:</p> <p>Because \$39.50 is below \$1,012.00 (2018 QMB FPL Standard), the customer qualifies for QMB.</p>

E613 How to Calculate FTW Income Eligibility

Programs	Manual Section
FTW	MA613.3

Mr. Stone is a 45-year-old disabled man. He is quadriplegic. He works full time as a bookkeeper but because he is paralyzed, he requires an attendant care worker and several IRWE items in order to work. He applies for AHCCCS FTW in 4/2012. Mr. Stone also receives a \$100.00 alimony payment each month.

His earned income from his job in 4/2013 is \$3,000.00. His IRWE expenses in order to work were verified to total \$500.00.

The following steps are used to calculate the customer's eligibility using the net income test:

Step	Action
1	The \$100.00 alimony payment is considered unearned income. It is disregarded for income eligibility.
2	Calculate net earned income: \$3,000.00 (customer's total countable earned income) -\$ 20.00 (general income deduction) -\$ 65.00 (\$65.00 work expense deduction) <u>-\$ 500.00 (IRWE deduction)</u> =\$2,415.00 (subtotal of earned income) -\$1,207.50 (½ of subtotal of earned income) <u>-\$ 0.00 (blind work expense deduction)</u>

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	= \$1,207.50 (net earned income)
3	Compare the result in Step 2 above to \$2,394.00 (250% of the FPL): Because \$1,207.50 is less than \$2,394.00, Mr. Stone is income eligible for AHCCCS FTW.

NOTE Mr. Stone is eligible for AHCCCS FTW. If he passes the PAS, he is eligible for ALTCS AHCCCS FTW.

E614 Income of Children and Tax Dependents for MAGI

Programs	Manual Section
Children	MA614
Pregnant Woman	
Caretaker Relative	
TMA – 2nd extension	
Adult	
KidsCare	

1) Counting Income of Children

Mary lives with her daughter, Samantha, age 17 and Samantha's child, Joy, age 1.

Mary is a tax filer and claims her daughter and granddaughter as dependents. Mary earns \$2,200 per month. Her daughter Samantha earns \$300 per month. Samantha's income is expected to be too low to have to file a tax return.

- Mary's budget group = Mary, Samantha, and Joy. Samantha's income is below the tax filing threshold, she is Mary's child, and they are both in the budget group. Since all three conditions are met, Samantha's income is not counted in Mary's budget. Total monthly income counted is \$2,200 (Mary's monthly income).
- Samantha's budget group = Mary, Samantha, and Joy. Samantha's income is below the tax filing threshold, she is Mary's child, and they are both in the budget group. , Since all three conditions are met, Samantha's income is not counted in her own budget. Total monthly income counted is \$2,200 (Mary's monthly income).
- Joy's budget group = Samantha and Joy. Samantha's income is still below the tax filing threshold, and she is under 19, but her parent (Mary) is not part of Joy's budget group. So, Samantha's income is counted in Joy's budget. Total monthly income counted is \$300 (Samantha's monthly income).

2) Counting Income of Tax Dependents

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Allyson (42), is a tax filer and claims her mother June (63), as a tax dependent.


Allyson makes about \$1,300 a month from her job while June's income is \$200 a month from her part-time job. June's income is expected to be too low to have to file a tax return.

- Allyson's budget group = Allyson and June. June is Allyson's tax dependent, her income is below the tax filing threshold, and they are both in the budget group. Since all three conditions are met, June's income is not counted in Allyson's budget. Total monthly income counted is \$1,300.
- June's budget group = June. June is Allyson's tax dependent, her income is still below the tax filing threshold, but Allyson is not part of June's budget group. June's income is counted in her own budget. Total monthly income counted is \$200.

E703 Resource Treatment Examples

E703 Resource Treatment Examples

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Click on the next  (arrow) button in the top navigation pane to go to the Chapter subsections.

A Commingled Funds Examples

Programs	Manual Section
ALTCS	MA703.E

1) Commingled Funds- Example 1

A customer deposits a \$1,000 Social Security check in his checking account. The check includes \$200 for the current month and \$800 for the four months before. The account already contained \$300 in counted funds. The new balance is \$1,300 (\$500 counted, and \$800 excluded retroactive SSA benefits).

- The individual withdraws \$300. This is considered taken from the counted funds. The remaining \$1,000 balance contains the excluded \$800, and the remaining \$200 of counted funds.
- The individual withdraws another \$300. \$200 is considered taken from the remaining counted funds and \$100 from the excluded funds. The balance of \$700 is excluded.
- The individual deposits \$500 from the sale of some furniture, creating a new balance of \$1,200. Only \$700 of the new balance is excluded.

2) Commingling Funds- Example 2

A customer deposits \$200 in excluded funds in a checking account that already contains \$300 in non-excluded funds.

- The individual withdraws \$400. The remaining \$100 is excluded.
- The individual then deposits \$100 in non-excluded funds. Of the resulting \$200 balance, \$100 is excluded.
- The individual next deposits \$100 in excludable funds. Of the new \$300 balance, \$200 is excluded.

B Constructively Received Examples

Programs	Manual Section
ALTCS	MA703.F

1) Retained Ownership of a Bank Account for another person Example

The customer opened a bank account for his nephew and funded it with \$5,000. Even though he put the account in the nephew's name, he still has full control of the account. The resource remains countable to the customer.

2) Uncashed Check Example

A check received by an individual as payment but which is not yet cashed, even six months or more after receipt, is considered constructively received and included in the resource calculation.

3) Irrevocable Assignment Example

Mr. B irrevocably assigns a \$10,000 Certificate of Deposit to his grandchildren. Since the assignment is irrevocable and the CD is no longer available to Mr. B, the \$10,000 assignment is not considered constructively received, but is evaluated as a transfer.

4) Transferred Asset Example

Mr. C assigns a \$5,000 savings account to his brother, and the account is now solely in the brother's name. The account cannot be made available solely due to the customer's action. As a result, the savings account cannot be treated as constructively received but instead is evaluated as a transfer.

5) Refusal of an Inheritance Example

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Mr. D refuses an inheritance that reverts to another individual named in the will and is no longer available. The resource is no longer considered constructively received, but is evaluated as a transfer.

6) Advance Payment Considered a Constructively Received Resource Example

The customer entered a NF on April 15th and applied for ALTCS on April 18th. On April 29th he paid the NF \$5,000. On April 25th the NF had billed the customer for 16 days in April totaling \$2,990 and that payment was due no later than May 5th.

For April, \$2,990 is considered payment of a current bill, but the balance of the payment (\$2,010) is an advance payment and is considered a constructively received resource.

C Long Term Care Partnership Program Exclusion Example

Programs	Manual Section
ALTCS	MA703F


The customer has a qualifying long term care insurance policy. When she enters a nursing home, the policy begins issuing benefits that she uses to pay her nursing home costs.

The customer receives \$80,000 in payments from the LTC policy before applying for ALTCS. As a result, \$80,000 of her resources will not be counted in determining if she is resource eligible for ALTCS. In addition, \$80,000 of any estate she may leave when she dies will be exempt from the Estate Recovery program.

E704 Ownership of Resources

E704 Ownership of Resources

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Click on the next  (arrow) button in the top navigation pane to go to the Chapter subsections.

A Equitable Ownership Example

Programs	Manual Section
ALTCS	MA704C

When asked about any assets held in his name but not listed on the application, the customer states that he holds the title to his son's car.

The customer provides a written statement explaining why the car is in his name but actually belongs to his son. The customer's son could not get a loan to buy the car, which he needs to get to work. The customer took out a loan with his credit union and bought the car on his son's behalf. The son has made all the payments on this loan and has the car in his possession.

The written statement received from the son also confirms the customer's statement. The car is titled to his father since the loan is in his father's name. Once the loan is paid off, title to the car will be transferred to the son.

The worker verifies that there are no payments coming from the customer's account for the car. The customer has proven that he does not have an equitable interest in the car. The son has full equitable ownership. The car is not counted as the customer's resource in the eligibility determination.

B Creating Joint Ownership - Examples

Programs	Manual Section
ALTCS	MA704B
	MA902B

Examples

1) Title of a Resource with "and"

The customer added her cousin to the title on her property because she wanted it to stay in the family after she dies. The new title shows the customer **and** her cousin as the joint owners. Since both the customer and her cousin must agree to sell the property, adding the cousin's name must be evaluated as a 50% transfer.

2) Title of a Resource with "or"

The customer added his brother to the title on his boat. The new title shows the customer **or** his brother as the owners. Since this did not change the customer's ability to sell, transfer, or dispose of the asset, a transfer did not occur. The full value of the boat would be counted as a resource to both the customer and to the brother.

NOTE This example also applies if the title shows "And/Or".

3) Customer was Added to a Resource with "and"

The customer's daughter added the customer's name to her property. The title shows the customer's daughter **and** the customer as joint owners. Since the customer was added to the property as an owner, 50% of the property value is a resource to the customer.

4) Customer was Added to a Resource with "or"

The customer's friend added the customer's name to her property. The title shows the customer's friend **or** the customer as the owners. Since either the customer or the

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customer's friend can sell the property, the full value of the property is a resource to the customer.

NOTE This example also applies if the title shows "And/Or".

C Ownership Involving an Agent Examples

Programs	Manual Section
ALTCS	MA704D

Examples

1) Ownership Involving an Agent - Bank Account

The customer's account lists both her name and her adult child as her Power of Attorney. The account is funded by the customer. The adult child makes withdrawals for the benefit of the customer. The adult child is acting as a fiduciary for her mother. This bank account is a countable resource to the customer.

2) Improperly Titled Asset - Title not corrected

The customer's bank statements show the account is listed in the representative's name only. The representative states all the money in the account belongs to the customer. The bank statements show the customer's income is the only income going into the account. It also shows only the customer's expenses are being paid from this account. The account is owned by the representative because the customer's name is not on the account. The account is not a countable resource to the customer.


3) Properly Titled Asset – Representative acting in a fiduciary manner

The customer owns an out-of-state property. The representative provides a deed showing the property is owned by the customer through their conservator. The deed shows it is the customer's property and the conservator is acting in a fiduciary manner. The property is a countable resource to the customer.

E705 Resource Type Examples

E705 Resource Type Examples

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Click on the next  (arrow) button in the top navigation pane to go to the Chapter subsections.

A Burial Funds Examples

Programs	Manual Section
ALTCS	MA705D

Irrevocable Burial Contract Example

The customer has irrevocably assigned ownership of a life insurance policy to a funeral home to fund a burial contract for himself. The equity value of the life insurance policy is \$3,000.

The burial contract identifies the purchase of \$1,300 of burial space items and \$1,700 of burial services. Since the contract is funded by the irrevocable assignment of a life insurance policy it can be totally excluded. \$1,300 is excluded as Burial Plot Items and \$1,700 is excluded as an Irrevocable Burial Fund.

Burial Funds – Declaratively Designated Burial Funds Examples

1) Burial Fund exclusion effective before the written designation

The customer opened a bank account in 1968 to set aside \$400 for her future burial expenses. She has no irrevocable burial arrangement or other burial fund. She applied for AHCCCS benefits in late January. In February, she completes the DE-157 and lists the date she opened the account in 1968 as the date she considered these funds set aside for burial expenses.

The effective date of the exclusion is January. Her account balance in the month of application is \$1,000. She receives a burial fund exclusion of \$1,000 for the month of January.

2) Burial Fund exclusion effective as of the written designation

The customer applied for ALTCS on November 21st. He has a revocable burial contract valued at \$200. He also has a checking account with a balance of \$1,900. At his interview on December 2nd he reports that on December 1st he decided to use \$1,700 of the money in his checking account to buy a Certificate of Deposit to help cover his burial

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expenses. He completes the DE-157 and states that December 1st is the date he set aside the funds for burial.

Since he already has a revocable burial contract worth \$200, the available burial fund exclusion is \$1,300 (\$1,500 - the \$200 revocable burial contract). \$1,300 of the CD balance is excluded as a designated burial fund beginning with the budget month of December. The remaining \$400 is a counted resource.

3) Burial Fund value in the month of designation

The customer designated her savings account as her burial fund at her interview on November 8. She has no other burial-related resources.

The opening account balance on November 1st was \$1,000. Interest in the amount of \$0.33 was posted to the savings account on November 23rd. The burial fund exclusion is \$1,000.33 because the interest was paid in the month of designation. The savings account is an excluded burial fund beginning with the budget month of November.

4) Revocable Burial Contract Including Burial Plot Items

The customer applied in February and has a single revocable burial contract worth \$4,500.00 that he purchased two years before. Because the resource includes only burial-related resources, it does not have to be separated to allow the Burial Fund Exclusion.

The contract lists \$2,500 in burial services and \$2,000 in burial plot item. The full \$2,000 for the burial plot items are excluded if separately listed and value given. \$1,500 of the contracted burial services is excluded as a burial fund. The remaining \$1,000 is a counted resource. Since the funds were designated by title before the application date and do not need to be separated, the exclusions begin with the application month.

5) Burial Fund co-mingled with other funds

The customer applies in May. She has a bank account of \$1,200. She states that \$500 of the funds in the account is designated for burial, and the remaining \$700 is for living expenses. Since the funds designated for burial expenses are kept in the same account as funds that are not related to burial, the \$500 cannot be excluded as a burial fund. If customer moves the \$500 to a separate account, the exclusion may be given the month the funds are separated.

Interest Earned on Excluded Burial Funds Examples

1) Interest earned by a designated burial fund that is only partly excluded

The customer applied and was approved in May. At the time he applied, he had a bank account for burial expense funds that he designated by title in 2006. The value of the fund in the application month was \$2,102. The burial fund exclusion was \$1,500 and the remaining \$602 is a counted resource. The fund as a whole earns about \$0.30 per month, which the customer leaves in the account. All of the interest earned since May is excluded, even though part of it was generated by the original \$602 that is counted.

2) Value of a designated burial fund after a period of suspension

The customer has an excluded burial fund that was valued at \$1,485 in April 2009 when the exclusion began. In December of the current year he gets a lump sum payment and is over income. Some of the lump sum payment is not spent, and he customer is over the resource limit in January and February. In March, his resources are again under the limit and his eligibility is no longer suspended. Because his eligibility was suspended and not ended, the value of his excluded burial fund remains unchanged at \$1,485 and the interest earned since April 2009 left in the account is also still excluded.

NOTE If the customer had used \$50 of the burial fund to buy groceries in December, the exclusion would have ended effective January. The customer would have to re-designate the funds in the account all over again at the current value.

Additional Funds Placed in a Burial Account Example

The customer has designated a bank account of \$1,000 as a burial fund, and received a Burial Fund Exclusion of \$1,000. Two years later, the customer wants to add to her burial account. Even though her burial account balance is now \$1,050 due to accumulated interest, she may add up to \$500 to the account (the difference between the original designated amount and the maximum of \$1,500).

B Home Property

Programs	Manual Section
ALTCS	MA705K

Life Estate Interest Examples

1) Life Estate Example – Spouse living in Home Property

The customer and his wife own a life estate interest in property. The customer is residing in a Nursing Facility and his wife uses the life estate property as her principle place of residence. The value of the life estate is excluded as a Home Property because the customer's spouse uses the life estate property as her home property.

2) Life Estate Example – Customer is institutionalized, but did not live in the property.

The customer lived in an apartment for years, until he was placed in a nursing facility. After entering the nursing facility, he used \$20,000 of his savings to buy a life estate interest in his son's home.

Since the customer did not live in the son's home before he was institutionalized, the life estate is not excluded as home property.

3) Life Estate Example – Customer is institutionalized, but intends to return to the prior residence

The customer was living in her daughter's home, but had to enter a nursing facility. After entering the nursing facility, she used \$19,000 of her savings to buy a life interest in her daughter's home.

Even though the customer lived in the home before entering the nursing facility, the life estate is not excluded as home property because she did not have an ownership interest in her daughter's home before she was institutionalized.

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Previous Home Property Sold on Contract Example

The customer sold his home under an installment contract. The contract has a principal balance of \$75,000 as of July 1st. On July 10th the buyer makes a principal payment of \$5,000 to the customer.

As of October 31st, the customer has used only \$4,000 of the July payment in connection with purchasing of a new home. The unused \$1,000 principal payment AND the remaining principle balance of the installment contract (\$70,000) are counted as resources effective November 1st.

Home Property Titled to a Trust Example

A customer's home property is titled to a revocable trust. The current market value for the property is \$309,000. The customer owes \$135,500 on the home's mortgage. $\$309,000 - \$135,500 = \$173,500$. The countable equity value for the home property in the trust is \$173,500.

C Property Essential to Self-Support

Programs	Manual Section
ALTCS	MA705S

1) Business Property Example – Used in a trade or employment

The customer and her spouse have a small commercial fishing business. They own a commercial fishing permit granted by the State Commerce Commission, a boat, and fishing tackle. They have been in business since 2002. The Arizona Corporation Commission records show incorporation in 2003. The customer also provided a copy of their most recent business bank statement for proof of income. The bank statement supports the customer's statement that the property is currently in use. Since this is a valid trade or business, the boat, tackle and permit are all excluded as essential to self-support.

2) Rate of Return Example - Non-business property that produces a 6% rate of return

The customer owns a mobile home that he rents out and a small vacant lot that he rents out for event parking. The mobile home has an equity value of \$6,100 and produces net annual rental income of \$1,000. The vacant lot has an equity value of \$4,000 and produces net annual rental income of \$120. Each property's rate of return is calculated separately, as shown below:

Mobile Home - Net annual income of \$1,000 divided by \$6,100 = 16.3% rate of return.

Since the mobile home produces more than a six percent return, \$6,000 of its equity value is excluded. The remaining \$100 is counted.

Vacant Lot – Net annual income of \$120 divided by \$4,000 = 3% rate of return. Since the vacant lot produces less than a six percent return, its equity value of \$4,000 is counted.

3) Rate of Return Example - Non-business property that produces a 6% rate of return

The customer owns an apartment complex with multiple units on the same property. The customer does not actively manage or maintain the property. The apartment complex has a property value of \$200,000.

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The customer receives \$30,000 per year from the apartments. The customer has the following expenses related to the apartment: \$2,500 a year in property taxes, and \$2,500 a year for insurance.

After expenses are accounted for, the customer's net income from the apartments is \$25,000. Net annual income of \$25,000 divided by \$200,000 = 12.5% rate of return. The equity value of the property is reduced by \$6,000.

4) Rate of Return Example- Non-business property that produces a 6% rate of return

Customer owns property with an equity value of \$75,000. The customer has an outstanding agreement with a mining company that they may use the property for mining purposes. This mining company pays the customer \$6,000 per year. Net annual income of \$6,000 divided by \$75,000 = 8% rate of return. This property's equity value is reduced by \$6,000.

5) Property that produces goods or services for the customer's needs

A farmer has a 4-acre lot 5 miles from his house. He raises 3 cows and a garden every year. He sells two of the cows for \$700 each and butchers the remaining cow for personal use. He sells the vegetables once he fills his personal freezers. He makes \$1,200 from selling vegetables. The earnings are reviewed as self-employment income. Since this property is used to produce goods or services for the daily needs of the customer, \$6,000 is deducted from the equity value of the property.

D Promissory Notes, Loans and Property Agreement Examples

Programs	Manual Section
ALTCS	MA705R

1) Customer is the lender of a negotiable property agreement

An ALTCS customer has a property agreement with his cousin. The terms of the contract are as follows:

- The customer's cousin must pay \$1,300 each month to pay the balance of \$150,000 in exchange for the customer's property.
- There is no interest on the amount owed.
- The contract does not state that it is non-negotiable.

According to the payment schedule, \$125,000 is still owed on the property agreement at the time of application. Since the property agreement does not clearly state that it is non-negotiable, the remaining principal balance of \$125,000 is a countable resource to the customer. The \$1,300 payments made to the customer are counted as a resource and not counted as income.

2) Customer is the lender of a non-negotiable promissory note

An ALTCS customer has a promissory note with her grandson. The terms of the promissory note are as follows:

- The customer gave her grandson \$50,000 to help him buy his new home.
- Her grandson will pay \$1,500 each month until the balance is paid.
- The agreement clearly states that it is non-negotiable.

The customer's grandson owes \$15,000 on the note at the time of application. Since the note is clearly identified as non-negotiable, it is a transfer. The customer got \$35,000 as compensation, so the remaining \$15,000 is uncompensated.

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3) Customer is the borrower of a loan agreement (negotiable or non-negotiable)

In the same month as her application, a customer entered a loan agreement with her friend. The terms of the agreement are as follows:

- The customer got \$10,000 cash from her friend to help pay for medical costs
- The customer will pay \$500 a month to her friend until the loan is repaid
- The contact does not state that it is non-negotiable.

The \$10,000 the customer gets from the loan is not counted as income in the month received. Any amount remaining from the loan is counted as a resource in the month after the month she receives the money. The negotiability of the agreement does not affect treatment when the customer is the borrower.

E Stocks and Convertible Virtual Currency Examples

Programs	Manual Section
ALTCS	MA705X

1) Publicly traded stock

The customer gives a stock certificate that shows they own 33 shares of Company X. A search of Yahoo Finance for Cryptocurrencies shows the current share price of Company X has a value of \$10.50. The resource value is \$346.50 (33 shares x \$10.50 Share Price).

2) Stock is held in a private corporation

The customer owns shares of a non-publicly traded stock. The customer gives the stock certificate as proof of ownership. The customer also gives a letter from the accounting department with an estimate of the value of the stock, a detailed explanation of the valuation, and the accounting department managers contact information. The letter from the accounting department is accepted as proof of the resource value.

3) Stock purchases through a broker

The customer has a brokerage account. The account statement shows the customers holdings, including the share price and number of shares held. The most recent account statement is accepted as proof of the resource value.

4) Virtual Currency account

The customer gives an account statement showing they own 40.25 'Virtua Coins' which can be exchanged for US Dollars. The account statement shows the share price, number of shares held, and the value. The most recent account statement is accepted as proof of the resource value.

5) Virtual Currency as part of a portfolio

The customer gives an account statement showing they own an account with multiple convertible virtual currencies. The customer gives an account statement that shows how much of each currency is owned as proof. Each currency is convertible to USD at various exchange rates. The customer holds 3 different virtual currencies in the amount of: 26.35 Virtua Coins, 82 Zebra Dollars, and 1032.5 Litle Coins. Each currency is calculated individually using information found on Yahoo Finance for Cryptocurrencies. The account value is then totaled from the resource value of all the currencies held.

Resource	'Currency Amount' x 'Exchange Price per Unit'		Resource Value
Virtua Coins	26.35 x \$10.00	=	\$263.50
Zebra Dollars	82 x \$75.00	=	\$6,150.00
Litle Coins	1032.5 x \$0.32	=	\$330.40
TOTAL		=	\$6,743.90

F Financial Account Rebuttal Examples

Programs	Manual Section
ALTCS	MA705I

1) Account Ownership Rebuttal Example – Successful rebuttal

The customer is listed on an account with her daughter. The daughter provided a written statement saying the account belongs to her and she makes all the deposits and withdrawals. Her mother was added to the account in case the daughter needed help during an emergency. The customer provided a written statement saying the account is not hers, her money goes into her own account, and she is removing her name. She provided her bank statement to show where her money is deposited. The daughter provided a recent bank statement showing that the customer's name has been removed from the account. The checking account is no longer a resource to the customer.

2) Account Ownership Rebuttal Example - Unsuccessful rebuttal


The customer is listed on an account with her daughter. The daughter provided a written statement saying the account belongs to her and she makes all the deposits and withdrawals. No bank statements were provided. The customer did not provide a written statement or proof of where her money is deposited. The checking account is counted as a resource to the customer.

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E707 Community Spouse Resource Budgeting Examples

E707 Community Spouse Resource Budgeting Examples

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A Ineligible Month in Initial Period Example

Programs	Manual Section
ALTCS	MA707

The customer applies for ALTCS in July. The customer is eligible for ALTCS beginning July 1st. The customer is ineligible for August due to receipt of annually received income, but is eligible again in September. The 12-month count begins July 1st and ends on June 30st of the following year. The ineligible month (August) has no effect on the 12-month count.

B Ending the Initial Period early - Resources increased

Programs	Manual Section
ALTCS	MA707

The customer applies for ALTCS on March 3rd. The couple's CSRD is \$32,000. Initial rules are applied and the customer is approved for ALTCS effective March 1st.

In August of the same year, the customer's wife inherits \$30,000 from her sister's estate. She reports the inheritance and also proves that the other spousal transfers have been completed. The resources in the customer's name are now \$1,500 and his wife has \$60,000. Using initial rules, the couple's combined resources now total \$61,500. Since the CSRD is only \$32,000 the customer is now over resources under initial rules. However using post-initial rules, the customer's resources are under the \$2,000 limit and he is eligible. The initial period is ended early and the customer remains eligible.

C Community Spouse Resource Deduction Examples

Programs	Manual Section
ALTCS	MA707.4

The standards at MA707.2 are used in the CSRD calculation process.

1) Minimum CSRD Example

The calculated CSRA is \$30,000, and the spousal share is \$15,000.

Spousal share	=	\$15,000
Lesser of \$15,000 or \$120,900	=	\$15,000
Greater of \$5,000 or \$24,180	=	\$24,180
CSRD	=	\$24,180

The customer qualifies for the minimum CSRD.

2) Maximum CSRD Example

The calculated CSRA is \$250,000, and the spousal share is \$125,000.

Spousal Share	=	\$125,000
Lesser of \$125,000 or \$120,900	=	\$120,900
Greater of \$120,000 or \$24,180	=	\$120,900
CSRD	=	\$120,900

The customer qualifies for the maximum CSRD.

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3) In Between CSRD Example

The calculated CSRA is \$96,000, and the spousal share is \$48,000.

Spousal share	=	\$48,000
Lesser of \$48,000 or \$120,900	=	\$48,000
Greater of \$48,000 or \$24,180	=	\$48,000
CSRD	=	\$48,000

The customer qualifies for a CSRD between the minimum and maximum amounts.

4) Previously used maximum or minimum CSRD Example

The customer entered a nursing facility on March 3, 1999 and applied for ALTCS benefits on August 15, 1999. The FCPI was established as March 1999.

The couple's countable resources in 03/99 totaled \$180,000 and the spousal share was \$90,000. The customer qualified for the 1999 maximum CSRD of \$81,960. The customer's resources were over the limit and the ALTCS application was denied.

The customer reapplied for ALTCS on February 6, 2013. The \$90,000 spousal share determined for the 1999 resource assessment is now compared to the 2013 CSRD limits. Because the maximum CSRD in 2013 is \$115,920, the entire spousal share of \$90,000 is the new CSRD amount.

5) Recalculation due to an Unreported Resource at Original CSRA Example

The customer requests a resource assessment on July 17. The FCPI is determined to be June of that year. The CSRA is completed and the spousal share is calculated to be \$40,000.

On December 5, the customer applies for ALTCS. The customer's counted resources in December include a \$10,000 Certificate of Deposit (CD) that the customer owned and did not report when the CSRD was calculated in June. The CSRD is re-calculated for June and is determined to be \$45,000.

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D Establishing FCPI Example

Programs	Manual Section
ALTCS	MA707

Mr. and Mrs. R. applied for ALTCS on December 6 and are intending to receive HCBS. Mr. Russ lived in a nursing facility from April 5 through May 10 of the previous year and Mrs. Russ lived in a nursing facility from October 7 through November 12 of the current year. Neither spouse has any earlier periods of institutionalization.

Mr. R's FCPI began April of the previous year and Mrs. R's FCPI began October of the current year. If a resource assessment is needed, it would be completed as of April for Mr. R and as of October for Mrs. R.

E Community Spouse Resource Calculation

Programs	Manual Section
ALTCS	MA707.8

1) Initial Rules Calculation

The customer applies for ALTCS on December 5th. The CSRD is calculated to be \$30,000. In December, the customer's counted resources are \$22,000, and her husband's counted resources are \$13,000. Resources are determined as follows:

The customer's resources in December	\$22,000
The Community Spouse's resources in December	<u>+ \$13,000</u>
Total counted resources	= \$35,000
Community Spouse Resource Deduction (CSRD)	<u>- \$30,000</u>
Total considered resources	= \$5,000

The total counted resources are more than the resource limit of \$2,000, and the customer is not eligible for ALTCS.

2) Post-Initial Rules Calculation

The customer's initial rules period is ending and her eligibility is being redetermined. The couple has completed the spousal transfers, and only a bank account with \$700 remains in the customer's name.

The total counted resources of \$700 are less than the resource limit of \$2,000, and the customer remains eligible for ALTCS.

E802 Non-Special Treatment Trusts Examples

E802 Non-Special Treatment Trusts Examples

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A Non-Special Treatment Trust - Income Examples

Programs	Manual Section
ALTCS	MA802

1) Solely Owned Trust Example – Income higher than disbursement

The customer owns a revocable trust. She gets \$1,200.00 in Social Security income each month, which is direct-deposited into the trust account. In the month that the customer applies for ALTCS, the trustee takes \$1,100.00 out of the trust account and gives it to the customer.

The \$1,200.00 that went into the trust is higher than the \$1,100.00 paid out from the trust. The full \$1,200.00 is counted when determining income eligibility and share of cost.

2) Jointly Owned Trust Example – Income lower than disbursement

The customer and his wife jointly own a revocable trust. Every month the customer's \$1,500.00 Social Security benefit and his wife's \$300.00 pension payment are direct-deposited to the revocable trust account. The trustee takes \$2,000.00 out of the trust account and gives it to the couple. The \$2,000.00 paid out from the trust is higher than the \$1,800.00 that went into the trust. The \$2,000.00 paid out from the trust is counted when determining income eligibility and share of cost.

3) Jointly Owned Trust Example – Income higher than disbursement

The customer and her husband jointly own an irrevocable trust. The customer gets \$1,200.00 Social Security income per month. The customer's husband gets \$500.00 in military retirement pay. Both the Social Security and the military retirement pay are direct-deposited into the trust account.

In the month that the customer applies for ALTCS, the trustee takes \$500.00 out of the trust account to pay the couple's expenses. The total of all income that went into the trust is higher than the amount paid out. The income assigned to the trust is counted when determining income eligibility and share of cost.

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B Calculating Ownership Percent of Trust Assets Example

Programs	Manual Section
ALTCS	MA802


The customer created a trust on 8/31/2003. The trust was initially funded with \$2,000.00 from the customer, \$1,000.00 from the customer's spouse, and \$1,000.00 from the customer's brother. No other money was ever added to the trust. The total amount of money in the trust is \$4,000.00. The customer and spouse own \$3,000.00 between the two of them.

\$3,000.00 divided by \$4,000.00 equals 0.75. The customer's ownership percentage in the trust is 75%.

E803 Special Treatment Trust Examples

E803 Special Treatment Trust Examples

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A STTs and Income Calculations

Programs	Manual Section
ALTCS	MA803E

1) Income Only Trust - Customer in a Nursing Facility

The customer receives a total of \$2,500.00 per month from two pensions. Both pensions are assigned to an income only trust. In 2018, the customer's share of cost (SOC) is \$2,387.50 and his personal needs allowance (PNA) is \$112.50.

The trustee pays the SOC from the trust directly to the nursing facility, and writes a check to the customer for the PNA. There are no other payments made from the trust.

The SOC payment is not counted as income, but the \$112.50 paid to the customer for his personal needs is counted. The customer's total counted income is \$112.50.

2) Income Only Trust – Customer Lives at Home

The customer receives \$2,000.00 from Social Security and \$1,000.00 from a pension. Both the Social Security and the pension are assigned to her Income-Only Trust. In 2018, her SOC is \$750.00, and her PNA \$2,250.00. There are no other payments made from the trust.

The SOC payment is not counted as income, but the \$2,250.00 paid to the customer for her personal needs is counted. The customer's total counted income is 2,250.00.

3) Trust for a Person Under Age 65 with a Disability – Customer child lives with parents

The customer is an eight-year old child living at home with his parents. He does not receive any income of his own. In the past he received a large injury settlement, which was put into a Trust for People Under Age 65 with a Disability. The trustee expects to issue the following payments every month:

- \$15.00 to the customer for spending money;

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- \$400.00 to the customer's mother for his share of the household costs for food and shelter;
- \$150.00 to medical providers for medical supplies;
- \$200.00 to the insurance company to insure the specially equipped van, which is owned by the trust; and
- \$100.00 to the trustee for fees related to administering the trust.

Since only payments for food and shelter or payments made directly to the customer are counted as income when determining ALTCS eligibility, the customer's total counted income is \$415.00.

4) Trust for a Person Under Age 65 with a Disability – Customer lives in a Nursing Facility

The customer lives in a nursing facility and has a Trust for People Under Age 65. Her only income source is \$680 per month in Social Security benefits. Her Social Security income is not assigned to the trust.

The trustee expects to issue two payments each month:

- \$50.00 paid to the grocery store for special foods for the customer; and
- \$125.00 paid to pharmacy for prescriptions, personal care items, and sanitary wipes.

Only the \$50.00 payment for food is counted in determining eligibility. The customer's total counted income is \$680.00 from Social Security plus \$50.00 from the trust for food, for a total of \$730.00.

B Calculating Share of Cost when the Customer has a Special Treatment Trust - Examples

Programs	Manual Section
ALTCS	MA803E

1) Income-Only Trust

The customer lives at home and has two sources of income. His Social Security benefit of \$2,100.00 is assigned to his Income-Only Trust. His pension of \$700.00 is paid directly to him, and is not part of the trust. Both the Social Security and the pension are counted to determine his Share of Cost.

2) Trust for a Person Under Age 65 with a Disability

The customer lives in a nursing facility and has a Trust for a Person Under Age 65 with a Disability. The trust funds are in a brokerage account, and earn \$300.00 each month in interest.

The customer receives monthly income from an annuity and from her Social Security benefits. The annuity payment is \$1,600.00, and is deposited directly into the trust. The Social Security benefit is \$2,000.00 per month, and is paid directly to her.

The interest earned by the trust is not counted for eligibility or Share of Cost. The customer's income from both the annuity and Social Security are counted when determining Share of Cost.

C Special Treatment Trust Anticipated Disbursements Form (DE-312)

Programs	Manual Section
ALTCS	MA803E

These examples are divided by customer situations. In general, the following information applies to every DE-312:

- List ALL 12 months starting with the current month at the time the form is filled out. The row must show the month AND year. For example, “04/2020” or “April 2020” would be acceptable. Writing “April” without the year is not acceptable.
- When amounts do not change from month to month, they must be written in the appropriate space for each month. For example, when a customer pays \$100.00 per month in legal fees, “100.00” will be in the space for legal fees for all 12 months. Writing “100.00” and drawing an arrow or line through the following months is not acceptable.
- When there is income assigned to the trust that is counted in the Share of Cost (SOC) calculation, the SOC must be paid from the trust income.
- Focus on the money going into and coming out of the trust:
 - Income that is not assigned to the trust should not appear on this form.
 - Any disbursement that is automatically deducted from income that is not assigned to the trust should not appear on this form.

1) The trust does not receive income

Sarah is applying for ALTCS in June 2020. Sarah has a special treatment trust which requires a completed Special Treatment Trust Anticipated Disbursements Form (DE-312). She has \$1,500.00 in countable income that is not assigned to the trust. She lives at home and does not have a share of cost.

The only thing titled to the trust is a financial account with \$500,000.00 from a legal settlement.

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Sarah is requesting the following disbursements:

- \$100.00 per month in legal fees for the attorney handling the trust
- \$200.00 per month for personal care services from an AHCCCS-registered provider
- \$500.00 per month for rent
- A one-time disbursement of \$750.00 for the purchase of a prepaid burial plan funded by an irrevocable life insurance policy, to be purchased in August 2020

All the requested disbursements are considered allowable disbursements. Since the \$500.00 is for shelter, it is counted in the income determination. Her total countable income, including income outside the trust, would be \$2,000.00. The other requested disbursements are not counted as income.

The DE-312 should be completed as follows:

Month:	Amounts Provided by Eligibility Specialist	06/2020	07/2020	08/2020	09/2020	10/2020	11/2020
<u>Income Assigned to the Trust:</u>							
The ALTCS Share of Cost (SOC):							

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Legal & Professional Expenses: Related to the trust administration							
<ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 		100.00	100.00	100.00	100.00	100.00	100.00
Medical Insurance:							
Medical Expenses:		200.00	200.00	200.00	200.00	200.00	200.00
Family/Spouse Maintenance:							
Food:*							
Shelter, including room & board:*		500.00	500.00	500.00	500.00	500.00	500.00
Pre-Paid Burial Expenses:(See back page)				750.00			
Payments to the Trust Beneficiary:*							
Entertainment/Vocational Items:							
Transportation:							
Total of all Disbursements:		800.00	800.00	1550.00	800.00	800.00	800.00

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Month:	Amounts Provided by Eligibility Specialist	12/2020	01/2021	02/2021	03/2021	04/2021	05/2021
<u>Income Assigned to the Trust:</u>							
The ALTCS Share of Cost (SOC):							
Legal & Professional Expenses: Related to the trust administration <ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 		100.00	100.00	100.00	100.00	100.00	100.00
Medical Insurance:							
Medical Expenses:		200.00	200.00	200.00	200.00	200.00	200.00
Family/Spouse Maintenance:							
Food:*							
Shelter, including room & board:*		500.00	500.00	500.00	500.00	500.00	500.00
Pre-Paid Burial Expenses:(See back page)							
Payments to the Trust Beneficiary:*							

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Entertainment/Vocational Items:							
Transportation:							
Total of all Disbursements:		800.00	800.00	800.00	800.00	800.00	800.00

2) The trust receives income that is counted in the SOC calculation

Randal is applying for ALTCS in March 2020. Randal has a special treatment trust which requires a completed Special Treatment Trust Anticipated Disbursements Form (DE-312).

Randal:

- Lives in an assisted living home;
- Gets \$1,000.00 per month in Social Security income and \$2,000.00 per month from a pension; and
- Pays \$144.60 for Medicare Part B and \$200.00 per month for other health insurance.

If he is approved for ALTCS, his SOC before the Medicare Buy-in occurs will be **\$306.40**. His SOC after the Medicare buy-in will be **\$451.00**.

His Social Security income is assigned to the trust. The trust is also funded with a financial account with \$20,000.00.

Randal is requesting the following disbursements:

- \$75.00 per month in legal fees for the attorney handling the trust
- \$144.60 for Medicare Part B
- \$200.00 per month for his health insurance
- \$200.00 per month for his visits to the chiropractor that is not covered by insurance

All the requested disbursements are considered allowable disbursements. None of the requested disbursements are counted as income. Since the customer has a SOC and

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the income assigned to the trust is counted for the SOC determination, the SOC must be paid from the trust income.

The DE-312 should be completed as follows:

Month:	Amounts Provided by Eligibility Specialist	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020
<u>Income Assigned to the Trust:</u>		1000.00	1000.00	1000.00	1000.00	1000.00	1000.00
The ALTCS Share of Cost (SOC):	306.40	306.40	306.40	306.40	451.00	451.00	451.00
Legal & Professional Expenses: Related to the trust administration <ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 		75.00	75.00	75.00	75.00	75.00	75.00
Medical Insurance:		344.60	344.60	344.60	200.00	200.00	200.00
Medical Expenses:		200.00	200.00	200.00	200.00	200.00	200.00
Family/Spouse Maintenance:							
Food:*							
Shelter, including room & board:*							

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Pre-Paid Burial Expenses:(See back page)							
Payments to the Trust Beneficiary:*							
Entertainment/Vocational Items:							
Transportation:							
Total of all Disbursements:		926.00	926.00	926.00	926.00	926.00	926.00

Month:	Amounts Provided by Eligibility Specialist	9/2020	10/2020	11/2020	12/2020	01/2021	02/2021
<u>Income Assigned to the Trust:</u>		1000.00	1000.00	1000.00	1000.00	1000.00	1000.00
The ALTCS Share of Cost (SOC):	451.00	451.00	451.00	451.00	451.00	451.00	451.00
Legal & Professional Expenses: Related to the trust administration <ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 		75.00	75.00	75.00	75.00	75.00	75.00
Medical Insurance:		200.00	200.00	200.00	200.00	200.00	200.00

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Medical Expenses:		200.00	200.00	200.00	200.00	200.00	200.00
Family/Spouse Maintenance:							
Food:*							
Shelter, including room & board:*							
Pre-Paid Burial Expenses:(See back page)							
Payments to the Trust Beneficiary:*							
Entertainment/Vocational Items:							
Transportation:							
Total of all Disbursements:		926.00	926.00	926.00	926.00	926.00	926.00

D Income-Only Trust Anticipated Disbursements Form (DE-313)

Programs	Manual Section
ALTCS	MA803E

These examples are divided by customer situations. In general, the following information applies to every DE-313:

- List ALL 12 months starting with the current month at the time the form is filled out. The row must show the month AND year. For example, 04/2020; or April 2020, would be acceptable. Writing “April” without the year is not acceptable.
- When amounts do not change from month to month, they must be written in the appropriate space for each month. For example, when a customer pays \$100.00 per month in health insurance, “100.00” will be in the space for health insurance for all 12 months. Writing “100.00” and drawing an arrow or line through the following months is not acceptable.
- The amount of total disbursements should not be greater than the amount of income assigned to the trust.
- When there is income assigned to the trust that is counted in the Share of Cost (SOC) calculation, the SOC must be paid from the trust income.
- Focus on the money going into and coming out of the trust:
 - Income that is not assigned to the trust should not appear on this form.
 - Any disbursement that is automatically deducted from income that is not assigned to the trust should not appear on this form.

1) The customer has all of their income assigned to the Income-Only Trust and lives in a Home and Community Based Services (HCBS) living arrangement

Kenneth is applying for ALTCS in March 2020. He has an income-only trust.

Kenneth:

- Lives in an assisted living home;

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- Gets \$1,000.00 per month in Social Security income and \$2,000.00 per month from a pension. Both incomes are assigned to the income-only trust; and
- Pays \$144.60 for Medicare Part B and \$200.00 per month for other health insurance.

If he is approved for ALTCS, his SOC before the Medicare Buy-in occurs will be **\$306.40**. His SOC after the Medicare buy-in will be **\$451.00**.

The DE-313 should be completed as follows:

Month:	Amounts Provided by Eligibility Specialist	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020
<u>Income Assigned to the Trust:</u>	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00
The ALTCS Share of Cost (SOC):	306.40	306.40	306.40	306.40	451.00	451.00	451.00
Personal Needs Allowance:*	2349.00	2349.00	2349.00	2349.00	2349.00	2349.00	2349.00
Legal & Professional Expenses: Related to the trust administration <ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 							
Medical Insurance:	344.60	344.60	344.60	344.60	200.00	200.00	200.00
Medical Expenses:							

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Family/Spouse Maintenance:							
Food:*							
Shelter, including room & board:*							
Pre-Paid Burial Expenses:(See back page)							
Payments to the Trust Beneficiary:*							
Entertainment/Vocational Items:							
Transportation:							
Total of all Disbursements:	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00

Month:	Amounts Provided by Eligibility Specialist	09/2020	10/2020	11/2020	12/2020	01/2021	02/2021
<u>Income Assigned to the Trust:</u>	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00
The ALTCS Share of Cost (SOC):	451.00	451.00	451.00	451.00	451.00	451.00	451.00
Personal Needs Allowance:*	2349.00	2349.00	2349.00	2349.00	2349.00	2349.00	2349.00

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Legal & Professional Expenses: Related to the trust administration							
<ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 							
Medical Insurance:	200.00	200.00	200.00	200.00	200.00	200.00	200.00
Medical Expenses:							
Family/Spouse Maintenance:							
Food:*							
Shelter, including room & board:*							
Pre-Paid Burial Expenses:(See back page)							
Payments to the Trust Beneficiary:*							
Entertainment/Vocational Items:							
Transportation:							
Total of all Disbursements:	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00

2) The customer has income both inside and outside the Income-Only trust and lives in a HCBS living arrangement

Effective until 2022-01-30

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Liz is applying for ALTCS in March 2020. She has an income-only trust.

Liz:

- Lives in an assisted living home;
- Gets \$4,000.00 per month in annuity income that is assigned to the trust;
- Gets \$1,000.00 per month from Social Security that is NOT assigned to the trust; and
- Pays \$144.60 for Medicare Part B and \$100.00 for a Medicare supplement plan. Both payments are automatically deducted from the customer's Social Security payment.

If she is approved for ALTCS, her SOC before the Medicare Buy-in occurs will be **\$2,406.40**. Her SOC after the Medicare buy-in will be **\$2,551.00**.

Since the deductions for Medicare Part B and the supplemental plan are deducted from an income that is outside of the trust, the health insurance premiums should not appear on the form.

The DE-313 should be completed as follows:

NOTE The income outside the trust (\$1,000.00) plus the countable Personal Needs Allowance disbursement (\$1,349.00) equals \$2,349.00, which is the income limit for 2020. Any additional countable disbursements would put the customer over the income limit. If the trustee wanted to disburse the \$244.60 left over in the trust in March 2020, the disbursement would have to be a type of disbursement that is not countable, such as legal or professional expenses.

Month:	Amounts Provided by Eligibility Specialist	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020
<u>Income Assigned to the Trust:</u>	4000.00	4000.00	4000.00	4000.00	4000.00	4000.00	4000.00
The ALTCS Share of Cost (SOC):	2406.40	2406.40	2406.40	2406.40	2551.00	2551.00	2551.00

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Personal Needs Allowance:*	1349.00	1349.00	1349.00	1349.00	1349.00	1349.00	1349.00
Legal & Professional Expenses: Related to the trust administration <ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 							
Medical Insurance:							
Medical Expenses:							
Family/Spouse Maintenance:							
Food:*							
Shelter, including room & board:*							
Pre-Paid Burial Expenses:(See back page)							
Payments to the Trust Beneficiary:*							
Entertainment/Vocational Items:							
Transportation:							
Total of all Disbursements:	3755.40	3755.40	3755.40	3755.40	3900.00	3900.00	3900.00

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Month:	Amounts Provided by Eligibility Specialist	09/2020	10/2020	11/2020	12/2020	01/2021	02/2021
<u>Income Assigned to the Trust:</u>	4000.00	4000.00	4000.00	4000.00	4000.00	4000.00	4000.00
The ALTCS Share of Cost (SOC):	2551.00	2551.00	2551.00	2551.00	2551.00	2551.00	2551.00
Personal Needs Allowance:*	1349.00	1349.00	1349.00	1349.00	1349.00	1349.00	1349.00
Legal & Professional Expenses: Related to the trust administration <ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 							
Medical Insurance:							
Medical Expenses:							
Family/Spouse Maintenance:							
Food:*							
Shelter, including room & board:*							
Pre-Paid Burial Expenses:(See back page)							

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Payments to the Trust Beneficiary.*							
Entertainment/Vocational Items:							
Transportation:							
Total of all Disbursements:	3900.00	3900.00	3900.00	3900.00	3900.00	3900.00	3900.00

3) The customer has all income assigned to the trust and lives in a long term care medical institution

Luke is applying for ALTCS in March 2020. He has an income-only trust.

Luke:

- Lives in a nursing facility;
- Gets \$1,000.00 per month in Social Security income and \$2,000.00 per month from a pension. Both incomes are assigned to the income-only trust; and
- Pays \$144.60 for Medicare Part B and \$200.00 per month for other health insurance.

If he is approved for ALTCS, his SOC before the Medicare Buy-in occurs will be **\$2,537.95**. His SOC after the Medicare buy-in will be **\$2,682.55**.

The DE-313 should be completed as follows:

Month:	Amounts Provided by Eligibility Specialist	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020
<u>Income Assigned to the Trust:</u>	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00
The ALTCS Share of Cost (SOC):	2537.95	2537.95	2537.95	2537.95	2682.55	2682.55	2682.55

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Personal Needs Allowance:*	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Legal & Professional Expenses: Related to the trust administration <ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 							
Medical Insurance:	344.60	344.60	344.60	344.60	200.00	200.00	200.00
Medical Expenses:							
Family/Spouse Maintenance:							
Food:*							
Shelter, including room & board:*							
Pre-Paid Burial Expenses:(See back page)							
Payments to the Trust Beneficiary:*							
Entertainment/Vocational Items:							
Transportation:							
Total of all Disbursements:	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00

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Month:	Amounts Provided by Eligibility Specialist	09/2020	10/2020	11/2020	12/2020	01/2021	02/2021
<u>Income Assigned to the Trust:</u>	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00
The ALTCS Share of Cost (SOC):	2682.55	2682.55	2682.55	2682.55	2682.55	2682.55	2682.55
Personal Needs Allowance:*	117.45	117.45	117.45	117.45	117.45	117.45	117.45
Legal & Professional Expenses: Related to the trust administration <ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 							
Medical Insurance:	200.00	200.00	200.00	200.00	200.00	200.00	200.00
Medical Expenses:							
Family/Spouse Maintenance:							
Food:*							
Shelter, including room & board:*							
Pre-Paid Burial Expenses:(See back page)							

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Payments to the Trust Beneficiary.*							
Entertainment/Vocational Items:							
Transportation:							
Total of all Disbursements:	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00	3000.00

4) The customer has income both inside and outside the Income-Only Trust and lives in a long term care medical institution

Penny is applying for ALTCS in March 2020. She has an income-only trust.

Penny:

- Lives in a nursing facility;
- Gets \$2,000.00 per month in annuity income that is assigned to the trust;
- Gets \$800.00 per month from Social Security that is NOT assigned to the trust; and
- Pays \$144.60 for Medicare Part B which is automatically deducted from the customer’s Social Security payment.

If she is approved for ALTCS, her SOC before the Medicare Buy-in occurs will be **\$2,537.95**. Her SOC after the Medicare buy-in will be **\$2,682.55**.

Since the SOC amount is greater than the amount going into the trust, the only allowable disbursement will be for the SOC. The SOC must be paid from the income going into the trust. The remaining amount due for the SOC will have to be paid from the customer’s income outside the trust.

The DE-313 should be completed as follows:

Month:	Amounts Provided by Eligibility Specialist	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020

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<u>Income Assigned to the Trust:</u>	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00
The ALTCS Share of Cost (SOC):	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00
Personal Needs Allowance:*							
Legal & Professional Expenses: Related to the trust administration <ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 							
Medical Insurance:							
Medical Expenses:							
Family/Spouse Maintenance:							
Food:*							
Shelter, including room & board:*							
Pre-Paid Burial Expenses:(See back page)							
Payments to the Trust Beneficiary:*							
Entertainment/Vocational Items:							

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Transportation:							
Total of all Disbursements:	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00

Month:	Amounts Provided by Eligibility Specialist	09/2020	10/2020	11/2020	12/2020	01/2021	02/2021
<u>Income Assigned to the Trust:</u>	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00
The ALTCS Share of Cost (SOC):	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00
Personal Needs Allowance:*							
Legal & Professional Expenses: Related to the trust administration <ul style="list-style-type: none"> • Trust taxes • Investment and accounting fees • Trustee and attorney fees • Guardian and Conservator fees 							
Medical Insurance:							
Medical Expenses:							
Family/Spouse Maintenance:							
Food:*							

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Shelter, including room & board:*							
Pre-Paid Burial Expenses:(See back page)							
Payments to the Trust Beneficiary:*							
Entertainment/Vocational Items:							
Transportation:							
Total of all Disbursements:	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00

E STT Disbursement Request Examples

Programs	Manual Section
ALTCS	MA803E

1) Customer's portion of expenses

Jeffrey has Arizona Long Term Care System (ALTCS) benefits and has a special treatment trust. His rent is \$1500 a month and he has two roommates. He wants to disburse \$1500 a month to pay rent.

Only the customer's share of the expense may be paid from the trust. $\$1500/3$ people in the home = \$500 per person. Only \$500 is allowed to be disbursed from the trust.

2) Remodel and Home is not in Trust

Jessica has Arizona Long Term Care System (ALTCS) benefits and has a trust for people under age 65 with a disability. She owns her home, but it is not titled to the trust. She requests a one-time disbursement for a full kitchen remodel. The remodel of the kitchen is cosmetic and is not needed for her to be able to use it.

Since the home is not titled to the trust, the one-time trust disbursement would not be approved.

3) Vacation Expenses

Bryce has Arizona Long Term Care System (ALTCS) benefits and has a Pooled trust. The trustee submits a one-time disbursement request for the following expenses:

- Airfare for Bryce, his caregiver, and his best friend to travel to Florida;
- Hotel stay for 3 days; and
- Tickets for Bryce, his caregiver, and best friend to go to an amusement park.

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Disbursements for vacations are allowable as entertainment expenses. However, only expenses for the customer and one caregiver may be approved. Any portion of the disbursement request for the customer's best friend would not be approved.

4) Reimburse Trustee

Michelle has Arizona Long Term Care System (ALTCS) benefits and has a trust for people under age 65 with a disability. James is the trustee of Michelle's trust. James submitted a one-time disbursement request to reimburse himself for moving expenses he paid on Michelle's behalf.

Reimbursements to trustees are not allowable disbursements from special treatment trusts. The disbursement would not be approved.

5) Credit Card Bill

Jeff has Arizona Long Term Care System (ALTCS) benefits and has a Pooled trust. Jeff requests a one-time disbursement to pay off a credit card. Payments on past debts are not allowable trust disbursements. The disbursement would not be approved.

6) The customer has income both inside and outside the Income-Only Trust and lives in a long term care medical institution

Mary has Arizona Long Term Care System (ALTCS) benefits and has an Income-Only Trust (IOT). She submitted a new Income-Only Trust Anticipated Disbursements (DE-313) form requesting an ongoing disbursement of \$200 for health insurance. The health insurance bill shows that \$50 of the payment would cover her spouse's health insurance.

Only the customer's portion of the health insurance premium may be disbursed from the IOT. $\$200 - \$50 = \$150$ would be approved as an ongoing trust disbursement.

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E901 Transfer Overview Examples

E901 Transfer Overview Examples

Programs	Manual Section
ALTCS	MA901

A Establishing the Look Back Period

Example:

The customer applied for ALTCS for the first time on October 18, 2015. During the application process, it is discovered that he gave a vacation property to each of his children on their 30th birthdays. His oldest daughter turned 30 in June 2010, and the customer transferred the title to her on June 17, 2010. His other daughter turned 30 in August 2012, and he transferred the title to the second property to her on August 3rd, 2012.

The customer's look back period goes back to 10/1/2010.

Since the earliest transfer to the oldest daughter happened before 10/1/2010, it is before the look-back period. The second transfer is after 10/1/2010 and must be evaluated as a transfer.

B Previous penalty period in effect at new application

Example:

The customer and his spouse transfer their home property to their daughter and their vacation home to their son in May 2009.

The customer applies and is approved for ALTCS in February 2010 and is assessed a penalty period of 80 months for the two transfers, beginning 02/01/2010 and ending 9/30/2016.

The customer receives ALTCS Acute for 12 months, but his eligibility is discontinued when he does not complete the renewal process in February 2011.

In October 2015, the customer reapplies for ALTCS. Because a penalty period was established by the earlier application and has not ended, the remaining penalty period of 12 months ending 9/30/2016 applies to this application, even though the transfer date is before the look-back date for his new application in 10/2015.

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E902 Transfers That May Affect Eligibility Examples

E902 Transfers That May Affect Eligibility Examples

Programs	Manual Section
ALTCS	MA902

A Annuities that are Compensated Transfers

Examples

1) Example 1

The customer invested in a ROTH IRA while he was working.

It was converted to an irrevocable annuity when he retired in August and named AHCCCS as the beneficiary.

Since the annuity meets the conditions of naming AHCCCS as the primary beneficiary and was created using funds in a ROTH IRA, the annuity is considered a compensated transfer.

2) Example 2

The community spouse used \$126,500 of the couple's resources to purchase a 9-year period-certain immediate annuity from a life insurance company. The community spouse is the annuitant. The annuity names AHCCCS as the beneficiary in the position after the institutionalized spouse.

The community spouse was 74-years-old on the date the annuity was purchased and according to the SSA Period Life Table had a life expectancy of 9.75 years or 117 months.

The annuity will issue regular monthly checks of \$1,488.75 for a set period of 9 years or 108 total months. The insurance company will pay out a total of \$160,785.00 over the period of the annuity contract.

Since the annuity meets all of the following requirements, it is a compensated transfer:

- Names AHCCCS as the beneficiary;
- Purchased from a life insurance company;
- Issuing regular monthly payments; and
- Will provide for full return of principal and interest during the community spouse's life expectancy.

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Effective until 2022-01-30

B Annuity that is an Uncompensated Transfer

Example

The customer applied for ALTCS and used \$20,000 of his resources to purchase an immediate annuity from the ABC Insurance Company. The annuity does not name AHCCCS as the primary beneficiary.

The contract date is 9/15 and the first payment will be issued on 10/15.

The annuity will issue payments of \$200 per month for 10 years in 120 monthly payments. This would result in a return of \$24,000 over the period of the contract.

The customer is currently 79-years-old and has a life expectancy of 7.40 years or 88.8 months. At \$200 per month, the contract will pay out \$17,600 over the customer's life expectancy.

In this example, the annuity was purchased from a life insurance company, will issue regular monthly payments and is currently issuing payments.

However, the annuity does not meet the requirements to name AHCCCS as the primary beneficiary and does not provide for full return of principal and interest during the customer's life expectancy. The full purchase price of the annuity is a transfer with uncompensated value.

C Oral loan payments made more than a year after the agreement

Example:

The customer borrowed \$25,000 from his sister on April 11, 2013. They had an oral loan agreement that the customer would pay back the full amount in 10 monthly installments of \$2,500 beginning in May 2013.

The customer missed a few payments and still owed his sister \$7,500 on April 10, 2014; the end of the one-year period. He paid her \$2,500 in May 2014 and \$5,000 in July 2014, after the oral agreement was no longer valid.

The \$7,500 the customer repaid his sister after the loan was no longer valid is considered a transfer with uncompensated value.

D Transfers to an Income Only Trust (IOT)

Example

The customer receives \$1,600 in monthly income that is assigned to his IOT. The trustee issues \$1,500 for the benefit of the customer. The \$100 that was not disbursed is considered a transfer.

E Transfer to a Revocable Trust Example

Example

The customer has a revocable trust with a corpus of \$300,000. Under the terms of the revocable trust, the Trustee has complete discretion in disbursing funds from the trust. Each month the Trustee disburses \$100 to the customer as an allowance and \$500 to a property management firm for the upkeep of the customer's home from the income earned by the trust.

On June 15, 2015, the Trustee gives \$250,000 from the trust corpus to the customer's brother. In September 2015, the customer applies for ALTCS benefits and is approved.

The \$250,000 from the trust was given away by the trustee within the 60-month look-back period, and is evaluated as a transfer with uncompensated value and a transfer penalty is imposed, beginning September 1, 2015.

NOTE Since the trust is revocable, the entire remaining value of the corpus is a counted resource. In this case the remaining \$50,000 is counted. The \$100 personal allowance and the \$500 for upkeep of the home property are treated as counted income since they are being paid from the trust income.

F Transfer to an Irrevocable Trust Example

Examples

1) Trustee has discretion to issue disbursements for the customer

The customer established an irrevocable trust with a corpus of \$300,000 on March 1, 2009. He enters a nursing facility on August 15, 2015, and applies for ALTCS benefits that month.

On January 15, 2010, the Trustee gave \$100,000 from the trust corpus to the customer's brother.

Under the terms of the irrevocable trust, the Trustee has complete discretion to disburse the entire trust corpus and all income from the trust to anyone, including the customer. Each month the Trustee disburses \$100 to the customer as an allowance and \$500 to a property management firm for the upkeep of the customer's home. This money comes from interest earned by the trust corpus.

The \$100,000 gift to the customer's brother is evaluated as a transfer with uncompensated value. However, the transfer was made before the look-back period begin date of 8/1/2010, and a transfer penalty period is not imposed.

NOTE Since the trustee has discretion to disburse the entire trust corpus to the customer, the entire remaining value of the corpus is a counted resource. In this case the remaining \$200,000 is counted. The \$100 personal allowance and the \$500 for upkeep of the home property are treated as counted income since they are being paid from the trust income.

2) Trust Corpus is unavailable to the customer

The customer established an irrevocable trust with a corpus of \$350,000 on April 15, 2012. He enters a nursing facility on November 15, 2015, and applies for ALTCS benefits that month.

On January 15, 2015, the Trustee gave \$100,000 from the trust corpus to the customer's brother.

Under the terms of the irrevocable trust, the Trustee cannot disburse any of the trust corpus to the customer. The trust terms do allow the Trustee to make disbursements to

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the customer from the trust income. Each month the Trustee disburses \$100 to the customer as an allowance and \$200 for the customer's car payment.

Since none of the corpus can be disbursed to the customer, the entire value of the trust corpus at the time it became irrevocable is evaluated as a transfer with uncompensated value. The date of the transfer into the trust is within 60-month look-back period. An uncompensated transfer of \$350,000 occurred on 4/15/2012. The fact that \$100,000 of those funds was later transferred out of the trust to the customer's brother does not change the amount of the transfer on which the penalty is based. That amount remains \$350,000.

NOTE The \$100 and \$200 disbursed from the trust earnings count as unearned income to the customer.

E903 Transfers That Do Not Affect Eligibility Examples

Programs	Manual Section
ALTCS	MA903

Examples

1) Transfers that do not include the customer's resources – Example #1

The customer, Mr. Tolstoy, is listed as a joint owner on his son's bank account. Mr. Tolstoy rebuts ownership of the account and provides evidence to prove that only his son's money is in the account. As part of the successful rebuttal of account ownership (MA705I), Mr. Tolstoy removes his name from the bank account.

Mr. Tolstoy's eligibility for ALTCS is not affected by removing his name from the account. The account did not include any of the customer's resources.

2) Transfers that do not include the customer's resources – Example #2

Mrs. Dostoyevsky, the customer, co-signed a car loan for her niece. The customer's name is listed on the title and the loan documents. The niece provides proof that she made all of the payments for the car loan, as well as the maintenance of the car. After the car was paid off, the niece gave the vehicle to charity.

Even though the customer's name was on the title, the equity in the car belonged only to the niece (MA704C.1). The vehicle was not the customer's resource.

3) Purchases at Current Market Value

Mr. Todd's bank statement showed a purchase in the amount of \$877.32. When asked about this purchase by an eligibility worker, Mr. Todd states that he used the money to buy a new TV at a local electronics store. He purchased it for himself to replace his old TV, which was broken.

The new TV was purchased for the customer at the current market value and does not affect his eligibility for ALTCS.

4) Payment of Debt

Mrs. Foley holds a credit card with a balance of \$1,200.00. The month before she applied for ALTCS, she paid off the entire balance and closed out the credit card account.

The credit card balance was a debt owed by Mrs. Foley. Repayment of the debt does not affect her eligibility for ALTCS.

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E905 Transfer Penalty Period Examples

E905 Transfer Penalty Period Examples

Programs	Manual Section
ALTCS	MA905

A Length of the Transfer Penalty Period

Example

The customer gives her home to her cousin without receiving compensation. The equity value of the home is \$1,000,000. If the average private pay rate at the time the customer applied for ALTCS is \$4,027.61, the penalty period would be 248 months, and 8 days.

(\$1,000,000 / \$4,027.61 = 248.28; .28 x 30 = 8.4 days; the fraction is dropped.)

B Transfer Penalty Period Calculations

Example

Each of the following customers transfers \$35,000 with no compensation.

Customer A was first approved for ALTCS for March 2007, and lived in Yuma County at the time. The PPR used would be \$4,445.00, and the penalty period would be 7.87 months, or 7 months and 26 days ($.87 \times 30 = 26.1$ days; fraction is dropped).

Customer B was first approved for ALTCS for October 2013, and lived in Maricopa County at the time. The PPR used would be \$6,648.77, and the penalty period would be 5.26 months, or 5 months and 7 days ($.26 \times 30 = 7.8$ days; fraction is dropped).

Customer C was first approved for ALTCS for June 2014, and lived in Graham County at the time. The PPR used would be \$5,595.31, and the penalty period would be 6.25 months, or 6 months and 7 days ($.25 \times 30 = 7.5$ days; fraction is dropped).

C Transfer Penalty Period Begin Date

Examples

1) Transfer Penalty begin date – First approved month

The customer applies for ALTCS on November 3, 2015. He gave a piece of land to his daughter in April 2013, which is within the look-back period. The customer is over income in November, but is eligible and approved effective December 2015. The transfer penalty begins in December 2015, the first approved month.

2) Transfer Penalty begin date – Month the transfer was made

The customer was approved for ALTCS starting July 1, 2015. In November 2015, she gives her home property to her son. Since the customer is already on ALTCS, the transfer penalty period begins in November 2015, the month of the transfer.

3) Transfer Penalty begin date – First approved month

The customer applied for ALTCS in October 2015 and applied for prior quarter coverage for September 2015. On November 10, 2015, while the application is still pending, the customer gives \$15,000 cash to her nephew. On November 30, 2015 the application is approved for September 2015, October 2015 and ongoing. The transfer penalty period begins September 2015, the first approved month.

4) Transfer Penalty begin date – Still in prior penalty period

The customer was approved for ALTCS Acute beginning May 2014, due to a transfer penalty period. The penalty period runs from May 2014 through March 2016.

In May 2015, his ALTCS eligibility ended because he did not complete a renewal.

On September 2, 2015 he reapplies, and the ALTCS worker discovers that the customer sold his home property and gave the money to his children in August 2015 while he was not on ALTCS.

The customer's penalty period from the earlier application does not end until March 31, 2016. The new penalty period for the transfer in August 2015 begins April 1, 2016.

D Multiple Transfers Made Before ALTCS Approval

Examples

1) Multiple Transfers – No Returns

The customer applied for ALTCS on October 5, 2015. She made the following uncompensated transfers:

- \$1,000 in July 2015
- \$3,000 in August 2015
- \$38,000 in September 2015

October 2015 is the first month that the customer is otherwise eligible for ALTCS except for the transfer.

All transfers that were made by the customer from July through September 2015 are added together and then divided by the customer's PPR for her county of residence to get the penalty period.

2) Multiple Transfers – Partial Returns

The customer in the example above is approved in November 2015. In December, the \$1,000.00 transfer is returned to the customer.

The transfer penalty period is unaffected. After the month in which the transfer penalty began, all of the transfers that were added together must be returned to the customer in order to end the transfer penalty period.

E Multiple Transfers Made in Consecutive Months after ALTCS Approval

Example

The customer is on ALTCS when she sells her home for \$60,000. She gives one of her grandchildren \$20,000 in each month from April through June.

The three consecutive transfers are added together. The penalty period begins in April, the month of the first transfer.

F Multiple Transfers Made in Non-Consecutive Months after ALTCS Approval

Examples

1) Multiple Transfers Applied Together

The customer sold his home and transferred the \$40,000 proceeds to his children. He transferred \$10,000 per month in the months of April, May, July and August. The private pay rate for the customer's county of residence when he was first approved for ALTCS was \$5,942.65.

The \$20,000 in transfers made in the consecutive months of April and May divided by \$5,942.65 equals 3.36 months of ineligibility. The penalty period starts April 1st and the partial month penalty ends in July.

Since the penalty period resulting from the consecutive months' transfers ended in the same month the next transfer was made, all four transfers are added together. The penalty period begins in April, the month of the first transfer.

2) Multiple Transfers Applied Separately

The customer transfers \$5,500 in May, \$5,500 in June and \$2,500 in July. She later transfers \$35,000 in November. The private pay rate for the customer's county of residence when she was first approved for ALTCS was \$5,942.65.

The earliest transfers made in the consecutive months of May, June and July total \$13,500. Divided by \$5,942.65, this equals 2.27 months. The penalty period would begin in May and end with a partial month penalty in July. Since the first penalty period would end before the month of the later transfer of \$35,000, the penalty periods are calculated separately. The penalty period for the \$35,000 transfer would begin in November, the month in which the transfer was made.

G Division of Penalty Period between Spouses

Example

The customer and her spouse gave their home to their son in March 2014, receiving no compensation.

The customer applies for ALTCS in January 2015. A transfer penalty period of 22 months is assessed, beginning 01/01/2015 and ending 10/31/2016. The customer is approved for ALTCS Acute beginning January 2015.

On December 18, 2015, the customer's spouse applies for ALTCS and is approved on January 4th. As of January 2016, there are 10 months left of the penalty period. Beginning January, the remaining 10 months of the penalty period are equally divided between the spouses. Each spouse has a penalty period of 5 months beginning January 1, 2016 and ending May 31, 2016.

One of the spouses dies in April 2016. The remaining month of his half of the penalty period (for May) is applied to his spouse, extending her penalty period to June 30, 2016.

H Change in the Penalty Period Example

Examples

1) Transfer Penalty Period – Full Amount Returned After the Transfer Month

The customer applies for ALTCS in March 2015. He learns that the home he gave to his son in June 2012 without receiving compensation will result in a transfer penalty period of 19 months and 2 days.

He is approved for ALTCS Acute beginning 03/01/2015. To allow his father to qualify for long-term care services, the son transfers the property back to the customer in June 2015. The penalty period ends on 05/31/2015, the last day of the month before the property was returned.

2) Transfer Penalty Period – Full Amount Returned During Application Period

The customer applies for ALTCS in February 2015. The customer transferred a sports car to his son in January 2015. The transfer will result in a penalty of 13 months and 9 days.

To allow his father to qualify for long-term care services, the customer's son transfers the title of the vehicle back to the customer. The title transfer is effective February 27, 2015.

Since the transfer penalty would have begun in February, and the vehicle was returned in the same month, no transfer penalty is applied.

3) Eligibility Ends During Penalty Period - Previous Penalty Expired

The customer applies for ALTCS in June 2008. The customer transferred her home to her brother in 2007. The Eligibility Worker determines a transfer penalty of 7 years and 6 months, which will end in December 2015.

The customer's condition improves, and she is determined medically ineligible. Her ALTCS coverage ends in July 2010.

In June 2016, the customer reapplies and is eligible for ALTCS. Since the previous penalty has already ended, the customer is not penalized any further for the transfer in 2007. She is eligible for full ALTCS services in the application month.

4) Eligibility Ends During Penalty Period - Previous Penalty Active

The customer applies for ALTCS in July 2012. The customer transferred her mobile home to her brother in 2008. The Eligibility Worker determines a transfer penalty of 3 years and 6 months, which will end January 31, 2016.

The customer receives an inheritance in August 2013 that puts her over the resource limit. Her ALTCS coverage ends August 31, 2013.

In December 2015, the customer reapplies but the previous penalty period is still active. The customer is only eligible for ALTCS Acute coverage for December 2015 and January 2016. She is eligible for full ALTCS services in February 2016.

I Prior Private Pay Rates

Examples

The Private Pay Rates vary according to the county where the customer lives. Private Pay Rates are generally updated once per year in October, but may be updated more frequently.

The Private Pay Rates for 10/1/1988 to present are listed below.

NOTE From 10/1/1997 to 9/30/2002, DD customers had a separate Private Pay Rate. When the DD field in the table below is blank, use the Private Pay Rate for the county the customer lived in during their first month of ALTCS eligibility.

Period	DD	Maricopa	Pinal	Pima	All Other Counties
10/1/88 – 9/30/89		\$1,785.90	\$1,627.20	\$1,739.40	\$1,627.20
10/1/89 – 9/30/90		\$1,972.80	\$1,885.80	\$1,931.40	\$1,885.80
10/1/90 – 9/30/91		\$1,987.20	\$1,926.00	\$1,965.30	\$1,926.00
10/1/91 – 9/30/92		\$2,178.00	\$2,083.50	\$2,134.80	\$2,083.50
10/1/92 – 9/30/93		\$2,283.00	\$2,181.00	\$2,238.00	\$2,181.00
10/1/93 – 9/30/94		\$2,406.30	\$2,321.10	\$2,406.30	\$2,321.10
10/1/94 – 9/30/95		\$2,509.50	\$2,509.50	\$2,509.50	\$2,426.40
10/1/95 – 9/30/96		\$2,651.42	\$2,651.42	\$2,651.42	\$2,530.67
10/1/96 – 9/30/97		\$2,767.92	\$2,767.92	\$2,767.92	\$2,642.60
10/1/97 – 9/30/98	\$4,608.30	\$2,823.90	\$2,823.90	\$2,823.90	\$2,688.60
10/1/98 – 3/31/00	\$2,651.42	\$2,943.42	\$2,943.42	\$2,943.42	\$2,802.28
4/1/00 –	\$2,651.42	\$3,061.16	\$3,061.16	\$3,061.16	\$2,914.37

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9/30/00					
10/1/00 – 9/30/01	\$3,303.09	\$3,352.91	\$3,352.91	\$3,352.91	\$3,115.69
10/1/01 – 9/30/02	\$3,303.09	\$3,540.67	\$3,540.67	\$3,540.67	\$3,290.17
10/1/02 – 9/30/03		\$3,898.95	\$3,898.95	\$3,898.95	\$3,624.18
10/1/03 – 9/30/04		\$4,027.61	\$4,027.61	\$4,027.61	\$3,743.78
10/1/04 – 9/30/05		\$4,188.72	\$4,188.72	\$4,188.72	\$3,893.53
10/1/05 – 9/30/06		\$4,507.06	\$4,507.06	\$4,507.06	\$4,189.44
10/1/06 – 9/30/07		\$4,781.99	\$4,781.99	\$4,781.99	\$4,445.00
10/1/07 – 9/30/08		\$5,119.12	\$5,119.12	\$5,119.12	\$4,758.37
10/1/08 – 9/30/09		\$5,808.25	\$5,808.25	\$5,808.25	\$5,158.40
10/1/09 – 9/30/10		\$5,942.65	\$5,942.65	\$5,942.65	\$5,321.94
10/1/10 – 9/30/11		\$5,777.74	\$5,777.74	\$5,777.74	\$5,135.38
10/1/11 – 9/30/12		\$6,481.94	\$6,481.94	\$6,481.94	\$5,688.34
10/1/12 – 9/30/13		\$6,646.35	\$6,646.35	\$6,646.35	\$5,282.23
10/1/13 – 9/30/14		\$6,648.77	\$6,648.77	\$6,648.77	\$5,595.31
10/1/14 – 9/30/16		\$6,726.48	\$6,726.48	\$6,726.48	\$5,575.29
10/1/16 – 9/30/17		\$6,905.11	\$6,905.11	\$6,905.11	\$5,667.81
10/1/17 – 9/30/18		\$7,134.44	\$7,134.44	\$7,134.44	\$6,307.74
10/1/18 – 2/28/19		\$7,204.17	\$7,204.17	\$7,204.17	\$6,334.17
3/1/19 – 9/30/19		\$7,253.13	\$7,253.13	\$7,253.13	\$6,377.20
10/1/19 – 12/31/19		\$7,429.58	\$7,429.58	\$7,429.58	\$6,592.52

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1/1/2020 – 9/30/2020		\$7,533.59	\$7,533.59	\$7,533.59	\$6,684.82
10/1/2020 – 12/31/2020		\$7,204.78	\$7,204.78	\$7,204.78	\$6,451.92
1/1/2021 – 9/30/2021		\$7,366.21	\$7,366.21	\$7,366.21	\$6,708.84
10/1/2021 – 12/31/2021		\$7,968.11	\$7,968.11	\$7,968.11	\$7,275.76
1/1/2022 –		\$8,029.46	\$8,029.46	\$8,029.46	\$7,331.78

E1104 Enrollment with a Program Contractor Examples

E1104 Enrollment with a Program Contractor Examples

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**A Enrolled with an AHCCCS Complete Care (ACC) plan at Time of
ALTCS Approval**

Programs	Manual Section
ALTCS	MA1104

The customer applied for ALTCS on March 25th. On April 10th she applied for AHCCCS Medical Assistance programs other than ALTCS. On April 20th, she was approved for SSI-MAO and enrolled with a health plan effective April 1st.

On May 7th her ALTCS application was approved effective March 1st. Because her ALTCS eligibility begin date is before her enrollment started with the AHCCCS Complete Care (ACC) plan, she is enrolled with the ALTCS program contractor beginning March 1st.

B Not Enrolled with an AHCCCS Complete Care (ACC) plan

Programs	Manual Section
ALTCS	MA1104

The customer applies for ALTCS on January 19th. He is not currently receiving AHCCCS Medical Assistance. On March 3rd his application is approved effective January 1st. He is enrolled with the ALTCS program contractor beginning January 1st.

C County of Fiscal Responsibility Examples

Programs	Manual Section
ALTCS	MA1104.E

1) Lives in Own Home

The customer lived in his own home in Pinal County for the last five years before applying for ALTCS. He intends to receive long-term care services in his home. Pinal is the county of fiscal responsibility.

2) Moves to New Home in a Different County

The customer has lived in Pima County the last twenty years. In March, she moved to a new home in Cochise County. She also applied for ALTCS in March, and intends to receive long-term care services in her home. Cochise is the county of fiscal responsibility.

3) Moves from Another State to a Nursing Home in Arizona

The customer has been living in a nursing home in Colorado. In July, his daughter moves him to a nursing home in Maricopa County. Maricopa is the county of fiscal responsibility.

4) Home in One County but Placed in a Nursing Home in Another County

The customer has been living in his own home in Yavapai County for several years. On June 12, he had a stroke. He was hospitalized briefly in Yavapai County, then moved to a hospital in Maricopa County. On August 15th, the customer is admitted to a nursing facility in Maricopa County, where he intends to stay. Yavapai is the county of fiscal responsibility.

D Fiscal County Changes Examples

Programs	Manual Section
ALTCS	MA 1104.F

1) Adult Moves to a Home in a Different County Example

On September 25th, the customer reports that she has moved from her home in Pima County to her new home in Maricopa County. On September 29th, the worker completes makes the change. The effective date of the fiscal county change and an enrollment change (if necessary) is September 29th.

2) Child Examples

- A six-year old customer and his parents all move from Coconino County to Pinal County. The county of fiscal responsibility is changed to Pinal County.
- The parents of a 12-year old customer move from Pima County to Yavapai County, but the customer remains in a facility in Pima County. The county of fiscal responsibility is changed to Yavapai County.
- A 16-year old customer moves to a group home in Maricopa County, but her parents remain in Gila County. Gila County remains the county of fiscal responsibility.

3) Effect on Enrollment Examples

- The customer has been living in Yavapai County and receiving long-term care services in his home. His county of fiscal responsibility is Yavapai. A few months later, he decides to give up his apartment and move into his son's home in Pima County. The county of fiscal responsibility is changed to Pima County. However, the program contractor that the customer was enrolled with in Yavapai County does not provide services to Pima County. The customer's enrollment must also be changed to a program contractor that serves Pima County

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- The customer was living in her own home in Maricopa County for many years. When ALTCS was approved, her county of fiscal responsibility was Maricopa. A year later, she moves to her daughter's home in Cochise County. The county of fiscal responsibility must be changed to Cochise, but because the customer's current program contractor serves counties, enrollment does not change.

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E1201_ALTCS_Share_of_Cost_(SOC)_Examples)

E1201 ALTCS Share of Cost (SOC) Examples

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A Community Spouse SOC Examples

Programs	Manual Section
ALTCS	MA1201C

1) Community Spouse Monthly Income Allowance (CSMIA)

The customer applies in November 2021. The customer's spouse lives at home. The spouse has the following counted monthly income and expenses:

- \$1200 – Pension benefit
- \$400 – Mortgage (includes property taxes)
- \$130 - Condominium maintenance fee (includes \$15 utility charge)
- \$70 – Homeowner's insurance

The spouse's CSMIA calculation is shown in the following table:

Step	Action
1	Calculate the total excess shelter costs: \$600.00 Spouse's shelter costs (\$400+\$130+\$70) <u>+ \$273.00 Utility allowance (\$288 SUA - \$15 maintenance fee utility charge)</u> \$880.00 – Total excess shelter costs
2	Calculate the Excess Shelter Allowance: \$873.00 Total excess shelter costs <u>- \$654.00 30% of the Monthly Spousal Need Standard</u> \$219.00 Excess Shelter Allowance
3	Calculate the <u>Minimum</u> Monthly Maintenance Needs Allowance: \$219.00 Excess Shelter Allowance <u>+ \$2177.50 Monthly Spousal Need Standard</u>

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	\$2396.50 Minimum Monthly Maintenance Needs Allowance (MMMNA).
4	\$2396.50 (MMMNA from Step 3) is less than \$3259.50 (<u>Maximum</u> Monthly Maintenance Needs Standard)
5	Calculate the CSMIA: $\begin{array}{r} \$2396.50 \text{ MMMNA from Step 3} \\ - \$1200.00 \text{ spouse's counted monthly income} \\ \hline \$1196.50 \text{ is the CSMIA.} \end{array}$

2) Community Spouse Family Allowance

Customer is receiving ALTCS and has two dependents living at home with the community spouse. One dependent is the spouse's brother, and the other is the 30-year-old child of the customer and spouse.

The brother's total monthly income is \$824 in Social Security Retirement benefits. His family allowance amount is calculated below:

Monthly Spousal Need (Effective 7/1/21)	<u>\$2177.50</u>
Brother's income	<u>- \$824.00</u>
Remainder	\$1353.50
Divide remainder by 3	/3
Family Allowance for the brother	\$451.16

The adult child's total monthly income is \$300 in spousal support (alimony). Her family allowance amount is calculated below:

Monthly Spousal Need (Effective 7/1/21)	<u>\$2177.50</u>
Adult child's income	<u>- \$300.00</u>

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Remainder	\$1877.50
Divide remainder by 3	/3
Family Allowance for the adult child	\$625.83

The total Community Spouse Family Allowance is \$1076.99.

B Expenses Incurred While an Application is Pending SOC Examples

Programs	Manual Section
ALTCS	MA1201C

1) Unpaid Medical Expense

The customer applied for ALTCS in July and is eligible. She has an unpaid bill for a non-covered medical expense incurred in June. The unpaid expense is deducted from the July SOC. If the expense is more than the share of cost without the deduction, the remaining unpaid balance is allowed as a share of cost deduction for August and ongoing months until the full amount has been allowed.

2) Paid Medical Expense

The customer applies for ALTCS in May. He does not qualify for ALTCS in May, but is approved for June and ongoing. The customer incurred and paid a non-covered medical expense in May. Since the bill was paid in a month in which the customer was ineligible, it cannot be allowed as a SOC deduction for a later eligible month.

C Family Allowance (Non-CS) SOC Examples

Programs	Manual Section
ALTCS	MA1201C

The customer lives in a nursing facility. His wife lives at home with their three young children. There is no proof of legal marriage. The wife has gross earned income of \$600/month. Each child gets Social Security Survivors benefits of \$132 per month.

The AFDC Need Standard for a family of 4 (wife + 3 children) is \$1,162.00.

Total AFDC Need Standard based on household size	\$1,162.00
Spouse's income	-\$600.00
Child's income	-\$132.00
Child's income	-\$132.00
Child's income	-\$132.00
Total Family Allowance	<u>= \$166.00</u>

D Health Insurance Premium SOC Examples

Programs	Manual Section
ALTCS	MA1201C

1) Prorating Health Insurance Premiums

The customer is billed quarterly for a \$120.00 health insurance premium. The customer chooses to have the premium payment divided across all three months. The quarterly payment is divided by three to get a monthly amount of \$40.00.

2) Pension Supplement for Health Insurance Premiums - Partial Reimbursement

The customer receives \$100.00 from his pension every month to help pay for his medical insurance. His premium is \$250.00. The \$100.00 payment is not counted as income. The entire \$100.00 is a reimbursement.

The reimbursement does not cover the whole insurance premium. The customer gets a \$150.00 SOC deduction for the part of his premium not covered by the pension.

3) Pension Supplement for Health Insurance Premiums - Customer's Share of Reimbursement

The customer receives \$100.00 from his pension every month to help pay for medical insurance for himself and his spouse. The total premium for both is \$150.00.

The \$100.00 payment is not counted as income. The entire \$100.00 is a reimbursement.

For SOC, only the customer's share of the premium is considered. The \$100.00 reimbursement is more than his share of the premium (\$75.00). No SOC deduction is allowed.

4) Pension Supplement for Health Insurance Premiums - Excess Reimbursement

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The customer receives \$297.00 from his pension every month as reimbursement for Medicare premiums for himself and his spouse. Social Security deducts Medicare premiums of \$148.50 from each spouse's gross SSA benefit.

The customer's half of the reimbursement is not counted as income. The customer does not receive a SOC deduction for Medicare expenses because the pension reimburses his cost.

Because his wife pays her own Medicare premium, the wife's half of the reimbursement (\$148.50) is counted unearned income to the customer. When AHCCCS begins paying the customer's Medicare Part B premium, the entire \$297.00 will be counted unearned income to the customer.

5) Extra Help for Medicare Part D Coverage

The customer receives Extra Help to help pay her Medicare Part D premium. Her Part D premium is \$37.00 per month. Extra Help pays \$34.20 of that amount. The customer gets a \$2.80 SOC deduction for the Part D premium that she pays.

E Home Maintenance Needs Allowance SOC

Programs	Manual Section
ALTCS	MA1201C

1) Expected to be Institutionalized Six Months or Less

The customer is an unmarried woman. She entered the nursing home in October. She applied for ALTCS in November. On December 15, the ALTCS local office received a written statement from the customer's doctor certifying that she is likely to return to her home sometime in April.

October through April is exactly six months. The customer qualifies for a home maintenance allowance for the months of November through April.

2) Expected to be Institutionalized More Than Six Months

The customer is an unmarried man. He entered a nursing home in August. He applied for ALTCS at the end of August. The customer's doctor provided a statement that certifying that the customer would most likely return to his home in April the following year. Since he is expected to remain institutionalized for more than six months, he does not qualify for a home maintenance needs allowance.

F Non-Covered Medical Expenses SOC Examples

Programs	Manual Section
ALTCS	MA1201C

1) Current Payments for Services

The customer is on ALTCS and has a SOC of \$583.00. On August 5th, she turns in proof that she paid a \$700 dental bill on July 30th.

The customer's July SOC is reduced from \$583.00 to zero. The \$117.00 left over does not carry over to the August SOC.

2) Unpaid Expenses

The customer's SOC is \$120.00. In May, he provides proof that he owes \$525.00 for dental expenses from January. The customer's insurance company paid \$225.00. The customer is responsible to pay \$300.00.

The unpaid balance is higher than the customer's monthly SOC. The SOC is reduced to \$0.00 for June, \$0.00 for July and \$60.00 for August.

3) Calculating the SOC Deduction for Non-Covered Medical Expenses

In February, the customer received a bill of \$400.00 for a hearing aid and batteries. In March, the customer began paying \$25.00 per month toward the bill. The customer did not report the bill to AHCCCS until July.

- The payments for March, April, and May are not allowed as deductions because the expense was report in July.
- The payments for June and July are allowed as SOC deductions in the month that each payment was made.
- The unpaid balance of \$175.00 is allowed as an SOC deduction in the next prospective month (August).

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G PNA for Garnishment SOC Examples

Programs	Manual Section
ALTCS	MA1201C

The customer is on ALTCS and has total income of \$1000.00 per month. He lives in a nursing facility. His PNA for August 2021 is \$119.10.

In September 2021, a court-ordered child support garnishment of \$100.00 per month takes effect. The \$100.00 garnishment is added to his PNA, increasing it to \$219.10.

E1203 Freedom to Work (FTW) Premium Begin Date Examples

Programs	Manual Section
FTW	MA1203A.2 MA1203B.5

1) Premium Effective Date - Not currently receiving AHCCCS Medical Assistance

The customer applies for AHCCCS on January 25th. AHCCCS approves his application on February 6th for Freedom to Work. Based on his income, his monthly premium is \$15.00. His eligibility begins January 1st, and his first premium payment is due in March. He does not owe a premium for January and February.

2) Change from Other AHCCCS Medical Assistance to FTW - Premium effective the following month.

The customer is receiving AHCCCS Medical Assistance in the SSI MAO program. In February she reports that she began a job in January and just received her first paycheck.

AHCCCS determines that her countable income puts her over the SSI MAO income limit. On February 18th, FTW eligibility is approved beginning March 1st. Ms. V.'s first premium payment is due in March.

3) Adjust Effective Date for Premium Change due to Untimely Processing


The customer is receiving AHCCCS Medical Assistance in the FTW program. The customer reports a change in income and provides all verification on July 22nd. The application is assigned to a worker for processing. The worker dispositions the application on August 5. The premium is reduced from \$35.00 to \$10.00 effective September 1. The effective date should be changed to August 1st due to untimely processing.

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E1204 General Information about KidsCare Premiums Example

E1204 General Information about KidsCare Premiums Example

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A Premium for Cases with Multiple Income Groups Example

Programs	Manual Section
KidsCare	MA1204A.3

Ms. A lives with and cares for the following children:

- Her 15 year old daughter;
- Her 6 year old niece (the daughter of Ms. A's brother); and
- Her 10 year old nephew (the son of Ms. A's sister).

Ms. A makes \$1,800.00 per month. Ms. A only claims her daughter on her taxes. Her niece receives \$1,700 per month in SSDI. Her nephew receives \$1,700 per month in SSDI.

The following table describes the income groups and total monthly income for Ms. A and the children she lives with:

Income Group	Total Monthly Income	Income Range
#1 consists Ms. A and her daughter	\$1,800.00	0 – 150%
#2 consists of Ms. A's niece	\$1,700.00	150 – 175%
#3 consists of Ms. A's nephew	\$1,700.00	150 – 175%

Because the highest income level is at the 150 - 175% range and there are 2 or more eligible children in the case at an income level over 150%, the premium is \$60.00 for the entire case.

E1302 Public Fiduciary Referral Examples

Programs	Manual Section
HPE	MA1302C

Examples

1) Customer Does Not Have an Authorized Representative

A customer applying for ALTCS is incapacitated. A social worker completed the financial interview but does not want to be the authorized representative. The social worker thinks the customer has two accounts with a local bank. Neither account was in the Asset Verification Service (AVS) report.

No proof of the bank accounts was provided by the request for information (RFI) due date. The social worker can't get bank records because no one is authorized to access the customers bank information.

No one can legally represent the customer and they are unable to represent themselves. The customer should be referred to the County Public Fiduciary.

2) Customer has an Authorized Representative Who Cannot Help with Application

A customer renewing their Medical Assistance is incapacitated. They have an authorized representative. The representative said the customer's Social Security benefits stopped because the Social Security Administration (SSA) needs to verify the customer's address. SSA will not let the representative help reinstate benefits because they are not authorized.

A customer must take all steps to get any cash benefits they are entitled to as a condition of eligibility. The customer must reinstate the SSA benefits to stay eligible for Medical Assistance. Since the authorized representative can't help, the customer should be referred to the County Public Fiduciary.

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E1309 Eligibility Begin Date Examples

E1309 Eligibility Begin Date Examples

Programs	Manual Section
All programs	MA1309C

A QMB Begin Date Example

Example

The customer applies for QMB in January. Requested proof is received in February. The information provided shows the customer meets all conditions of eligibility in the month of January and ongoing. The approval is dispositioned on February 20th. The QMB eligibility begin date is March 1st.

B BCCTP Begin Date Examples

Examples

1) Begin Date based on Diagnosis Date

The BCCTP diagnosis was July 24th. AHCCCS received the application on August 3rd. Eligibility would be effective July 1st if all requirements are met.

2) Begin Date based on Creditable Coverage Ending

The BCCTP diagnosis was July 24th. AHCCCS received the application on August 3rd, but the customer had a job that provided creditable coverage until July 31st. Eligibility would be effective August 1st (the first month that all requirements are met).

C KidsCare Examples

Examples

1) Begin Date based on disposition date before the 25th of the month

The customer's determination of eligibility is completed on January 23rd. The eligibility begin date is February 1st.

2) Begin Date based on disposition date after the 25th of the month

The customer's determination of eligibility is completed on January 27th. The eligibility begin date is March 1st.

E1314 HPE Period Examples

Programs	Manual Section
HPE	MA1314

Examples

1) Full application not turned in by the end of the HPE period

Example: HPE is approved by the hospital on 01/20/15 for the period 01/20/15 through 02/28/15. The customer does not submit a full application by 02/28/15. HPE eligibility ends on 02/28/15.

2) Full application turned in by the end of the HPE period

Example 1: HPE is approved by the hospital on 01/15/15 for the period 01/15/15 through 02/28/15. The customer submits a full application on 02/25/15. Because the full application was received timely, HPE may continue past 02/28/15. The full application is processed and approved by the state on 03/15/15. The HPE period ends on 03/15/15.

Example 2: HPE is approved by the hospital on 01/30/15 for the period 01/30/15 through 02/28/15. The customer submits a full application on 02/05/15. The full application is processed and denied by the state on 02/06/15. The HPE period ends on 02/06/15.

Example 3: HPE is approved by the hospital on 01/25/15 for the period 01/25/15 through 02/28/15. A full application is also submitted by the hospital on 01/25/15. The full application is processed and approved by the state on 02/23/15. The HPE period ends on 02/23/15.

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E1502 Types of Changes Examples

E1502 Types of Changes Examples

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Click on the next  (arrow) button in the top navigation pane to go to the Chapter subsections.

A BCCTP Treatment Ends Examples

Programs	Manual Section
BCCTP	MA1502D

If treatment ends or is expected to end on...	And treatment was...	Then eligibility continues for an additional...	AND BCCTP eligibility ends on...
August 10th	For a pre-cancerous cervical lesion	4 full calendar months	December 31st
August 10th	Specific treatment for breast or cervical cancer	12 full calendar months	August 31st of the following year
August 10th	Hormone therapy for breast cancer	No additional period	August 31st, the end of the month in which the hormonal therapy ends

B Living Arrangement Changes Examples

Programs	Manual Section
ALTCS	MA1502P

1) Move from licensed and registered assisted living home to licensed and registered nursing facility

An active ALTCS customer lived in an assisted living home in January 2021. The assisted living home is licensed and registered with AHCCCS. The customer is not married and has no other health insurance. The share of cost calculation is as follows:

Total countable income	\$2200.00
Personal Needs Allowance	-\$2349.00
Total Share of Cost	=\$0.00

On February 23, 2021, the customer moved to a skilled nursing facility. The skilled nursing facility is licensed and registered with AHCCCS. The customer notified AHCCCS of the move on the same day. The new SOC calculation is as follows:

Total countable income	\$2200.00
Personal Needs Allowance	-\$119.10
Total Share of Cost	=\$2080.90

Since the new SOC amount is higher, the customer must be notified of the change 10 days before it is effective. The effective date of the new SOC will be April 1, 2021.

2) Move from licensed and registered nursing facility to licensed and registered assisted living home

An active ALTCS customer lives in a skilled nursing facility in February 2021. The nursing facility is licensed and registered with AHCCCS. The customer is not married and has no other health insurance. The share of cost calculation is as follows:

Total countable income	\$1823.00
Personal Needs	-\$119.10

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Allowance	
Total Share of Cost	=\$1703.90

On March 10, 2021, the customer moved to an assisted living home. The assisted living home is licensed and registered with AHCCCS. The customer notified AHCCCS of the move the same day. The new SOC calculation is as follows:

Total countable income	\$1823.00
Personal Needs Allowance	-\$2349.00
Total Share of Cost	=\$0.00

Since the new SOC is lower and for the benefit of the customer, the effective date is March 1, 2021.

3) Move from licensed and registered nursing facility to licensed assisted living facility that is NOT registered with AHCCCS.

An active ALTCS customer lives in a skilled nursing facility in January 2021. The nursing facility is licensed and registered with AHCCCS. The customer is not married and has no other health insurance. The share of cost calculation is as follows:

Total countable income	\$2053.00
Personal Needs Allowance	-\$119.10
Total Share of Cost	=\$1933.90

On April 25, 2021, the customer moved to an assisted living facility. The assisted living facility is licensed but is NOT registered with AHCCCS. The customer notified AHCCCS of the move the same day.

Because the assisted living facility is licensed but not registered with AHCCCS, the net income test is used when the customer is in the unregistered facility for the full month. The customer is over income using the net test income limit of 100% of the Federal Benefit Rate for May 2021. The change is an adverse action in which the customer must be notified at least 10 days before it is effective. As a result, the customer will be discontinued for ALTCS effective June 1, 2021.

The customer's personal needs allowance (PNA) will be increased in April 2021 because the customer is HCBS for part of the month. The increase in the PNA reduces the customer's share of cost (SOC). A reduction in SOC is not an adverse action and is effective April 1, 2021.

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C Prorating Share of Cost When a Customer Dies Examples

Programs	Manual Section
ALTCS	MA1502G

Example

1) The capitation rate is less than the assessed share of cost

On March 13, 2021, an ALTCS customer died at a nursing home in Maricopa County. The share of cost (SOC) was \$1472.00. The customer had Medicare A and B and was enrolled with United Healthcare. The daily capitation rate for United Healthcare in Maricopa County in March 2021 for a person with Medicare is \$101.80.

101.80×13 (the number of days in March the customer was at the nursing home) = \$1323.40. The prorated capitation rate (1323.40) is less than the customer's SOC. \$1323.40 is the adjusted SOC for March 2021.

2) The capitation rate is more than the assessed share of cost

On April 28, 2021, an ALTCS customer died at a nursing home in Pima County. The assessed share of cost (SOC) was \$1335.00. The customer did not have Medicare and was enrolled with Banner University Family Care. The daily capitation rate for Banner University Family Care in Pima County in April 2021 for a person without Medicare is \$238.80.

238.80×28 (the number of days in April the customer was at the nursing home) = \$6686.40. The prorated capitation rate is more than the customer's share of cost. The customer's SOC is not adjusted and is still \$1335.00.

E1706 Changes Before the Hearing is Held - Examples

Programs	Manual Section
All Programs	MA1706

1) Two Consecutive Actions to Discontinue Eligibility

At his June renewal, the customer had \$10,000 in his savings account, and the worker took action to end ALTCS eligibility. His ALTCS is ending after June 30th.

On June 28th, the customer appeals this decision. Because the appeal was requested before the date his coverage stops, the customer's ALTCS eligibility is continued during the appeal process.

On July 5th, AHCCCS discovers that the customer also has a promissory note with a countable value of \$30,000. Because the customer was approved for continued benefits during the appeal process, the change is not processed pending a hearing decision.

2) Two Consecutive Actions to Increase the Share of Cost

In January the customer's Social Security income increased by \$20.00. This change in income is processed on February 4th. Because of the higher income, the customer's share of cost (SOC) is increasing as of March. AHCCCS sends her a letter about this change in the SOC.

The customer files an appeal on February 19th, before the change is effective. Her SOC is changed back to the previous amount during the appeal process. On March 1st, the customer reports that she started receiving another pension. Because the customer was approved for the prior SOC amount during the appeal process, the change is not processed pending a hearing decision.

PAS Appendix-EPD

Elderly and Physically Disabled (EPD) PAS-Overview

Elderly and Physically Disabled (EPD) PAS-Overview

Introduction

In this chapter, you will learn about:

- The Preadmission Screening (PAS) Process and Purpose;
- Standards and best practices for PAS documentation; and
- Investigative interviewing.

For each section in this chapter, you will find:

- An overview of the topic;
- Any definitions needed; and
- Best practices or examples.

The Preadmission Screening (PAS) Process and Purpose

Purpose

The purpose of the PAS is to determine medical eligibility for long term care services.

The PAS tool contains a combination of functional and medical factors that are assigned weighted, numerical values. The customer is evaluated on these factors and the assessed scores are added together to get a total score.

The EPD PAS tool is used to assess:

- Functional
- Medical
- Nursing; and
- Social needs of the customer.

In general, a customer scoring at or above a threshold score on the PAS is considered to be at immediate risk of institutionalization. This means that the customer needs the level of care typically provided in an institution, like a skilled nursing facility.

Process:

When completing the PAS, the Assessor uses information from medical records and interviews with the:

- Customer;
- Parent;
- Guardian;
- Caregiver; or
- Any person familiar with the customer's functional or medical conditions.

A PAS may be requested for a deceased person, for a prior quarter month, or before applying for ALTCS.

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NOTE A Private Request PAS is a courtesy provided to customers to see if the customer is at risk of institutionalization before an ALTCS application is submitted.

The following are reasons why a customer might ask for a Private Request PAS:

- They are planning on moving to Arizona and want to know if they are likely to be medically eligible;
- They already know they are within the financial limits, but are not sure about medical eligibility; or
- They know they are over the resource limit and before they consider reducing resources, want to know if they are likely to be medically eligible.

An eligible PAS, including a Private Request PAS, may be used for up to 180 days when a customer is denied and later reapplies. An ineligible PAS is never used for a new application.

PAS Documentation

Overview

Documentation is the critical key to PAS decisions that are objective, accurate, and easily understood by everyone who may review the decision. Information from the PAS is shared with the ALTCS Program Contractor and may be shared with federal and state auditors, the customer, the Office of Administrative Hearings, and when authorized, with other parties.

As you review records and documents, add your observations, and score the PAS, make sure the documentation in the file and on the PAS meet the “three C’s”. Is it clear, complete, and correct?

Anyone reviewing the PAS should be able to understand how each score was reached. The documentation should support the score given to the customer. Documentation may include:

- Medical records;
- Lab results;
- Previous PAS records;
- PAS comments;
- PAS summary;
- Therapy reports;
- School reports; and
- Any other records that indicate the customer’s need for services.

Things to keep in mind when documenting the PAS

When making comments on the PAS, remember to:

- Make sure that the customer’s name is on all records and is correct;
- For records that include the customer’s date of birth, check that it matches the DOB on file. If it does not, determine which one is correct. As needed, change the customer’s DOB on file, or contact the provider about the discrepancy in the DOB.

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- Review the dates on medical records used to support your scores and decision. The records should be current and relevant to the customer's condition. When older records are relevant, include the explanation in comments. For example, a customer was diagnosed with dementia years ago and that is the most current record of the diagnosis;

NOTE Review the EPD PAS Appendix for what to include in comments. It includes best practices and documentation standards for every part of the PAS tool.

The PAS, with all comments and documents, is the legal basis for ALTCS medical eligibility decisions.

Therefore, it is crucial that the information is complete, accurate, and clearly written with proper grammar, spelling, and punctuation. This reflects on you and AHCCCS.

Medical Records

Review all available medical records and use the information when scoring the PAS. A few examples of medical records that are very useful in the PAS assessment include:

- Discharge summary if the customer was hospitalized;
- Consultations by specialists (for example, psychology, psychiatry, neurology, or cardiology reports);
- Therapy notes;
- Nursing notes, when they address a specific incident or condition;
- Home health care or home hospice evaluation and progress notes;
- Laboratory results, EEG, EKG or MRI results;
- Physician Progress Notes relating to current condition or need for long term care;
- MDS (Minimum Data Set) when the customer is in NF;
- For reassessments, the long-term care case manager's quarterly assessments.

Scoring when medical records are not available or conflict with reported function

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Follow the steps below when the information provided by the customer, caregiver, or representative during the PAS conflicts with the medical records, or medical records are not available:

Step	Action
1	<p>Were medical records provided for the customer?</p> <ul style="list-style-type: none"> • If YES, continue to step 2. • If NO, STOP. Score based on the what the customer, caregiver or representative reported, note any differences between what was reported by each person or between what was reported and what you observed, and have an HPM review the PAS.
2	<p>Do the medical records support the customer's responses?</p> <ul style="list-style-type: none"> • If YES, STOP. Score based on the customer's responses. • If NO, continue to step 3.
3	<p>Does the customer have a valid reason for why the medical records contradict what is being reported?</p> <ul style="list-style-type: none"> • If YES, score based on the customer's report and add comments describing the reason for using the reported information instead of the medical records. • If NO, scored based on the most relevant records and add comments explaining why the reported information was not used. <p>NOTE When medical records conflict with information gathered during the PAS interview, see EPD Investigative Interviewing.</p>

Definitions

Term	Definition
Documentation	For eligibility, this means all entries in HEAplus screens, written comments and notes, and any documents in HEAplus or DocuWare.
Valid reason for why the medical records contradict what is being	<p>For purposes of this section, means that, based on the PAS Assessor's knowledge and experience, the reason given is a logical explanation of why the reported information conflicts with the medical records.</p> <p>Reasons may vary and could cover dozens of scenarios. Two sample</p>

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reported...	<p>reasons are given below, just to demonstrate:</p> <ul style="list-style-type: none">• The customer says that he can walk “just fine” with his cane. Recent medical records state the customer cannot walk at all without weight-bearing support due to advanced Alzheimer’s. Caregiver notes say the customer tries to get up from the wheelchair daily, causing two falls in the last six months. The PAS Assessor does not find a valid reason to use the customer’s statement instead of medical records and explains why in the comments.• A neurological assessment from nine months ago indicates the customer’s ADLs are moderately impacted by her recently diagnosed Parkinson’s Disease. She is mainly independent but needs limited hands-on assistance with transfers in and out of chairs, bed and the shower, and stand-by assistance for mobility. The caregiver reports that the customer has declined in the past few months and now needs daily set-up and limited hands-on assistance with eating, grooming and bathing. Another neurology appointment is scheduled next week about the decline. The PAS Assessor finds the explanation a valid reason to use the statement instead of medical records, explains why in the comments, and makes a note to follow-up on the results from the customer’s neurology appointment next week.
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Investigative Interviewing

Overview

Investigative interviewing involves collecting detailed and accurate information about the customer's functional, medical, nursing, and social needs. Use your knowledge and expertise of the PAS assessment to do this.

NOTE Tips for collecting accurate, complete information for specific functions and conditions have been added to the Appendix sections for those areas.

Before scheduling the PAS visit

It is important to be prepared. Always check to see if there is a previous PAS for the customer. If so, take the following actions:

- Review the previous PAS.
 - Do the comments and records support the scores?
 - Was a Physician Review completed on the previous PAS? If so, what was the physician's decision?
- Review the previous medical records.
 - Make note of the customer's medical conditions.
 - Look for any functional limitations mentioned.
- If there is no previous PAS, review the current PAS referral and gather as much information as possible.

During the PAS Interview

Use the tips below for the PAS Interview:

Tip	Steps
Build rapport with the customer and others involved.	<ul style="list-style-type: none">• Be on time. If you are running late, call the customer and let them know. The PAS may need to be rescheduled to ensure there is enough time to do a thorough interview.• Extend a warm greeting and introduce yourself.

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	<ul style="list-style-type: none"> • Be prepared. Make sure your equipment is working properly before the interview begins. Have all needed paperwork available. • Review and describe the medical criteria for eligibility, the PAS and its purpose, and what will be covered during the interview. • Make sure the customer and others involved have a clear understanding of the interview and ask if they have any questions.
<p>Review the PAS questions and information with the customer and others involved.</p>	<ul style="list-style-type: none"> • Read the PAS questions as written. When needed or asked, paraphrase the question or use an example to clarify the meaning. • When a response needs more detail or explanation, use the tips in the “Investigative Interviewing Skills” section below to get a clear, complete response. Avoid asking closed-ended or leading questions. • Give the person time to answer each question. Make sure to get enough information to provide a clear, complete, and correct picture of the question being asked. • If the customer has a previous PAS, discuss any information that has changed since the previous PAS. Make sure changes in the customer’s status are clearly and accurately explained in comments. • Ask about any decline in health or ADL skills. Does the customer have a new or progressing medical condition or illness that explains the decline? Has the customer addressed the decline with a medical provider?

Investigative Interviewing Skills

Ask questions and use statements that encourage the person to give information. The tips in the table below give ways to gather clear, correct and complete information.

Skill Type	Description	Examples
<p>Open-ended questions</p>	<ul style="list-style-type: none"> • Are worded so the question cannot be answered with “yes”, “no” or just one-word. • Encourage discussion. 	<ul style="list-style-type: none"> • Who helps the customer get out of bed? • What steps are taken to complete shaving needs?

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	<ul style="list-style-type: none"> • Begin with words like "who", "what", "where", "when", and "how". 	<ul style="list-style-type: none"> • Where was the customer when he fell? • When was the last time the customer fell? • Describe the process for the customer to get dressed and undressed.
Inquiry statements	<ul style="list-style-type: none"> • Encourage the person to volunteer information • Allow for a wide range of answers 	<ul style="list-style-type: none"> • Tell me more about the issues that prevent the customer from using the toilet on his own. • Please explain how you complete your showering or bathing task.
Clarifying questions	Prevent or correct misunderstanding and confusion. You may need to ask more than one question to clarify the information.	<p>Customer said: "I only shower once a week because I'm not very active, but it's hard to do by myself. I fell last week and hurt my arm."</p> <p>You say: "So you hurt your arm last week. Did that fall happen when you were showering? Is it difficult for you to shower on your own because you hurt your arm, or did you fall because you were showering on your own?"</p>
Restating information	Repeating exactly what the customer said to be sure it was heard correctly. This confirms what the customer said and avoids misunderstanding.	You said you "help transfer him into the shower by holding onto his arm for balance." Is that right?
Paraphrasing	Restating information using your own words. Paraphrasing confirms that the information is understood correctly.	<p>Customer said: "I have to give myself insulin after I eat or I get really sick."</p> <p>You say: "So you take your insulin after every meal? Is that correct?"</p>

After the PAS Interview

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When medical records obtained after the PAS interview conflict with information obtained during the interview, differences must be explained. Use the tips below when addressing conflicting information:

- Review the medical records.
- Make sure they are current, typically within the past six months.
- Highlight areas in the records that conflict with the reported information.
- Call the customer, representative, or caregiver to discuss and clarify the differences.
- Reaffirm the person understands the questions being asked.
- Add comments in each section that has a discrepancy. The comments should give a complete explanation of the discrepancy.
- Once the discrepancies are addressed, an HPM reviews the explanations and records available. The HPM determines if the PAS scores are accurate, if able. When the HPM is unable to determine the accuracy of the scores, a M.A.R.S. Inquiry is sent to PAS Policy.

NOTE Refer to [PAS Documentation](#) for guidance on how to write supporting comments, and how to score when there is conflicting information.

Intake Information

Intake Information

Introduction

In this chapter, you will learn about setting up the PAS in the following HEAplus batteries:

- Open PAS;
- Developmental Disabilities;
- Assessment;
- DD/EPD Information; and
- Ventilator.

Open PAS Battery

Overview

Most of the fields on this screen are automatically populated by the system. The Open PAS screen includes the following information:

- Application IDs – There may be more than one application
- Person ID number (PID)
- Assessment Date – This is the only field that is not automatically populated. The assessment date is the date of the PAS appointment.
- Assessment type:
 - Initial
 - Posthumous
 - Prior Quarter
 - Private Request
 - Reassessment
- PAS tool used
- DD status of each application
- Status of the PAS:
 - “Open PAS” – The PAS has not been started yet. Click the “Open PAS” link to begin the PAS.
 - “Continue PAS” - the PAS has been started but not completed. Click the “Continue PAS” link to continue.
 - “View PAS” – the PAS has been completed and is closed. Click the “View PAS” link to view the PAS.
 - “Incomplete” – Used for reassessments when the customer missed the appointment, voluntarily withdrew, or had mail returned and the assessor could

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not contact the customer. Choosing this status generates an action that will close out the application and generate a notice.

- PAS Records link - takes you to the PAS History screen. You can review other applications and PAS assessments for the customer from this screen.

Developmental Disabilities

Overview

The Developmental Disabilities page tells whether the customer has or had a DD qualifying diagnosis and gives the DD history. The fields on this page are automatically populated by the system.

When the DD diagnosis question is answered “Yes”, the DD Case Status is also shown. Click the Focus Response button to view the DD Case Status report. Any changes to the DD status will be listed in the DD history. The DD history includes the following information:

- DD status
 - Not DD – the customer does not have a DD status
 - DD – the customer has or had a DD status
 - Potential DD – the customer is potentially eligible for DDD.
 - DD in NF – the customer has or had a DD status while in a skilled nursing facility.
- Begin date – the date the DD Status began.
- End date – when a customer has a change to DD Status, this is the date the previous DD Status ended.

NOTE It is very important to make sure the DD status is correct before completing the PAS.

Assessment Battery

Overview

This section is used to gather information about:

- The PAS tool used
- The assigned assessor
- Where the customer is located at the time the PAS is conducted
- The phone number for the location where the PAS interview is conducted
- The customer's living arrangement

Assessment Information

Complete these fields as described below:

Field Name	Field Information
DD Status	The field is pre-filled by HEAplus with the DD status selected when the application is registered.
Tool Used	The field is pre-filled by HEAplus with the DD status selected when the application is registered and the PAS created.
Assessor (the first of two Assessor fields)	Use the dropdown list to select the name of the assessor who creates the PAS and conducts the interview.
Assessor (the second of the two Assessor fields)	When another assessor helps complete the PAS, use the dropdown list to select the name of the assessor who helped. NOTE It is not common that another assessor needs to help with a PAS, and this field is usually blank.
Location	Use the dropdown list to select the setting where the in-person PAS interview is conducted. When the interview is conducted by telephone,

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	select the setting the customer is located at the time of the PAS interview.
Telephone	<p>Enter the telephone number for the location where the PAS interview is conducted.</p> <p>When the interview is conducted by telephone, enter the telephone number for the customer's location at the time of the PAS interview.</p>

Living Arrangement

Complete these fields as described below:

Field Name	Field Information
Usual Living Arrangement	<p>Use the dropdown list to select the usual living arrangement as follows:</p> <ul style="list-style-type: none"> • Community: Customer lives in a private home, mobile home, apartment, or is homeless, which includes staying in a homeless shelter. • Group Home: The customer lives in a residential placement with a large group of other people. • ICF/ IID: The customer lives in an Intermediate Care Facility for Individuals with Intellectual Disability, or related conditions. • Nursing facility: The customer lives in a nursing facility. This includes both certified and uncertified facilities. • Other supervised setting: The customer lives in an adult foster home, adult care home, apartment for assisted living, or similar setting. • Residential Treatment Center: The customer lives in a facility that provides behavioral health services to people under age 21 or under age 22 when admitted prior to age 21. <p style="text-align: right;">NOTE "Usual living arrangement" means the</p>

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	customer's living arrangement for the last six months or the current living arrangement when there is no plan to make a change.
Usual Living Situation	<p>Use the dropdown list to select the appropriate usual living situation as follows:</p> <ul style="list-style-type: none">• Lives Alone• With Non-Relative: The customer lives with others not related to him or her. Also select this option when the customer lives in the same nursing facility or assisted living setting as a spouse or other family member.• With Other Relative: The customer lives with a relative other than a spouse or parent.• With Parents• With Spouse <p>NOTE "Usual living situation" means the people with whom the customer has lived for the last six months or currently lives with when there is no plan to make a change.</p>

DD/EPD Information

Overview

This section is used to gather information about the customer's:

- Medical assessment
- Physical measurements

Medical Assessment

Question	Answer
Currently Hospitalized/rehab	Select "Yes" when the customer is in the hospital or an intensive rehabilitation facility. Otherwise, select "No".
Imminent discharge from acute care facility	Select "Yes" when the customer is in an acute care facility when the PAS is completed. Otherwise, select "No".
Discharge Date	<ul style="list-style-type: none">• When there is a planned discharge date, enter the date provided by the representative or facility.• When there is no firm discharge date, enter the date of the PAS interview.
Ventilator Dependent	Select "Yes" when the customer is ventilator dependent. Otherwise, select "No". See Assessing Ventilator Dependence for more information.
Number of emergency room visits in last 6 months	Enter the number in the space provided. Include actual or approximate dates and the reasons for the visits in the PAS summary. NOTE Count all emergency room visits, even when it resulted in being admitted to a hospital.
Number of hospitalizations in last 6 months	Enter the number in the space provided. Include actual or approximate dates and the reasons for the hospitalizations in the PAS summary.
Number of falls in the last 90 days	Count the total number of falls. For each fall, document the approximate date, any injuries and

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	treatment received, and a description of what happened in the PAS summary.
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Physical Measurement

Complete the physical measurements section. Use approximate height and weight if the actual measurement is unknown. To enter the height and weight using metric units, select the check box next to “Enter in Metric Units”.

Definitions

Term	Definition
Acute care facility	Means: <ul style="list-style-type: none">• A hospital, when the customer is not in a long-term care bed, or• An intensive rehabilitation facility.
Intensive rehabilitation facility	A free-standing rehabilitation hospital or a rehabilitation unit within a hospital that provides an intensive rehabilitation program. Patients admitted must be able to tolerate three hours of intense rehabilitation services per day.

Ventilator

Overview

This screen is used to gather information about the ventilator for customers that are ventilator dependent. The Ventilator Dependent question on the DD/EPD Information screen must be marked “Yes” to fill out the information on the Ventilator screen.

Ventilator dependent means the customer is on a ventilator at least six hours a day for 30 consecutive days.

NOTE Not all devices that provide breathing support are ventilators. See the definitions of CPAP and BiPAP devices for more information.

Ventilator Information

To open the Add/Edit Ventilator Details page, click on the “Add Ventilator Details” link. Complete the fields as described below:

Field Name	Field Information
Completed Date	Enter the date of the PAS.
Hours per day on ventilator	Enter the number of hours per day the customer is on the ventilator. This information can be found on the Respiratory Flow Sheets. NOTE The customer must be on the ventilator for at least six hours in a 24-hour period. The six hours do not have to be consecutive.
Name and model of ventilator	Enter the name and model of the ventilator. This information can be found on the ventilator, on the Respiratory Flow Sheet, or can be given by a caregiver, respiratory therapist, or nurse.
Settings	These settings may be a set number or a range. There are two data entry fields for each setting. Complete both fields for each setting. When the setting is a range, enter the low and high setting. When the setting is constant, enter the same setting in both fields.
<ul style="list-style-type: none">RateTidal VolumeOxygen Concentration	The rate, tidal volume, and oxygen concentration can be found on the Respiratory Flow Sheet.
<ul style="list-style-type: none">Living	Add each living arrangement that the customer was in while on the ventilator. Include the begin date and the end date for

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<p>Arrangement</p> <ul style="list-style-type: none"> • Begin Date • End Date 	<p>each living arrangement. Click on the “Add” button after each arrangement is entered. When there is more than one living arrangement, the dates cannot overlap.</p> <p>NOTE You may need to get information from more than one facility to get the actual date the customer started on the ventilator.</p>
Total Consecutive Days	This number will auto-populate using the data from the living arrangements.
Registered Nurse	<p>Select the name of the person completing the worksheet from the dropdown list.</p> <p>NOTE Even though the field is titled “Registered Nurse” the worksheet can be completed by any PAS Assessor.</p>
Date Worksheet Sent	Enter the date the worksheet is filled out.
Comments	This is not a mandatory field. Include anything that is important that is not included in the fields above. Include your name when it is not available in the Registered Nurse dropdown list.

Definitions

Term	Definition
Bi-level Positive Airway Pressure (BiPAP)	<p>A device that applies air flow at a higher pressure when a person breathes in than when the person breathes out. A BiPAP is considered a ventilator when the device has a third breath rate setting.</p> <p>Select CPAP under Services/Treatments when the customer uses BiPAP machine that does not have a set back-up rate. For example, the rates are set as IPAP 15, EPAP 6.</p> <p>Select Ventilator under Services/Treatments when the BiPAP has all three breath settings.</p>
Continuous Positive Airway Pressure (CPAP)	<p>A device that applies air flow at a constant pressure throughout the respiratory cycle.</p> <p>CPAP is never considered a ventilator since no mechanical assistance is provided for inhalation.</p>
Expiratory Positive Airway Pressure (EPAP)	The set rate of pressure while exhaling.
Inspiratory Positive	The set rate of pressure while inhaling.

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Airway Pressure (IPAP)	
Respiratory Flow Sheet	Also known as a Ventilator Flow Sheet. This sheet is used to record ventilator treatment details, including rate, volume, oxygen concentration, and other information.
Tidal volume	The amount of air going in and out in one breathing cycle.
Ventilator	A device that mechanically assists the patient's respiration, doing part or all of the work the body would normally do.
Ventilator dependent	When a person is unable to breathe well enough to maintain normal levels of oxygen and carbon dioxide in the blood.
Ventilator rate	The number of breaths per minute (BPM) delivered by the ventilator. It can be a range or a set number.

Functional Scores

Functional Scores

Introduction

In this chapter, you will learn about:

- Activities of Daily Living (ADLs);
- Continence;
- Deterioration in overall function;
- Communication/Sensory function;
- Behaviors;
- Medical conditions;
- Medications;
- Services/Treatments;

For each section in this chapter, you will find:

- An overview of the topic;
- Definitions;
- (other)

Activities of Daily Living (ADLs)

Activities of Daily Living (ADLs)

Overview

The ability or inability to perform ADLs can be used as a practical measure of a person's need for long-term care services and risk of institutionalization.

The ADLs include:

- Mobility
- Transferring
- Bathing
- Dressing
- Grooming
- Eating
- Toileting

Things to Keep in Mind When Scoring Activities of Daily Living (ADLs):

- Gather information about the customer's ADLs in the past 30-days with emphasis on current performance.
- When it is clearly evident that a customer needs more assistance than is received, that may be considered when scoring. This should be done conservatively, as it may be difficult to determine the exact amount of assistance needed. Comments must include a thorough explanation of this need and must state "scored based on need".

NOTE Generally a score based on need would not be higher than 1.

- When the customer spends a major part of the day in a setting other than the customer's living arrangement, the customer's ability to complete the ADLs in that setting may also be considered. For example, the customer goes to an adult day care center Monday through Friday from 8:00 a.m. until 5:00 p.m.

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- ADLs may consist of several smaller tasks. Consider ALL parts of the ADL that are relevant to the customer when scoring. Do not score just on the performance of part of the task. See the scoring section of the specific ADL for more details.
- When the customer's ADL performance is not consistent throughout the 30-day period, score based on the most typical ADL performance. Describe any deviations from typical performance in the comment section, including:
 - How often the deviations occurred;
 - In what circumstances deviations occurred; and
 - The customer's functioning level during the deviation.
- Short-term deviations from typical ADL performance such as having the flu or otherwise being temporarily "under the weather" would NOT be scored as typical performance.
- Consider the use of a service animal in scoring when the animal has been trained to assist in specific ADL functions exclusively for the individual. This excludes emotional therapy animals and household pets.

Definitions

Term	Definition
Cooperation	Actions taken by the customer that allow the caregiver to perform a task for the customer but are not an actual part of the task.
Limited Hands-On Assistance	Hands-on help needed to do a portion of the task each time, but not needed for the entire task each time.
Occasional Hands-On Assistance	When the customer needs hands-on help to complete an entire task less than daily.
Physical Lift	When a caregiver actively bears some part of the customer's weight during movement or activity. NOTE This does not include steadying or guiding the customer.
Physical Participation	The customer's active participation, not just being passive or cooperative. This includes the ability to complete a part of the task.
Service Animal	A dog or miniature horse that is individually trained

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	to do work or perform tasks for the benefit of an individual with a disability. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals
Supervision	When a caregiver observes the customer and is readily available to provide assistance, including verbal cues or reminders and set-up activities
Typical performance	In general, means the level of skill or function the customer achieves most of the time.

Examples

Important! Examples only provide guidance on scoring. They do not cover every possible situation.

Cooperation vs. Participation

The following table gives examples of cooperation as compared to participation

Cooperation	Participation
The customer raises her arms, and the caregiver threads the customer's hands and arms through shirtsleeves and pulls the shirt down.	The caregiver holds the customer's shirt so that the sleeves are easy to get to. The customer threads her arms through and tugs her shirt into place.
The customer turns his face toward the caregiver when asked to do so during face washing.	The customer washes his face once the caregiver prepares the washcloth and hands it to him.
The customer allows the caregiver to lean her to the side and place a slide board under her.	The customer leans over to her side, the caregiver places the slide board under her, and the customer slides onto the slide board.

Limited Hands-on Assistance

Example 1:

The customer's spouse reports that he combs his wife's hair every morning. The customer has limited range of motion in her right arm, which is her dominant arm, due to a torn rotator cuff. The spouse reports that each morning he sets up a basin and a cup

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with fluoride, she rinses her mouth and he cleans out the basin. She does not have teeth to brush. The customer has no shaving needs.

Explanation: The customer needs hands-on help to do a part of the grooming task but does not need hands-on help for the whole task. She needs help combing her hair, which is only one part of the task. No hands-on assistance is needed for oral care, only set up, and there are no shaving needs.

Example 2:

Each day, the customer sets the water temperature before showering and gets in and out of the walk-in shower on his own. He washes most of his upper and lower body and rinses with a hand-held shower head. The customer cannot reach down to wash his lower legs and feet, even when using a shower chair. The customer has fallen seven times in the past 30 days while trying to bend to wash his feet. To maintain safety and prevent falls, the customer calls his wife to wash his feet every time he showers. After showering, the customer dries himself with a towel independently.

Explanation: The customer needs hands-on help to do a part of the bathing task but does not need hands-on help for the whole task. He needs help to wash his lower legs and feet, which is only one part of the task. He is able to complete the rest of the task without hands-on assistance.

Occasional Hands-on Assistance

The customer has end stage renal disease and gets dialysis three times a week. On dialysis days he is too weak to walk or use a wheelchair independently. His caregiver reports that on those days she pushes him in a wheelchair for all mobility. On the days that the customer does not receive dialysis, he is able to walk with a walker, and the caregiver provides supervision to maintain safety and prevent falls.

Explanation: The customer needs hands-on help completing an entire task, but it is less than daily. He needs hands-on assistance for all mobility three days a week. He does not need hands-on assistance the other four days.

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Mobility

Overview

The score for Mobility is based on how well the individual moves within the residence or other routine setting, with emphasis on purposeful movement.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during an in-person interview.

Mobility Components	Tips to gather the correct information
How does the customer move?	<ul style="list-style-type: none">• Use open-ended questions. • Ask how the customer moves around the residence or other routine setting. Here are some suggestions:<ul style="list-style-type: none">○ How does the customer move around the home? ○ What assistive devices does the customer use to help with mobility? • Gather information about how far the customer moves or is moved as it could impact the score.
Who is involved?	When the customer gets assistance with mobility, ask: <ul style="list-style-type: none">• Who provides assistance; and • What assistance does each person provide?
How often?	Ask how often the customer moves around the residence or setting AND how often assistance is provided.

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	<p>For example, the customer uses a wheelchair for all mobility. The spouse pushes the wheelchair for his wife.</p> <ul style="list-style-type: none"> • Is that help given every time? • If the help is not given every time, how often does the spouse assist by pushing the wheelchair for her?
<p>What's the reason for any help provided?</p>	<p>Use statements that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions:</p> <ul style="list-style-type: none"> • Please tell me more about the customer's need for a walker. • Tell me what prevents the customer from self-propelling the wheelchair. • You said that you have trouble walking from the bedroom to the kitchen. What makes this difficult for you?

Scoring

Follow the steps below to determine the Mobility score.

Step	Action
1	<p>Does the customer completely rely on another person for all mobility?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. <p>NOTE Walking or movement for therapy only may not be purposeful movement, and may not significantly affect the mobility score. For example, the customer is bedfast with the exception of three physical therapy sessions a week for 20 minutes each.</p>
2	<p>Is the customer mobile with hands-on assistance, but still able to participate in some way most of the time?</p>

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	<ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3. <p style="text-align: center;">NOTE The actual distance the customer is mobile impacts scoring.</p>
3	<p>Is the customer independently mobile most of the time with set-up, standby assistance, and limited or occasional hands-on assistance?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	<p>Is the customer independently mobile most or all of the time, with or without assistive devices?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Assistive Devices	Devices that are designed, made, or adapted to help a person perform a particular task. Examples: walkers, canes, handrails, wheelchairs
Hands-on Assistance	Physical contact to support a person so that the activities of daily living can be carried out without fall or injury.
Purposeful Movement	The act of intentionally moving from one place to another.
Set-up	Involves placing the assistive device where the customer can reach. Examples include charging an electric wheelchair or adjusting the wheelchair safety belt.
Supervision	Observing the customer and being readily available to provide assistance, including giving verbal cues or reminders.

Examples

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The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The caregiver reports she pushes the customer in his wheelchair every day because he is too weak to move himself due to Multiple Sclerosis (MS). The customer is unable to stand on his own, so when no one is around, he lays in bed unable to move.

Example 2:

The hospital nurse reports that the customer was in a motorcycle accident and has a serious head trauma and several broken bones. He has been bedridden since his admission to the hospital more than 30 days ago. The nurse reports it is unclear how long it will take before he is able to be moved from the bed.

Score of 2: Hands-on Assistance

Example 1:

The customer has severe shortness of breath that gets worse as the day goes on. He self-propels his wheelchair only for the first trip of the day to the dining room. Due to fatigue and shortness of breath, his spouse pushes him in the wheelchair for all other mobility for the remainder of the day.

Example 2:

The nursing assistant reports that the customer is in a secured unit due to advanced Alzheimer's disease. The customer walks independently, but cannot find her own way to any of the areas in the facility. She needs a caregiver to hold her arm and lead her in the right direction.

Example 3:

The customer's daughter reports that her mother has muscular dystrophy (MD) and uses a walker to move around her home. The customer has fallen 10 times in the past three months when trying to use the walker on her own. Because of these falls and risk of injury, the daughter now walks directly behind her holding onto a gait belt fastened around the customer's waist at all times.

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Score of 1: Supervision, Limited Hands-on or Occasional Hands-on Assistance

Example 1:

The customer reports that she walks unsteadily and has fallen three times in the past 30 days due to dizziness. Since these falls, she always uses a walker, and her spouse supervises all mobility to prevent further falls.

Example 2:

The caregiver says that she sets up the customer's walker and reminds the customer to use it on a daily basis. Once or twice a day the customer receives hands-on assistance to turn her walker around to lead her in the right direction. She gets confused and lost going from room to room. No other help is provided. The caregiver says the customer needs help because she has Alzheimer's disease and is forgetful.

Score of 0: Independent

The customer reports that he has spina bifida, which has led to weak leg muscles and uneven hips. He is unable to walk because of his condition. He is able to maneuver around his home using a motorized wheelchair. His caregiver offers to plug in the chair for him, but he declines the offer and charges it himself without problems.

Transferring

Overview

The score for Transferring is based on how well the customer moves between two surfaces within a residential environment. Transferring includes getting into and out of a chair, sofa or bed, but does not include transfers to a toilet, bath, or shower.

Things to consider when assessing how well a customer transfers include:

- Level of assistance needed on a consistent basis;
- Specific assistance needed to transfer between different surfaces like a wheelchair, bed, chair, and couch;
- Set-up of assistive devices;
- Assistance needed to get the customer to a sitting position to transfer from bed;
- Assistance needed to lift or position the customer's legs when transferring into bed.

NOTE The transferring score must consider and include all transferring activities.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Transferring Components	Tips to gather the correct information
How does the customer move between surfaces?	Use open-ended questions <ul style="list-style-type: none">• Ask what happens during the transferring process. Here are some suggestions:<ul style="list-style-type: none">○ Please describe how the customer gets out of bed?○ Would you describe how the customer

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	<p>gets into bed?</p> <ul style="list-style-type: none"> ○ Please describe how the customer gets up from a chair. ○ How does the customer get out of their wheelchair? ○ Please describe what the customer does to sit down on a couch?
Who is involved?	<p>For each type of transfer where the customer needs assistance, ask the customer and caregiver about:</p> <ul style="list-style-type: none"> ● Who provides assistance; ● What assistance the person provides; ● How the customer participates in the transfer.
How often does it happen?	<p>Ask how often the transfers occur AND how often assistance is provided for each type of transfer.</p>
What's the reason for any help provided?	<p>Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions:</p> <ul style="list-style-type: none"> ● Can you tell me more about how much help the customer needs getting out of bed in the morning? ● Tell me more about the limitations that prevent the customer from being able to get out of the wheelchair on his own. ● You said that you have trouble getting up from the couch. Please tell me what makes this difficult for you.

Scoring

Follow the steps below to determine the Transferring score. Refer to the example section for more information on how each score may be applied.

Step	Action
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1	<p>Does the customer rely completely on others for transfers, OR is the customer bedfast?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	<p>Does the customer need to be physically lifted or moved, but does physically participate most of the time? For example: participates by pivoting, or sits up and swings legs over the side of the bed.</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	<p>Does the customer transfer with just supervision, physical guidance, set-up, or limited or occasional hands-on assistance most of the time? (or a combination of these)</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	<p>Is the customer able to complete the activity independently, with or without assistive devices most or all of the time?:</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definitions
Assistive Devices	Devices that are designed, made, or adapted to help a person perform a particular task. Examples include canes, walkers, slide boards, gait belts, Hoyer lifts, and wheelchairs
Bedfast	Confined to a bed due to illness or injury.
Physical Guidance	Means physical contact that helps the customer start or complete a task but does not involve bearing any of the customer's weight. Examples include: <ul style="list-style-type: none"> • Pulling the customer up from a seated or

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	laying position; <ul style="list-style-type: none">• Physically guiding the customer;• Physically steadying the customer.
Physical Lift	Actively bearing some part of the customer's weight during movement or activity
Set-up	Means placing assistive devices for the customer's use, and includes locking any brakes for safe transferring activity.
Supervision	Observing the customer and being readily available to provide assistance, including verbal cues and reminders.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The CNA reports that the customer is bedfast. He is paralyzed from the chest down and does not have enough upper body strength to participate in transfer activities. Caregivers turn and position the customer every two hours, but he is not currently being moved from the hospital bed.

Example 2:

The customer's hospice nurse reports that the customer makes only two transfers a day, both using a Hoyer lift. The caregiver transfers him out of bed to a wheelchair for an hour when the hospice nurse takes him outside for some fresh air. Then he is transferred back into bed using the Hoyer lift. The customer is not able to participate in the transfers due to advanced dementia and atrophy.

Score of 2: Hands-On Assistance

Example 1:

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The customer's husband reports that a Hoyer lift is used to transfer his wife out of bed each morning. She holds onto a bar on her hospital bed and shifts her bottom from side to side to assist in the transfer. A Hoyer lift is then used to transfer the customer from her bed to a wheelchair. The customer reaches out and holds onto the wheelchair arm to help guide her into the wheelchair. The Hoyer lift is also used to transfer the customer back into her bed each time. The customer is transferred using a Hoyer lift due to severe morbid obesity and venous insufficiency.

Example 2:

The customer's husband reports that the customer needs assistance sitting up in bed and getting out of bed in the morning. He lifts her upper body until she is in a sitting position, then turns her while lifting her legs out of bed. He then holds the customer under both arms and lifts her to a stand, bearing most of the customer's weight until she is standing. The customer pivots and her husband supports her back until she is safely in the chair. When she gets out of the chair, he holds her under both arms and lifts her to a stand, bearing most of her weight until she is standing. At night, the customer sits on the edge of the bed, then her husband lowers her upper body onto the bed and lifts her legs into bed. The customer needs this assistance daily due to the residual effects of a stroke.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

The customer reports that she gets out of bed on her own every day. The customer's sister is with her from 5pm until 8pm every evening. Once the customer is in bed and before leaving each night, the sister puts the customer's walker right next to the bed and makes sure it is locked. In the morning, the customer uses the walker for support to lift herself out of bed. She uses the walker throughout the day to stabilize herself when she gets in and out of her chair.

The customer becomes more fatigued and unsteady at the end of the day, so her sister supervises transfers from 5 p.m. until she helps the customer into bed. When the customer goes to bed, the sister holds her arm and guides her onto the bed, then lifts the customer's legs into bed. The customer is already weak due to chemotherapy and needs more help at the end of the day.

Score of 0: Independent

The customer lives by himself. He has a high-rise bed so he is able to get in and out on his own without fear of falling. He notes that his dining room chair is lower, and he struggles to come to a stand. He holds onto the table for support and gets in and out of

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the chair on his own. He has a lift chair in the living room, which makes it easy for him to get in and out of. The customer has not had any falls in the past 90 days.

Bathing

Overview

The score for Bathing is based on the customer's ability to wash, rinse, and dry all body parts. It includes the following:

- Transferring in and out of shower or bath
- Taking sponge baths for the purpose of maintaining adequate hygiene and skin integrity
- Set-up including gathering equipment, running the water, and setting the temperature

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Bathing Components	Tips to gather the correct information
How does the customer bathe?	<ul style="list-style-type: none">• Use open-ended questions• Ask what happens for each part of the bathing process. Here are some suggestions:<ul style="list-style-type: none">○ How are bathing supplies gathered?○ Who turns the water on and sets the temperature?○ Please describe how the customer gets in and out of the shower or tub.○ Describe how the customer's body and hair are being washed.○ Who is drying the customer's body?○ Tell me about the customer's bathing

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	<p>routine.</p> <ul style="list-style-type: none"> ○ Please describe any assistive devices the customer uses; such as grab bars, shower chair or washing aides. ● Make sure you get all the information that is needed.
Who is involved?	<p>Ask the customer and caregiver:</p> <ul style="list-style-type: none"> ● Who provides assistance; ● What assistance does each person provide; and ● How does the customer participate?
How often does it happen?	<p>Ask how often the customer bathes AND how often assistance from others is provided.</p>
What is the reason for any help provided?	<p>Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions:</p> <ul style="list-style-type: none"> ● Please tell me the reason that you do that for him. ● Please describe what prevents the customer from being able to complete the task on her own.

Scoring

Follow the steps below to determine the Bathing score. Refer to the example section for more information on how each score may be applied.

NOTE If hair is routinely washed by a beautician due to personal preference exclude from scoring

Step	Action
1	<p>Does the customer completely rely on another person for all bathing tasks?</p> <ul style="list-style-type: none"> ● If YES, STOP. Give the customer a score of 3.

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	<ul style="list-style-type: none"> • If NO, continue to step 2.
2	<p>Does the customer need help with bathing as described below most of the time? (include sponge baths)</p> <ul style="list-style-type: none"> ○ Assistance transferring in and out of the tub or shower (not considered for sponge baths), AND ○ Moderate hands-on help; OR ○ Standby assistance throughout bathing activities in order to maintain safety? <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	<p>Does the customer require set-up or reminding most of the time, but can bathe safely without continuous assistance or supervision?</p> <p>OR</p> <p>Does the customer require limited hands-on assistance or occasional hands-on assistance most of the time?</p> <ul style="list-style-type: none"> • If YES to either question, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 4.
4	<p>Is the customer able to complete the activity independently most of the time, with or without assistive devices?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definitions
Assistive Devices	Devices that are designed, made, or adapted to assist a person to perform a particular task. Examples: grab bars, long-handled loofah, shower

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	chair
Limited Hands-On Assistance	Hands-on help needed to do a portion of the task each time, but not needed for the entire task each time.
Occasional Hands-On Assistance	When the customer needs hands-on help to complete an entire task less than daily.
Stand-by Assistance	The presence of another person within arm's reach with the purpose of maintaining one's safety
Supervision	Observing the customer and being readily available to provide assistance, including verbal cues or reminders and set-up activities

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

The customer states that she became paralyzed six months ago in a car accident and has lost the use of her limbs. The customer is given a shower two to three times per week. Her caregiver transfers her onto a chair in the shower using a Hoyer lift. The caregiver washes, rinses and dries the customer's body and hair. The caregiver then uses the Hoyer lift to transfer the customer out of the tub.

Explanation: The customer relies completely on someone else for all of her bathing needs.

Score of 2: Hands-On Assistance

Example 1:

The customer is a 94 year old male who lives by himself. He said that he bathes three days per week, but is unable to get in and out of the shower on his own. A CNA comes to the home on the days that he bathes and sets the water temperature. The CNA then holds onto the customer's arm and torso to ensure a safe transfer in and out of the shower. The CNA sets the water temperature and lathers a washcloth with soap. The customer is able to wash his upper torso. The CNA washes the customers back, legs and feet. The CNA dries the customer's body with a towel.

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Explanation: The customer receives hands-on assistance transferring in and out of the shower each time; and receives moderate hands-on assistance, washing his back, legs, and feet, each time. The customer needs assistance with two of the three criteria every time justifying the score of 2.

Example 2:

The customer has been bedridden since falling from a building two months ago and breaking both legs in several places. His wife reports that she brings a bowl of warm, soapy water to the customer's bedside every morning. The customer is able to wash his face, upper torso and private area. She washes the customer's hair, back side, legs and feet, and then dries him with a towel.

Explanation: The customer receives moderate hands-on assistance, washing his hair, backside, legs and feet each time. He also receives set up for all bathing supplies. Without this help he would not be able to maintain adequate hygiene.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

Example 1:

The customer's nurse reports that the customer was recently diagnosed with dementia. Every morning the nurse reminds the customer that it is time to take a bath. The nurse fills the tub with water and makes sure that it is a safe temperature. The customer gets in the tub on her own. Once seated, the nurse leaves the bathroom to give the customer privacy. The customer is able to wash her entire body with a soapy washcloth prepared and placed on the edge of the tub by her nurse. The nurse comes back to the bathroom after 15 minutes and holds onto the customer's arm to safely pull her to a stand. The nurse wraps a towel around the customer, and the customer dries herself off. The customer has had her hair washed and styled every Friday for the past 15 years. She does not wash her hair on the other days.

Explanation: The customer receives daily reminders when it is time to take a bath. She requires set-up, which includes filling the tub with water and making sure the water temperature is safe. The customer bathes safely without assistance and supervision, but needs limited hands-on assistance getting out of the tub.

Example 2:

The customer is 90 years old and lives alone. She is frail, and at risk for falls. Three times per week a caregiver comes to her home to assist with bathing. The customer does not bathe on the other days. The caregiver reports that she sets up all bathing supplies on a table close to the customer's shower chair and stays in the bathroom to ensure that the customer transfers safely from her walker to the shower chair. Once the

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customer is sitting on the chair, the caregiver goes into the other room so the customer has privacy. The customer washes her body and hair on her own. The caregiver comes back into the bathroom when the customer is done bathing and makes sure that the customer transfers safely out of the tub. The caregiver wraps a towel around the customer and then the customer dries herself.

Explanation: The customer needs standby assistance to ensure safety for all transfers in and out of the shower, but she is able shower without assistance and supervision. She needs to have her bathing supplies set-up within reach to maintain safety and avoid falls.

Score of 0: Independent

The customer has a full-time caregiver at his home due to early onset Alzheimer's disease and the risk of forgetting things or getting lost. The caregiver reports that the customer showers daily and does not need any help with his bathing routine. He does not need to be reminded and does not get any reminders. He gets in and out of the shower, and wash, rinse, and dry himself. The caregiver said that she is always in the home when the customer showers but is not in the bathroom with him.

Explanation: The customer is able to complete his bathing routine independently.

Dressing

Overview

The score for Dressing is based on the customer's ability to dress and undress.

Dressing includes:

- Choosing and putting on clean clothes and footwear; including assistive devices such as prostheses, braces, and anti-embolism stockings
- Fine motor coordination for buttons and zippers
- Choosing appropriate clothing for the weather

Dressing does not include:

- Difficulties with zippers or buttons at the back of a dress, blouse, or bra
- Concerns such as matching colors
- The use of diapers, which would be considered for Toileting

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Dressing Components	Tips to gather the correct information
How does the customer get dressed and undressed?	Use open-ended questions <ul style="list-style-type: none">• Ask how a customer dresses and undresses. Gather enough detail to be able to describe all parts of the task. Here are some suggestions:<ul style="list-style-type: none">○ Describe the set-up process before the customer gets dressed.○ How does the customer put on and remove upper body clothing (shirt, bra,

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	<p>dress)?</p> <ul style="list-style-type: none"> ○ How does the customer put on and remove lower body clothing (underwear, pants, skirts, socks)? ○ Please describe how the customer opens fasteners (ties, zippers, snaps, buttons, and clasps). ○ How does the customer close fasteners? ○ Tell me how the customer puts on and removes shoes. This includes slip on shoes, tying shoes, and fastening Velcro straps. ○ How long does it take the customer to dress and undress?
Who is involved?	<p>Ask:</p> <ul style="list-style-type: none"> ● Who provides assistance with dressing and undressing; ● What assistance does each person provide; and ● How does the customer participate?
How often does it happen?	<p>Ask how often a task occurs AND how often assistance is provided.</p> <ul style="list-style-type: none"> ● Find out the frequency that the customer dresses and undresses. For example: Daily, four days a week, once a week; and ● Identify how often the customer receives assistance from others.
What's the reason for any help provided?	<p>Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions:</p> <ul style="list-style-type: none"> ● You told me you get the clothing out of the closet for your wife each morning. What is the reason for this?

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	<ul style="list-style-type: none"> • Tell me more about the limitations that prevent the customer from being able to fasten buttons and snaps. • You told me you have trouble dressing the lower part of your body. Please tell me what makes this difficult.
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Scoring

Follow the steps below to determine the Dressing score. Refer to the example section for more information on how each score may be applied.

Step	Action
1	<p>Does the customer receive a combination of full hands-on assistance by the caregiver for BOTH dressing AND undressing?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	<p>Does the customer need physical assistance or significant verbal assistance most of the time, but is able to physically participate?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3. <p>NOTE If the customer needs hands-on assistance or significant verbal assistance every time they dress, but can undress independently, it would warrant a score of 2. This is due to the amount of the activity the caregiver performs and the frequency.</p>
3	<p>Does the customer need supervision, reminding, or set-up assistance; or need limited or occasional hands-on assistance most of the time?</p> <p>OR</p> <p>Does the customer need 30 minutes or more to complete the task independently due to medical or functional limitations? (Do not include behavioral concerns)</p> <ul style="list-style-type: none"> • If YES to either or both questions, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 4.

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4	<p>Is the customer able to complete the activity independently most of the time, with or without assistive devices:</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.
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Definitions

Term	Definitions
Anti-embolism stockings (TED Hose)	Specialized hosiery designed to help reduce the threat of blood clots forming in the legs. They improve blood circulation in the leg veins by applying graduated compression
Assistive Devices	Mechanical aids, such as zipper pulls, long-handled shoe horns, stocking aids, Velcro fasteners; and adaptive clothing, such as elastic waist pants, slip-on shoes or non-tie shoes
Cooperation	<p>Includes actions that allow the caregiver to perform a task for the customer, but are not an actual part of the task</p> <p>Example: The customer raises his arms, but the caregiver threads hands and arms through shirt sleeves and pulls the shirt down.</p>
Limited Hands-On Assistance	Hands-on help needed to do a portion of the task each time, but not needed for the entire task each time.
Occasional Hands-On Assistance	When the customer needs hands-on help to complete an entire task less than daily.
Physical Participation	<p>The customer's active participation, not just being passive or cooperative. This includes the ability to complete a small portion of the task</p> <p>Example: The caregiver holds shirt so sleeves are easy to get to. The customer threads her arms through and tugs her shirt into place.</p>
Set-up	Includes laying clothes out for the customer, placing shoes where the customer is able to put them on easily, and placing assistive devices within reach
Supervision	Observing the customer and being readily available

	to provide assistance, including verbal cues or reminders and set-up activities
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Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

The customer is in the advanced stages of Lou Gehrig's disease. He needs help daily dressing and undressing because he has lost a lot of his motor skills. To get dressed, the customer raises his arms and his wife threads his hands and arms through the shirtsleeves, pulls the shirt over his head and then pulls it down. She then slides on the customer's pants and pulls them up, puts the customer's socks and shoes on for him, and ties the shoes. To get undressed, the customer raises his arms and his wife pulls the shirt over his head and guides his arms out of the shirtsleeves. As the customer lies on the bed, she pulls his elastic pants down over his hips as she rolls the customer from side to side. She removes his shoes and socks each time.

Explanation: The customer receives a combination of full hands-on by the caregiver for BOTH dressing and undressing.

Score of 2: Hands-On Assistance

Example 1:

The customer says her hands are very shaky due to tremors. Each day the CNA puts a dress over her head. The customer pushes her arms through the dress sleeves as the CNA guides the dress over her arms. The customer pulls the dress down once it's over her head and arms. The CNA puts the customer's socks and shoes or slippers on her every day. The customer does not wear a bra or underwear and never wears anything with fasteners due to her hand tremors. The CNA helps the customer undress by pulling the dress up above the customer's hips. The customer is then able to slide her arms out of the dress and over her head. The customer can slide her slippers or shoes off, and the CNA removes her socks.

Explanation: The customer needs hands-on assistance from her CNA to put on her dress, socks, and shoes. The customer is able to actively participate by pushing her arms through the dress sleeves and pulling her dress down once over her head and arms. The customer needs similar hands-on assistance when undressing, and actively

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participates by sliding her shoes or slippers off, and taking her dress off once the CAN lifts the dress over her hips.

Example 2:

The customer's spouse reports that her husband has advanced dementia and needs step by step direction and reminders to put on each article of clothing. She places all articles of clothing on the bed each morning. She tells the customer what article of clothing to put on next, and provides some hands-on assistance if needed. The spouse said she has to be specific; she holds the shirt with the left arm hole open, touches his left arm and says "now put your arm through this hole." She offers the same step by step guidance for the other arm and to pull his head through the shirt hole. She gives step by step guidance for putting on his underwear, pants, socks and shoes in the same order each time. The customer is able to undress himself before he goes to bed without verbal assistance. The spouse said she is not sure why he is still able to undress himself without the verbal assistance.

Explanation: The customer receives significant verbal assistance each time he dresses, as well as some hands-on assistance when he struggles. Without this assistance, he would not be able to dress himself.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

Example 1:

The customer reports that she picks out her clothes every morning and puts her bra and shirt on by herself. She puts on her underwear and pants by herself. She said that her daughter puts her socks on her every morning because if she bends down too far she gets dizzy. She wears slip on shoes, which she puts on by herself. It takes her more than 30 minutes to dress due to shortness of breath. Every night the customer undresses herself, except for her socks, which are removed by her daughter. After undressing, she puts on a nightgown. Undressing also takes more than 30 minutes due to her shortness of breath.

Explanation: It takes the customer more than 30 minutes to dress herself each time; she receives limited hands-on assistance with her socks each time; and it takes more than 30 minutes for her to undress at night and put on her nightgown.

Example 2:

The customer's husband reports that his wife only wears dresses. She chooses what she is going to wear and takes it out of her closet every morning. She puts the dress on by herself. She chooses not to wear a bra or underwear. Her husband puts her socks and shoes on her every morning. She is unable bend over that far due to osteoarthritis

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in her hips. She takes off her dress and puts on a nightgown, while her husband removes her socks and shoes each night.

Explanation: The customer is receiving limited hands-on assistance from her husband. He is putting her socks and shoes on every morning and removing her socks and shoes every night.

Score of 0: Independent

The customer lives by herself. She says she has dizzy spells about 5 days each week due to vertigo. It takes her about 15 to 20 minutes to get dressed on those days because she has to do it slower, but she does it on her own. On the two days she does not have dizziness, she says she dresses and undresses in about 5 to 10 minutes. Approximately, two times a month the customer will call her daughter because she needs help taking off her pants because she is too dizzy to do so.

Explanation: The customer dresses and undresses herself in less than 30 minutes, most of the time.

Grooming

Overview

The score for Grooming is based on how well the customer is able to manage grooming tasks, including: combing hair, shaving, and oral care. If the customer uses an assistive device, the score is based on how well the customer manages the grooming task with the use of the device.

Grooming does not include:

- Nail care
- Cosmetic grooming such as styling hair, skin care and applying make-up
- Shaving that is routinely done by a barber or beautician due to personal preference rather than necessity

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Grooming Components	Tips to gather the correct information
How does the customer groom?	Use open-ended questions <ul style="list-style-type: none">• Ask what happens for each part of grooming. Here are some suggestions:<ul style="list-style-type: none">○ How does the customer's hair get combed or brushed?○ Tell me about the customer's oral hygiene routine○ What steps are taken to complete shaving needs?

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	<ul style="list-style-type: none"> • Make sure you get all the information that is needed.
Who is involved?	<p>Ask the customer and caregiver:</p> <ul style="list-style-type: none"> • Who provides assistance; • What assistance each person provides; and • How the customer participates in the grooming task.
How often does it happen?	For each grooming task, ask how often it is done AND how often assistance from others is provided.
What is the reason for any help provided?	<p>Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions:</p> <ul style="list-style-type: none"> • Please tell me the reason that you do that for him. • Please describe what prevents the customer from being able to complete the task on her own.

Scoring

Follow the steps below to determine the Grooming score. Score is based on all grooming tasks that the customer requires. If the customer does not need the task done at all, do not consider it in scoring. Refer to the Example section for more information on how each score may be applied.

Step	Action
1	<p>Does the customer completely rely on another person for all grooming tasks?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	<p>Does the customer need hands-on physical assistance with all grooming tasks most of the time, but can participate physically?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.

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3	<p>Does the customer need supervision, reminding, limited hands-on assistance, or occasional hands-on assistance most of the time?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4. <p>NOTE Give the customer a score of 1 even when supervision, limited hands-on assistance, and occasional hands-on assistance occur in combination.</p>
4	<p>Is the customer able to complete the activity independently, with or without assistive devices most of the time?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1

Definitions

Term	Definitions
Assistive Devices	Devices that are designed, made, or adapted to assist a person to perform a particular task. Examples: universal ADL cuffs; adapted holders and long handles for toothbrushes, razors, and hairbrushes; electric razor; tube dispenser for toothpaste
Grooming	The process of tending to one's appearance.
Oral Care	Cleaning the mouth and teeth, including dentures, of food debris and dental plaque. For people without teeth or dentures, oral care includes cleaning the mouth and gums.
Set-up	Preparing and arranging items and tools needed to perform a task for the customer. For example, putting toothpaste on a toothbrush and handing it to the customer, or wetting a facecloth, adding soap and setting it out for the customer.
Set-up	Scoring for set-up involves more than simply making grooming items available. Examples of set-up include: putting toothpaste on a toothbrush and cleaning up after each use, adding a new razor blade to a razor and cleaning up after each use,

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	setting up adaptive holders and long handles for toothbrushes, razors, hair brushes.
Shaving	To remove hair from the face, legs, or underarms by cutting it close to the skin with a razor.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The CNA reports that the customer is bedfast and is unable to participate in grooming tasks because he is in a coma. A soft tooth brush is used daily to clean the customer's teeth. The CNA explained that the customer is positioned with his head turned to the side to prevent aspiration during oral care. The CNA also reported that the staff will comb the customer's hair two to three times per week, and shave his face weekly.

Example 2:

Both of the customer's arms were broken in a car accident, and are in casts. Every day, her daughter brushes her mother's hair, then brushes her teeth. The customer is able to rinse and spit out toothpaste into a cup that her daughter holds close to her mouth. There are no shaving needs at this time.

Score of 2: Hands-On Assistance

Example 1:

The spouse reports that the customer removes her dentures before she goes to bed every night. He sets up the denture cup with cleaning tablets and puts the dentures in the cup. Each morning, when she wakes up, he places her dentures in her mouth. She suffers from dementia and does not remember how to place her dentures in her mouth. Spouse reports that his wife attempts to comb her hair but she is only able to comb the front of her hair. He combs the sides and back of her hair each time. He does this every day. She has limited range of motion due to severe arthritis and is not able to reach the sides and back of her hair. The customer has no shaving needs.

Example 2:

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The customer has dialysis five days a week. The customer's spouse reports that on the days the customer has dialysis she is too weak to complete her grooming tasks. On those days he brushes her teeth, and combs her hair. On the weekends the customer is able to set up her own supplies, brush her teeth and comb her hair without assistance. Shaving occurs approximately twice a month. The spouse reports that he shaves her legs and underarms because she has a tremor and will easily cut herself.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

Example 1:

The customer's wife reports that the customer was recently diagnosed with multiple sclerosis. He has tremors in his hands which makes it difficult for him to complete his grooming tasks. His toothbrush and hairbrush both have adaptive holders, which do help him keep his hands steady. The wife said that the customer is still able to brush his hair, which is kept short for convenience. Although the toothbrush holder helps and he is able to brush his front teeth, he is not able to brush the back and bottom teeth, so she brushes them for him. These tasks are completed every morning. He is at risk of cutting himself when shaving because of the tremors, so his wife lathers his face with shaving cream and shaves his face and neck once a week.

Example 2:

The customer said that he is bedbound due to a recent car accident which left him paralyzed from the waist down. He said an aide brings a basin of water, soap and washcloth, toothbrush, toothpaste, and an electric razor and sets it on a tray in front of him in his hospital bed. The customer puts toothpaste on the toothbrush and brushes his teeth. He also shaves his face and neck. He does not use shaving cream, just the razor. He finishes his daily grooming by washing his face with the washcloth and basin of water. The CNA then removes the grooming supplies and cleans the tray on his hospital bed. No hair care is necessary, he is bald.

Score of 0: Independent

The customer lives by herself and reports that all of her grooming supplies are readily available on her bathroom counter. She said that she has limited grip in her hands due to severe arthritis. She has an assistive device, a universal ADL holder, which she straps around her hand to secure her toothbrush and brush into place. She is able to brush her teeth, which she does on a daily basis. She combs her own hair daily. She said without this device she would not be able to complete her grooming tasks. She said that she does not shave her underarms or legs because she prefers not to.

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Eating

Overview

The score for Eating is based on the customer's ability to eat and drink, with or without adaptive utensils. It also includes the customer's ability to cut, chew and swallow food.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Eating Components	Tips to gather the correct information
How does the customer eat?	Use open-ended questions <ul style="list-style-type: none">• Ask what happens during the eating process. Here are some suggestions:<ul style="list-style-type: none">○ What is the customer's method of eating? For example, is it by mouth, feeding tube, or another method?○ How is food set-up for the customer? For example, does the customer need help cutting food or opening containers?○ Describe the customer's eating routine from the time the food is plated until the completion of the meal.
Who is involved?	Ask the customer and caregiver: <ul style="list-style-type: none">• Who provides assistance;• What assistance does each person provide; and• How does the customer participate?
How often does it happen?	Ask how many meals the customer eats each day AND how often assistance is provided for each meal.

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<p>What is the reason for any help provided?</p>	<p>Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions:</p> <ul style="list-style-type: none"> • What difficulties does the customer have while eating, if any? • Please tell me more about how much help the customer needs during each meal. • Tell me about any limitations that prevent the customer from being able to cut their food and open containers. • You said that you have trouble swallowing your food. Please tell me more about the trouble you have.
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Scoring

Follow the steps below to determine the score for Eating. Refer to the example section for more information on how each score may be applied.

Step	Action
1	<p>Is the customer totally fed by another person, including being fed by another person through a stomach tube or vein access?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	<p>Does the customer need assistance with the following most of the time?</p> <ul style="list-style-type: none"> • Eating on their own, but needs stand-by assistance for frequent gagging, choking, difficulty swallowing, or aspiration; OR • Need assistance being fed some food by mouth by another person <ul style="list-style-type: none"> ○ If YES to either question, STOP. Give the customer a score of 2. ○ If No to both questions, continue to step 3.

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3	<p>Does the customer need assistance with the following most of the time?</p> <ul style="list-style-type: none"> • Feed, chew, and swallow foods on their own, but need reminding to maintain adequate intake; OR • Need set-up (includes mechanically altered diet) <ul style="list-style-type: none"> ○ If YES to either question, STOP. Give the customer a score of 1. ○ If NO to both questions, continue to step 4.
4	<p>Is the customer able to complete the activity independently, with or without assistive utensils, without safety issues most of the time?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1. <p>NOTE If a customer is fed through a feeding tube or vein, score a 0 if the person administers the feeding independently</p>

Definitions

Term	Definitions
Assistive Utensils	Utensils that are designed, made, or adapted to help a person with eating. Examples: curved utensils, universal cuff utensil holder, bendable utensils, weighted utensils
Mechanically altered diet	Food prepared with the purpose of changing the consistency to make it easier for a person to eat by mouth. Examples: soft foods, pureed foods, ground meat, thickened liquids
Parenteral Nutrition	A method of getting nutrition into the body through the veins
Serving Food	Bringing food to a person
Set-up	<p>Actions taken before a meal to make it easier for a person to eat. Examples include: opening milk cartons, cutting food, clockwise arrangement for the visually impaired, cutting or pureeing of food.</p> <p>Set-up does NOT include: serving food, delivering a meal, preparing food (for example, cooking).</p>

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Stand-by Assistance	The presence of another person within arm's reach required to prevent injury during the performance
Tube Feeding	Nutrition administered through a tube. Examples include nasogastric (NG) tube, gastrostomy (g-tube) or jejunostomy (j-tube).

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The customer's hospice nurse reports that the customer is fed by a caretaker for each meal due to weakness from advanced cancer. The customer eats three small meals a day. The caregiver cuts all food into small pieces; sets the meal in front of the customer; and uses a spoon to bring each bite of food to the customer's mouth. The customer is only able to open her mouth, chew and swallow the food.

Example 2:

The customer receives all nutrition and hydration through a feeding tube. The customer is unable to feed himself due to his diagnosis of Amyotrophic Lateral Sclerosis (ALS). The feeding tube is needed because the customer cannot safely take nutrition by mouth without choking or aspiration. The customer is unable to feed himself using the feeding tube due to hand weakness and clumsiness. The caregiver feeds the customer through the feeding tube five times a day, then cleans the customer's skin around the tube after each meal.

Score of 2: Hands-On Assistance

Example 1:

The customer's caregiver reports that the customer needs help eating every day. The caregiver cuts up food into bite-size pieces. During each meal, the customer uses thick-handled silverware to feed herself for about five to ten minutes, and then asks the caregiver to feed her due to tremors in the arms and hands from stage three Parkinson's disease. The caregiver holds a cup with thickened liquids up to the customer's mouth and the customer drinks from a straw every time due to swallowing difficulty caused by Parkinson's disease.

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Example 2:

The customer's spouse reports that the customer recently had a stroke, which resulted in severe difficulty swallowing. The spouse cuts the customer's food into small pieces and sets the plate in front of the him for each meal. The customer feeds himself and drinks from a cup. Because the customer is at high risk for choking, the spouse sits next to him for each meal. She is trained in emergency first aid and has had to perform the Heimlich maneuver four times in the past three months.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

Example 1:

The caregiver reports that the customer needs assistance with setting up each meal due to rheumatoid arthritis. The caregiver plates the food, opens a carton of milk and places both on a tray with a cup before bringing it to the customer. Once the tray is in front of the customer, the caregiver needs to pour the milk into the cup and cut the customer's food into small pieces. After this is done the customer can eat without further assistance.

Example 2:

The customer lives by himself and said that he does not have anybody to help him manage his activities of daily living. He has been diagnosed with COPD and gets short of breath very easily. He also has diabetic neuropathy in his hands and feet. It is very difficult for him to get from his reclining chair to the kitchen, so he is only eating one meal a day. He said that he can only eat foods that do not need to be cut because he is unable to cut food due to the neuropathy in his hands. He has lost 15 pounds in the past month. While the customer is not getting help with eating, the score is based on need to maintain adequate food intake and help with cutting food.

Score of 0: Independent

Example 1:

The customer reports that he lives alone and receives Meals on Wheels during the week, but not on weekends. During the week, every time a meal is delivered the Meals on Wheels volunteer sets the food on a tray in front of the recliner where the customer sits. The customer opens containers and cuts food without issue. As soon as the volunteer leaves, he feeds himself. On Friday extra meals are delivered to last for the next two days. On Saturday and Sunday, the customer heats a meal in the microwave

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when he is hungry and eats three times a day. He gets himself a drink each time he is thirsty and drinks from a cup without any issues.

Example 2:

The customer's spouse brings all of the customer's meals on a tray. For breakfast, lunch, and dinner he plates the food, pours a glass of ice water, and places them on the tray before bringing it to the customer. The customer sits in a recliner chair for all meals due to severe back pain. Once given the tray, the customer cuts her food and eats and drinks independently. The customer opens containers without any issues.

Toileting

Overview

The score for Toileting is based on the customer's ability to empty their bowel and bladder in the appropriate places. It includes all of the following:

- Using a toilet, bedpan, or urinal;
- Transferring on and off the toilet;
- Wiping and washing hands;
- Changing protective garments;
- Managing a colostomy bag or catheter;
- Adjusting clothing; and
- Flushing the toilet.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Toileting Components	Tips to gather the correct information
How does the customer empty their bowel and bladder?	Use open-ended questions <ul style="list-style-type: none">• Ask what happens during the toileting process. Here are some suggestions:• How does the customer get on and off the toilet?• How does the customer adjust their clothing to use the toilet?• Please describe any assistance provided with set-up. For example, lifting the toilet lid, turning on

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	<p>water to wash hands, or emptying a bedpan.</p> <ul style="list-style-type: none"> • Please describe any assistive devices the customer uses; such as grab bars or a high-rise toilet seat. Also, how often are those devices used? • How does the customer clean himself or herself?
Who is involved?	<p>Ask the customer and caregiver:</p> <ul style="list-style-type: none"> • Who provides assistance; • What assistance does each person provide; • How does the customer participate; and • How often is assistance provided for toileting?
What's the reason for any help provided?	<p>Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions:</p> <ul style="list-style-type: none"> • What limits you from completing the task independently? • Tell me more about the limitations that prevent the customer from being able to use the toilet on his own.

Scoring

Follow the steps below to determine the toileting score. Refer to the example section for more information on how each score may be applied.

NOTE Toileting should be scored based on the customer's ability to complete a task independently. When a customer is able to complete a task, but refuses, score on the ability.

Step	Action
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1	<p>Does the customer completely rely on others for the entire toileting process?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 3.• If NO, continue to step 2. <p>NOTE When a customer relies on somebody for one step of the task but not another, continue to step 2. For example, a customer relies on somebody completely to care for a catheter, but they are able to use the toilet for a bowel movement.</p>
2	<p>Does the customer need hands-on physical assistance with most of the toileting components or stand-by assistance for safety most of the time?</p> <p>OR</p> <p>Is the customer at risk due to the inability to keep themselves clean?</p> <ul style="list-style-type: none">• If YES to either question, STOP. Give the customer a score of 2.• If No to both questions, continue to step 3.
3	<p>Does the customer need supervision, reminders, limited hands-on assistance or occasional hands-on assistance most of the time?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 1.• If NO, continue to step 4. <p>NOTE Parts of the task include clothing adjustment, changing protective garments, washing hands, limited or occasional wiping, and emptying bedpan or urinal.</p>
4	<p>Does the customer safely complete the toileting task without assistance from another person with or without the use of assistive devices?</p> <ul style="list-style-type: none">○ All of the time;○ Most of the time; OR○ Needs supervision, limited hands-on assistance, or occasional hands-on assistance LESS than the majority of the time? <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 0.• If NO, the customer meets some scoring criteria above, go back to step 1.

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Definitions

Term	Definitions
Assistive Devices	Devices that are designed, made, or adapted to assist a person to perform a particular task. Examples: grab bars, raised toilet seat, self-wipe toilet aide, safety rails, bedside toilet
Catheter	A flexible tube inserted through a narrow opening into a body cavity, particularly for removing fluid from the bladder. Common types of catheters: Foley, Suprapubic, Straight or Intermittent, Nephrostomy tube
Ostomy	A surgical procedure that creates an opening, called a stoma, from an area inside the body to the outside. This procedure changes the way urine or stool exits the body. Common types of ostomies: Colostomy, Ileostomy, Jejunostomy, Nephrostomy
Set-up Activities	Ensuring assistive devices are in place; emptying bedpans, commode chairs, and urinals. NOTE Set-up does not include cleaning the bathroom.
Stand-by Assistance	The presence of another person within arm's reach with the purpose of maintaining one's safety
Supervision	Observing the customer and being readily available to provide assistance, including verbal cues or reminders and set-up activities

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The customer's mother reports that the customer has physical limitations due to paralysis. Each time the customer needs to use the restroom, a family member picks her up and puts her on the toilet. Then the family member cleans her, picks her up off

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the toilet, adjusts her clothes, and flushes the toilet. The customer is unable to participate at all.

Explanation: The customer is completely dependent on someone else for her toileting needs. The customer is not able to participate at all.

Example 2:

The customer's CNA reports that the customer is in a coma and has a Foley catheter and ostomy bag. The customer completely relies on his caregiver to change and clean both the Foley catheter and the ostomy bag.

Explanation: The customer completely relies on the caregiver for all toileting components all of the time.

Score of 2: Hands-On Assistance

Example 1:

The customer's brother reports that the customer gets assistance using the toilet each time due to a recent below the knee amputation on his right leg. The brother holds the customer's arm as he guides him down onto the toilet so he does not fall. The customer is able to clean himself adequately. The brother pulls the customer up to a standing position and steadies the customer so that he does not lose his balance. The customer needs help adjusting his clothing due to balance issues. Once he is in a standing position and steady, the customer flushes the toilet and washes his hands. The brother stays within arm's reach until the task is completed due to continued fall risk.

Explanation: The customer receives limited hands-on assistance each time for transferring on and off the toilet and adjusting clothing. Even though he is only receiving limited hands-on assistance, he needs standby assistance every time for safety. The standby assistance each time justifies a score of 2.

Example 2:

The customer lives by herself. She is severely morbidly obese. She is able to transfer on and off the toilet on her own using secured grab bars. She only wears dresses and undergarments, so she is able to lift her dress and pull down her undergarments each time. She attempts to wipe herself after bowel and bladder elimination; however she is not able to reach to adequately clean herself from the front or back. She has had six UTIs in the past eight months, which has resulted in four hospital stays. She is able to adjust her clothing, flush the toilet, and wash her hands without issue.

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Explanation: Although the customer is able to safely complete her toileting tasks on her own, she is not able to maintain adequate cleanliness. This has put her health at risk and justifies a score of 2.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

The customer's brother reports that the customer is forgetful. The customer has a history of rashes and infections from not cleaning himself after a bowel movement. He has to be reminded to flush the toilet every day and clean himself after every bowel movement. Once reminded, the customer flushes the toilet and cleans himself adequately. The customer is able to transfer onto the toilet each time. The customer's brother pulls the customer up by the arm to come to a stand due to arthritic knees. He provides this assistance every time. The customer washes his hands after toileting.

Explanation: The customer needs supervision by getting verbal reminders to flush and clean himself. He receives limited hands-on assistance to transfer off the toilet each time.

Score of 0: Independent

Example 1:

The customer's brother reports that the customer toilets independently. The customer is able to transfer safely on and off of the toilet, wash his hands, and adjust his clothing. Due to the customer's delusion that his feces will turn into snakes if he flushes the toilet, he refuses to flush the toilet. So, his brother flushes the toilet when he refuses. The customer does flush the toilet after urinating.

Explanation: The customer is independent with the entire task all of the time. The customer is physically able to flush the toilet, but due to his delusion, refuses to.

Example 2:

The customer reports that she sits down on the toilet without any help. She uses grab bars to keep steady when she cleans herself. There are no concerns with her being able to keep herself clean. She is able to flush the toilet, wash her hands, and adjust her clothing every time. Her family is home just in case she calls for help. The customer has called for her daughter and asked for help getting up from the toilet five times in the last 30 days due to knee pain.

Explanation: The customer is independent with the entire task most of the time. She is offered limited hands-on assistance, but it is less than the majority of the time.

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Continence

Continence

Overview

Continence is scored based on the customer's level of control of the bowel and bladder during the last 30 days.

NOTE These questions do not refer to toileting ability. An individual who is totally incontinent could still be independent in toileting.

Things to Keep in Mind When Scoring Continence

- Brief periods of incontinence caused by an acute condition or temporary illness are not considered when scoring. For example, the customer has an acute urinary tract infection or episode of diarrhea causing incontinence.
- Incontinence that only happens during a seizure should not be considered.
- Incontinence does not include the customer willfully toileting in inappropriate places. These behaviors are assessed under disruptive behaviors.
- Incontinence involving minimal amounts is scored as continent. Minimal amounts, also referred to as dribbling, means an immediate change of clothing or protective undergarment is not needed.

Scoring

The scoring is divided into two sections, bowel continence and bladder continence.

1) Bowel Continence

Follow the steps below to determine the score for bowel continence

Step	Action
1	Does the customer have two or more incontinent episodes a week OR no voluntary control?

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	<ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. <p>NOTE Score customers who rely on dilatation or ostomies for evacuation as totally incontinent of bowel.</p>
2	<p>Does the customer have incontinent episodes once a week?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	<p>Does the customer have incontinent episodes less than weekly?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	<p>Does the customer have complete voluntary control?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

2) Bladder Continence

Follow the steps below to determine the score for bladder continence

Step	Action
1	<p>Does the customer have incontinent episodes daily OR no voluntary control?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. <p>NOTE Score customers who rely on catheters, intermittent catheterization, or ostomies as totally incontinent of bladder.</p>

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2	<p>Does the customer have incontinent episodes one or more times per week, but not daily?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	<p>Does the customer have incontinent episodes less than weekly?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	<p>Does the customer have complete voluntary control, stress incontinence, or dribbling?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1. <p>NOTE Score those who receive dialysis and do not urinate as continent.</p>

Definitions

Term	Definitions
Bladder Continence	The customer's ability to voluntarily control the discharge of body waste from the bladder
Bowel Continence	The customer's ability to voluntarily control the discharge of body waste from the bowel.
Stress Incontinence	The customer's inability to prevent the escape of small amounts of bowel or bladder contents during activities such as coughing, sneezing, lifting, or laughing.

Deterioration in Overall Function

Deterioration in Overall Function

Overview

This section is used to identify all significant, overall changes related to ADLs and continence in the customer's:

- Functional status;
- Skills; or
- Abilities.

Consider the customer's overall function in the last 90 days when scoring.

NOTE Include **specific details** of what has changed in the comment sections.

Scoring

Score	Description
0	No deterioration
1	Deteriorated
2	Unable to determine NOTE This score should only be used when absolutely needed. For example, the customer is unable to answer or respond and the caregiver does not know this information; OR if there is no one available to provide this information.

Definitions

Term	Definitions
Deterioration	A new or increased loss of independence in ADLs

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	or continence as compared to 90 days before the PAS.
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Communication/Sensory

Communication and Sensory Overview

Overview

The customer's awareness of their environment, including people, place and time, and ability to communicate, hear, or see can impact their need for long-term care services and risk of institutionalization.

Things to Keep in Mind When Scoring Communication and Sensory Patterns

You may need to adjust how you interview when a customer has difficulty seeing, hearing, speaking, or a combination of these. Here are just a few examples:

- Ask multiple choice questions, where the customer can answer by nodding or holding up a certain number of fingers;
- Show the customer the written question;
- Have the customer write their answers; or
- Use some other way to communicate.

Orientation

Overview

The score for orientation is based on the customer's awareness of their environment in relation to:

- Person – First name, last name, and caregiver's name;
- Place – Immediate environment, place of residence, city, and state; and
- Time – Day, month, year, and time of day.

NOTE Forgetfulness and confusion do not always point to disorientation. The customer's ability to re-orient, and the frequency and level of the forgetfulness and confusion need to be assessed to determine level of orientation.

Things to Keep in Mind When Scoring Orientation

- Do not assess children 6-11 years old.
- Consider the customer's orientation for the last 90 days, placing the most emphasis on recent mental status as well as the ability to reorient.
- A customer who is aware of his or her forgetfulness and reorients on their own is considered to be oriented. For example, they ask questions, look at a clock, or look at a calendar.
- Temporary disorientation due to an acute condition is not considered in scoring. Examples of acute conditions are an electrolyte imbalance or intoxication.
- Take into consideration people from cultures or environments where time and place is traditionally measured in general terms.
- A customer who has difficulty speaking may need to be assessed using other means such as:
 - Multiple choice questions;
 - The customer writing their answers; or
 - Using some other way to communicate.

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- A customer in a coma should be scored as totally disoriented to person, place and time.

During the PAS Interview

- Interview the customer and caregivers. Make a note of any discrepancies. If there is no caregiver present at the assessment, make every effort to contact a family member or someone familiar with the customer to complete this part of the assessment.
- When there is no caregiver, review the medical records to see if the customer is oriented at the physician appointments. When necessary, call the physician's office and speak to the staff to confirm orientation.
- Select "No Caregiver" if unable to locate or contact anybody aware of the level of orientation for the customer, including medical providers. Explain the attempts made and why unable to locate or contact a caregiver in comments.
- Comments need to clearly explain whether scoring is for "Knows" or "Unable to assess".
 - For "Knows", use the exact quote from the customer. For example: "Mary".
 - "Unable to assess" should be used very rarely. For example, a person with a serious mental illness, who is delusional, may respond to his or her name but not state it when asked. Or a person who seems to be refusing to answer the questions. Explain why "Unable to assess" was selected in the comments.
- All scores must have a comment that includes the customer's response to the questions. If the customer answered incorrectly, include the correct answer in brackets []. For example: "Mary" [Gertrude].

Scoring

The scoring for orientation has three sections:

- Person/Caregiver;
- Place; and
- Time

1. Person/Caregiver

- Determine if the customer knows their first name, last name, and their caregiver's name. When the customer is able to identify a person based on their relationship, such as daughter or nurse, but does not know that person's name, they should be scored as oriented.
- Ask the caregiver for their judgment of the customer's orientation to first name, last name and caregiver's name. Document whether the caregiver thinks the customer always knows, usually knows, or seldom/never knows.

2. Place

- Determine whether the customer knows their immediate environment, place of residence, city, and state.
 - Examples of immediate environment are: the kitchen, their room, the common area.
 - The customer does not have to know the address of the location or the specific facility type to be considered oriented to place of residence. For example, the customer responds, "my son's house" or "a hospital" when in a nursing home.
- Ask the caregiver for their judgment of the customer's orientation to immediate environment, place of residence, city and state. Document whether the caregiver thinks the customer always knows, usually knows, or seldom/never knows.

3. Time

- Determine whether the customer knows the day, month, year and time of day.
 - Consideration should be given to people in cultures or environments where time passing is traditionally measured in general rather than specific terms. For example: "winter", "morning", "middle of the week".
 - If the customer does not know the day, month, year, or time of day, ask follow-up questions to determine orientation. When you follow up, follow up completely by having the customer demonstrate their ability to determine Time. For example:

You ask, "What day is it?"

The customer replies, "Heck if I know, I'm retired."

You ask, "How would you find out what day it is if you wanted to?"

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The customer replies, "I'd look at my phone."

You say, "Great, would you please look at your phone and tell me what day it is?"

- Ask the caregiver for their judgment of the customer's orientation to the day, month, year, and time of day. Document whether the caregiver thinks the customer always knows, usually knows, or seldom/never knows.

Definitions

Term	Definitions
Disorientation	The loss of one's bearings; a state of mental confusion or impaired awareness of time, place, or identity.
Orientation	Awareness of one's environment related to place, time, and people.

Communication and Sensory Patterns

Overview

This section is used to evaluate and score the customer's:

- Hearing;
- Communication abilities; and
- Vision.

NOTE Consider the customer's communication and sensory ability for the last 30 days when scoring.

Scoring

The scoring is made by reviewing available information from the caregiver, customer, medical records, and observation.

1. Hearing: The customer's ability to receive sounds and does not include the ability to understand the meaning of the sound. If an assistive device is used, such as hearing aids, then rate hearing based on the customer's ability while using the device.

Step	Action
1	<p>Does the customer have highly impaired hearing, the absence of useful hearing, or is completely deaf?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 3.• If NO, continue to step 2. <p>NOTE Give a customer who is unable to respond due to being in a coma a score of 3.</p>

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2	<p>Is the customer only able to hear in special situations, and only able to follow loud conversations? For example, the speaker has to adjust voice pitch or volume, speak distinctly, and look directly at the customer when speaking.</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	<p>Does the customer have minimal difficulty when not in a quiet setting, but is able to understand conversations when in one-on-one situations?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	<p>Is the customer adequately able to hear conversations, the television, or when talking on the telephone?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1. <p>NOTE When the customer's ability can't be determined, give a score of 0.</p>

2. Expressive Communication: The customer's ability to express information and make themselves understood using any means. Expressive communication includes verbal communication, written communication, and sign language. The score in this area may be impacted by mental status or physical conditions.

Step	Action
1	<p>Is the customer rarely or never understood?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	<p>Is the customer sometimes understood, but their ability is limited to making concrete requests?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.

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3	<p>Is the customer usually understood, but they have difficulty finding words, finishing thoughts, or enunciating?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	<p>Is the customer usually understood without difficulty?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1. <p>NOTE When the customer's ability can't be determined, give a score of 0.</p>

3. Vision: The customer's ability to visually perceive visual stimuli. The customer will be scored based on their ability to see close objects and those at a distance in adequate lighting. If assistive devices are used, such as glasses or a magnifying glass, then rate vision based on the customer's ability while using the device.

NOTE A diagnosis of legal blindness does not reflect a specific level of impairment for PAS scoring. For example, a customer may be able to read large print and be legally blind.

Step	Action
1	<p>Does the customer have severe impairment, in which they have no vision or are only able to see light, colors, or shapes?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	<p>Does the customer have highly impaired vision and is unable to see large print?</p> <p>OR</p> <p>Is the field of vision severely limited? For example: the customer has tunnel vision or central vision loss.</p> <ul style="list-style-type: none"> • If YES to either question, STOP. Give the customer a score of 2.

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	<ul style="list-style-type: none"> If No to both questions, continue to step 3.
3	<p>Does the customer have impaired vision making it difficult to focus at reading range?</p> <p>OR</p> <p>Can the customer see large print and obstacles, but not details, or has monocular vision?</p> <ul style="list-style-type: none"> If YES to either question, STOP. Give the customer a score of 1. If NO to both questions, continue to step 4.
4	<p>Is the customer able to see adequately? For example: read the news, watch TV, read the labels on medication bottles.</p> <ul style="list-style-type: none"> If YES, STOP. Give the customer a score of 0. If NO, the customer meets some scoring criteria above, go back to step 1. <p>NOTE When the customer's ability can't be determined, give a score of 0.</p>

Definitions

Term	Definitions
Central Vision	<p>The field of vision that allows a person to see shapes, colors, and details clearly and sharply.</p> <p>A person who loses central vision often feels like they are missing fine details or seeing blurred spots in the center part of their field of vision.</p>
Field of Vision	<p>The entire area that a person is able to see when their eyes are fixed in one position.</p>
Monocular Vision	<p>A condition in which one eye is blind, or one eye is</p>

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	unable to register images in coordination with the other eye.
Tunnel Vision	Loss of peripheral vision but still having central vision, resulting in a constricted, circular field of vision.

Behaviors

Wandering

Overview

Wandering is the behavior of moving about without rational purpose as a result of disorientation or memory problems that puts the safety of the customer or others at risk. The customer tends to wander beyond the borders of his or her environment or to areas within the environment that pose a safety risk.

NOTE For example, a customer who is not aware of the dangers of knives and hot stoves wanders out of the recreation room and into the kitchen where knives are on the table, or a hot stove is within reach.

Wandering indicates that the customer does not easily reorient to location.

The following are not considered wandering:

- Getting lost in an unfamiliar place
- Leaving without permission or running away
- Voluntarily leaving against medical advice
- Pacing

During the PAS Interview

The table below has tips for getting clear, complete information during the interview. Include the information when entering the comment and always include who gave the information.

Wandering Component	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of wandering	Is the behavior rational or irrational	Ask follow-up questions to help determine if the customer's behavior is rational. For example, the customer opens the door leading to a busy street because he wants to walk to the

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		<p>bus stop and pick up his kids after school at 3:00 pm.</p> <p>Ask, "Are his children currently attending school?"</p>
	Are there safety concerns or risks involved	<p>Ask questions such as:</p> <ul style="list-style-type: none"> • What safety concerns, if any, are there for the customer or other people when this happens? • How does the customer put himself at risk by doing this? • What are the risks involved? • Has he gotten hurt before due to this behavior? • How does this risk his safety or the safety of others? • Has there been police involvement due to this behavior?
	Is the customer going beyond the physical borders of their environment	<p>Ask questions such as:</p> <ul style="list-style-type: none"> • Does the customer ever succeed in leaving the house? • What does he do to leave? • Where does he wander to? • How far has he gotten when he attempts to leave the house?
	Does the customer have orientation or memory problems	<ul style="list-style-type: none"> • Review the orientation questions in the Functional Scores battery for information about the customer's level of orientation and the caregiver's judgment. • Review medical records.
Determine the intensity of the intervention	The information received about all wandering interventions should be documented thoroughly in the	<p>Ask questions such as:</p> <ul style="list-style-type: none"> • What do you do in response to this behavior? • How often do you respond that way?

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	comment section	<ul style="list-style-type: none"> • How well does this response work? • What happens if you do not respond this way? • What happens if the action you took does not stop the behavior?
Determine the frequency of the behavior	Determine the frequency of the behavior for the past 90 days	Ask questions such as: <ul style="list-style-type: none"> • How often does the behavior occur? • Do you know when the customer will wander? • What tells you that it will happen?
Determine if there is a history of wandering	If the customer has wandered in the past but not in the last 90 days, what changed?	Ask questions such as: <ul style="list-style-type: none"> • Does the customer have a history of wandering? • How often did it occur? • What happened to make it stop? <p>NOTE Make sure that the prior behavior fits the definition of wandering.</p>

Scoring

When scoring Wandering, follow the steps in the two sections below to determine:

- The frequency of wandering behavior that creates a threat to the safety of the customer or others, and
- The intensity of intervention for the wandering behavior.

Refer to the example section for more information on how each score may be applied.

Frequency

Frequency describes or measures how often the wandering behavior puts the customer's or others' safety at risk.

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NOTE When no intervention is needed because the wandering behavior does not pose a safety risk, the score for frequency is 0, no matter how often the behavior happens.

Step	Scoring
1	<p>Does the behavior occur at least daily, posing a threat to the safety of self or others?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	<p>Does the behavior occur at least weekly but less than daily; posing a threat to the safety of self or others?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 3.
3	<p>Does the behavior occur less than weekly, but poses a threat to the safety of self or others?</p> <p>OR</p> <p>Does the behavior happen weekly or more often, but only poses a safety threat less than weekly?</p> <ul style="list-style-type: none"> • If YES to either question, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 4.
4	<p>Does the customer have a history of wandering behavior that is not a current problem, including if chemically controlled?</p> <p>OR</p> <p>Has wandering behavior not been observed?</p> <ul style="list-style-type: none"> • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above. Go back to step 1.

Intensity of Intervention

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Intensity of intervention measures the level of effort and physical involvement used to stop or prevent the wandering behavior.

NOTE If more than one intervention is used, score based on the one that is used most often.

Step	Action
1	<p>Does the customer require physical intervention or restraints, including chemical restraints?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. <p>NOTE If a chemical restraint is used, confirm that it is prescribed specifically for this behavior.</p>
2	<p>Can the customer be verbally redirected with difficulty?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	<p>Can the customer be easily redirected?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	<p>Does the customer's wandering not require intervention?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Chemical Restraints	A medication prescribed specifically to stop or reduce the wandering behavior
Pacing	Walking back and forth within an area due to restlessness, lack of exercise, stress, or anxiety, which does not pose a safety risk to self or others.
Physical Intervention	A physical device or barrier that prevents the

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	<p>customer from going beyond the physical borders of his environment to prevent the wandering behavior. For example, placement in a locked memory unit to prevent the wandering behavior.</p> <p>OR</p> <p>Hands-on assistance to stop the wandering behavior from occurring. For example, stepping in front of the person or leading them by the hand.</p>
Verbal Redirection with difficulty	Spoken direction or requests, or verbal redirection of the customer’s focus that takes a great deal of time and effort but eventually succeeds.
Verbal Redirection with ease	Spoken direction or requests, or verbal redirection of the customer’s focus that the customer responds to quickly and easily.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Frequency	Intervention
<p>Score of 3</p> <p>The caregiver, the customer’s daughter, reports the customer wanders through the house at night. The customer goes into other family members’ rooms every night collecting items and stacking them on the floor in the hallway to take on her “trip”. The caregiver confirms that there is no trip scheduled.</p> <p>The customer and other family members have tripped over the piled items at night. The injuries were mostly minor, except for the customer fracturing her wrist.</p>	<p>Score of 3</p> <p>Every night the caregiver turns on the hallway light so that she can see the random piles. She then takes her mother’s arm and leads her back to her bedroom, puts her in bed, sings a lullaby until she falls back to sleep, and then closes the bedroom door.</p> <p>After the customer is asleep, the caregiver picks up the items and puts them away.</p>
	<p>Score of 2</p> <p>Every night the caregiver wakes up when she hears the customer stacking items on the floor. When she asks the customer to go back to bed, the customer starts crying and says, “but I have a trip.”</p> <p>The caregiver tells the customer that the flight is not until morning. The customer resists several more</p>

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	<p>times, saying she needs to leave on her trip “now”. She eventually tires and returns to her bed on her own.</p> <p>Score of 1</p> <p>Every night the customer’s daughter wakes up when she hears the customer stacking items on the floor. She quietly tells the customer that her flight is not until the morning. The customer, says, “Oh I must be confused’, then goes back to bed without further prompting.</p> <p>Score of 0</p> <p>Not applicable. A safety risk exists, and intervention is needed.</p>
<p>Score of 2</p> <p>The customer’s wife explains that the customer has moderate dementia. He walks down the street in the evening about three times each week after his daughter visits for dinner. The customer’s wife said that when she is cleaning up after dinner, he leaves his house to “go home.” He gets lost and walks into the street. The wife is afraid he won’t make it home due to his confusion.</p>	<p>Score of 3</p> <p>When the customer tires or gets lost walking, he asks his neighbors where his house is, even when he is right in front of it. The neighbors are aware of his condition and take him by the arm each time to take him back to his house.</p> <p>Score of 2</p> <p>The customer’s wife says she follows him and asks him to come home. He keeps walking and walks faster when she calls his name. She runs to catch up and tells him, “it’s time to turn around and go home.” He avoids her and continues walking. Once he tires, he walks with her back to the house.</p> <p>Score of 1</p> <p>The customer’s wife says she follows him and asks him to come home. She will tell him that it is time for his favorite TV show. He smiles and walks back home with her.</p> <p>Score of 0</p> <p>Not applicable. A safety risk exists, and intervention is needed.</p>
<p>Score of 1</p> <p>The customer lives in a skilled nursing facility. The CNA reports</p>	<p>Score of 3</p> <p>When this behavior occurs, a staff member quietly tells the customer that it is time to go back to his</p>

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<p>that the customer wanders in and out of other residents' rooms several times a week. He goes through drawers and closets "looking for buried treasures". The CNA said that the customer's behavior does not usually pose a safety risk. However, twice in the past month this has resulted in arguments with another resident that became physical.</p>	<p>room. The customer appears confused, so each time the caregiver holds the customer by his arm and walks him slowly back to his room.</p>
	<p>Score of 2</p> <p>When this behavior occurs, a staff member quietly tells the customer that it is time to go back to his room. The customer raises his voice, each time, and says he will not go back to his room until he finds the buried treasure. After repeated attempts to reason with him, he finally says, "Fine. I will just come back another time to find the treasure."</p>
	<p>Score of 1</p> <p>When this behavior occurs, a staff member will ask the customer if he is ready to watch his favorite movie, "Cool Hand Luke". The customer smiles and starts walking to his room. The customer's favorite movie is always set up on a DVD player in his room.</p>
	<p>Score of 0</p> <p>Not applicable. A safety risk exists, and intervention is needed.</p>
<p>Score of 0</p> <p>The daughter says the customer used to wander the house every night, collecting items from other rooms and stacking them on the hallway floor to get ready to "go visit her daughter." The customer only has one daughter and lives with her. The daughter was concerned that someone would trip and fall over the piles. This behavior has not occurred in over 4 months.</p>	<p>Score of 3</p> <p>The customer's daughter said that ever since her mother was prescribed Risperidone, which the customer takes every evening, not only has the wandering behavior stopped but she also sleeps through the night.</p>
	<p>Score of 2</p> <p>Does not apply to a frequency score of 0.</p>
	<p>Score of 1</p> <p>Does not apply to a frequency score of 0.</p>
	<p>Score of 0</p> <p>This information would go in the summary.</p>

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Effective until 2022-01-30

Self Injurious Behavior

Overview

Self-Injurious Behavior (SIB) is repeated actions that cause physical injury to a person's own body. Some examples of SIB are:

- head banging,
- punching or hitting oneself,
- hand/arm biting,
- picking at skin or sores,
- compulsive water drinking,
- eating nonfood items, and
- excessive skin rubbing or scratching.

The following are not included in the score:

- Suicide attempts
- Accidents, such as tripping and falling
- Risky lifestyle choices, like not following medical advice, smoking, drug, and alcohol abuse.

During the PAS Interview

The table below has tips for getting clear, complete information during the interview. Put this information in the comments, and always include who gave the information.

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Self-Injurious Behavior Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the description of self-injurious behavior in the overview	Is the behavior deliberate or irrational	<p>Ask follow-up questions to determine if the customer's behavior is deliberate or irrational.</p> <p>For example:</p> <ul style="list-style-type: none"> • The customer punches a wall over and over because he is frustrated is a deliberate action. • The customer cuts her wrist with a needle, leaving railroad track scars, because the "voices" are telling her she is "bad" is an irrational act. <p>Ask questions such as:</p> <ul style="list-style-type: none"> • What triggers you to hurt yourself? • When you ask the customer what triggers him to hurt himself, what does he say?
	Does the repeated behavior cause physical harm to the body?	<p>Ask questions such as:</p> <ul style="list-style-type: none"> • Describe what the customer does that causes harm to his body. • How often does she do this? • How is this causing immediate physical harm to her body?
Determine the intensity of the intervention	Consider how often the intervention is needed, and how much time and effort the intervention takes.	<p>Ask questions such as:</p> <ul style="list-style-type: none"> • What is done in response to this behavior? • How often do you respond that way? • How well does this intervention work? • What happens when you don't respond this way? • What happens when the action taken does not stop the behavior?

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Determine the frequency of the behavior	Consider the past 90 days. Consider the last year when the behavior resulted in a serious injury requiring medical attention.	Ask questions such as: <ul style="list-style-type: none"> • How often does this behavior happen? • How seriously was he hurt? • Has the customer needed medical attention due to this behavior? Tell me more about that. • When was the last time this behavior happened?
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Scoring

When scoring Self-injurious Behavior, follow the steps in the two sections below to determine:

- The frequency of behavior that causes physical harm to the customer’s body, and
- The intensity of intervention for the behavior.

Refer to the example section for more information on how each score may be applied.

Frequency

Frequency describes or measures how often the self-injurious behavior happens.

Step	Scoring
1	Does the behavior occur at least once a day, posing a threat to health and safety? OR Has the behavior caused the customer serious injury that needed medical attention in the last year? <ul style="list-style-type: none"> • If YES to either question, STOP. Give the customer a score of 3. • If NO to both questions, continue to step 2.
2	Does the behavior occur at least weekly but less than daily and pose a threat to

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	<p>health or safety?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	<p>Does the behavior occur less than weekly, but poses a threat to the customer's health?</p> <p>OR</p> <p>Does the behavior happen weekly or more often, but only poses a health threat less than weekly?</p> <ul style="list-style-type: none"> • If YES to either question, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 4.
4	<p>Does the customer have a history of self-injurious behavior that is not a current problem (including if chemically controlled)?</p> <p>OR</p> <p>Has the self-injurious behavior never been observed?</p> <ul style="list-style-type: none"> • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step 1.

Intensity of Intervention

Intensity of intervention measures the level of effort and physical involvement used to stop or prevent the self-injurious behavior.

NOTE If more than one intervention is used, score based on the one that is used most often.

Step	Action
1	<p>Does the customer require physical intervention, physical restraints, or chemical restraints?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3.

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	<ul style="list-style-type: none"> • If NO, continue to step 2. <p>NOTE If a chemical restraint is used, confirm that it is prescribed specifically for this behavior</p>
2	<p>Can the customer be verbally redirected with difficulty?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	<p>Is the customer easy to verbally redirect?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	<p>Does the customer's behavior not need intervention?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Chemical restraints	A medication prescribed specifically to stop or reduce the self-injurious behavior.
Physical restraints	Physical devices that restrict movement to protect a customer from injury.

Examples

Example #1:

Frequency: Score of 3:

The customer is diagnosed with Asperger's and is not DD eligible. His mother reports that when he gets overstimulated, he bangs his head against the wall or floor at least once a day. She said that this behavior has caused bruising, frequent headaches, and dizziness.

Intervention: Score of 1:

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The mother said when she sees this behavior, her first reaction is to ask the customer to stop, but he usually doesn't. She then asks him, "Do you want to rock now, or would you rather swing?" The question distracts him, and he stops the head banging immediately.

Example #2:

Frequency: Score of 3:

The SNF staff report that about once every other month, the customer punches the wall over and over again when he gets frustrated, which results in bloody knuckles and bruises on his hands. Last week, the customer was taken to the ER after punching the wall where he received treatment for a broken wrist and finger.

Intervention: Score of 2:

Every time this behavior happens, two staff members calmly approach the customer. They ask him why he is upset. The customer yells and screams and tells them that he is "sick of everything." They continue talking with him for several more minutes until the customer tires. Shortly after the customer was taken to the ER, the staff members put up a punching mat on the wall. The customer has agreed that if he "has" to punch the wall he will do so on the mat.

Example #3:

Frequency: Score of 2:

The group home staff reports that the customer has hallucinations that tell her to slap herself. As a result, the customer repeatedly slaps her head and face three or four times a week. The staff reports that the customer often bruises her face. The staff reports that 45 days ago she was slapping herself in the head every day, but since she was prescribed medication, the behaviors have decreased.

Intervention: Score of 3:

The group home staff reports that the customer takes a daily dose of Quetiapine that was prescribed to reduce the self-injurious behavior. In addition, the three or four times a week they see the customer hurting herself, they hold her arms down to her sides to stop the behavior.

Example #4:

Frequency: Score of 1:

The customer's mother reports that the customer scratches his forearms with his fingernails which have left several scars on his arms. His mother describes the cuts as "superficial", but she explains she is concerned about his mental wellbeing. The customer only scratches himself when he is by himself. The mother said that the customer usually wears long sleeve shirts, but one day when he was swimming, she noticed the scars and asked him about them. He said that it helps him deal with his emotions. The mother took him to his PCP, and the doctor told her that the scratches were not a serious threat to his health or safety, but he did recommend that the customer be seen by a therapist so he could express his emotions in a more positive way.

Intervention: Score of 1:

The mother reports that she and her son are in the process of finding a therapist. In the meantime, they have agreed that when he feels like scratching on his arm he will come and talk to her first. If the mother is away from the house, she will ask him when she gets home if he had urges to scratch. The customer talks with her about his feelings. He will then show her his forearms. The mother said that she is not confident he is being completely honest with her, but she did acknowledge that he is easily redirected.

Example #5:

Frequency: Score of 0

The customer's husband reports that his wife had been burning herself on her stomach with candle wax. He did not become aware of this behavior until six months ago. When he asked her about it, she said that she used to burn herself several years ago after a traumatic event but stopped when she met him. About six months ago, she had an event that reminded her of her past trauma, and she started to burn herself again. The behavior lasted for two months.

Intervention: Score of 3:

The customer sees a therapist once a week and has been prescribed an anti-depressant that she takes every morning. Her husband reports that the combination of interventions has stopped the behavior.

Aggression

Overview

Aggression is physically attacking another person. Some examples of aggression are:

- Throwing objects at a person
- Punching
- Biting
- Pushing
- Pinching
- Pulling hair
- Scratching
- Physically threatening behavior
- Destroying property as a result of trying to hurt another person

The following are not included in the score, but are included in the PAS summary:

- One-time incidents that did not result in a serious injury needing medical attention
- Self-injurious behavior
- Physically hurting a pet or animal
- Making verbal threats without any physical components

During the PAS interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Aggression Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of aggression	Is the behavior directed toward another person?	Ask questions such as: <ul style="list-style-type: none">• Describe the customer's physical attacks towards another person. What does he do?• When the customer throws things "all over the place", does she ever throw these items at another person?• You said he threw a bottle and broke the television. Tell me how the customer meant that action to physically attack another

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		person.
	Are there safety concerns or risks with the behavior	<p>Ask questions such as:</p> <ul style="list-style-type: none"> • Does the customer put others at risk by doing this? • What are the risks involved? • Has he hurt another person before due to this behavior? • How does this jeopardize the safety of others?
Determine the intensity of the intervention	Consider how often someone intervenes, as well as the effort and physical involvement	<p>Ask questions such as:</p> <ul style="list-style-type: none"> • What is done in response to this aggressive behavior? • How often is the intervention used? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens when this does not stop the aggression? <p>NOTE Document all information received about any interventions for aggression in the comment section.</p>
Determine the frequency of the behavior	<p>Consider the past 90 days.</p> <p>Exception: Consider the past year when the behavior caused a serious injury needing medical attention.</p>	<p>Ask questions such as:</p> <ul style="list-style-type: none"> • How often does the behavior occur? • Did the customer's behavior cause a serious injury in the past year that required medical attention? If so, when did it happen and what type of medical attention was received. • What triggers this behavior, if known? • When was the last time this behavior happened?

Scoring:

When scoring Aggression, follow the steps in the two sections below to determine:

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- The frequency of aggressive behavior; and
- The intensity of intervention for the aggressive behavior.

Frequency

Frequency describes or measures how often the aggressive behavior happens.

Step	Scoring
1	<p>Does the behavior occur at least once a day, posing a threat to the safety of others?</p> <p>OR</p> <p>Has the behavior caused serious injury requiring medical attention in the last year?</p> <ul style="list-style-type: none">• If YES to either question, STOP. Give the customer a score of 3.• If NO to both questions, continue to step 2.
2	<p>Does the behavior occur at least weekly but less than daily; posing a threat to the safety of others?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 2.• If No, continue to step 3.
3	<p>Does the behavior occur less than weekly, but poses a threat to the safety of others?</p> <p>OR</p> <p>Does the behavior happen weekly or more often, but only poses a safety threat less than weekly?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 1.• If NO, continue to step 4.
4	<p>Does the customer have a history of aggressive behavior that is not a current problem, including if chemically controlled?</p> <p>OR</p> <p>Has the aggressive behavior not been observed?</p> <ul style="list-style-type: none">• If YES to either question, STOP. Give the customer a score of 0.

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	<ul style="list-style-type: none">• If NO to both questions, the customer meets some scoring criteria above, go back to step 1.
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Intensity of intervention

Intensity of intervention measures the level of effort and physical involvement used to stop or prevent the aggressive behavior.

NOTE If more than one intervention is used, score based on the one that is used most often.

Step	Scoring
1	<p>Does the customer require physical intervention, physical restraints, or chemical restraints?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 3.• If NO, continue to step 2. <p>NOTE If a chemical restraint is used, it must be prescribed specifically for this behavior.</p>
2	<p>Can the customer be verbally redirected with difficulty?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 2.• If No, continue to step 3.
3	<p>Is the customer easy to verbally redirect?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 1.• If NO, continue to step 4.

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4	Does the customer's behavior not need intervention? <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 0.• If NO, the customer meets some scoring criteria above, go back to step 1.
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Definitions

Term	Definition
Chemical Restraints	A medication prescribed specifically to stop or reduce aggressive behavior
Physical Intervention	Immediate hands-on assistance, provided by a caregiver to stop the aggressive behavior.
Physical Restraints	Physical devices that stop or reduce movement to protect a customer from injuring themselves or others.
Verbal Redirection with difficulty	Verbal redirection given by a caregiver that takes a great deal of time and effort to reduce the aggressive behavior, but the customer eventually complies
Verbal Redirection with ease	Verbal redirection given by a caregiver that the customer responds to quickly and easily to reduce the aggressive behavior

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Example 1:

Frequency: Score of 3:

The customer's mother reports that the customer was in a serious motor vehicle accident just over a year ago, which resulted in a traumatic brain injury (TBI). The

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mother reports that, among other things, he is easily agitated which results in aggressive behavior. She said that every day for the past 90 days, the customer has hit, pinched, punched, or slapped both her and her husband at least once a day. This behavior has resulted in bruises and welts for both the mother and father. On one occasion, the father slapped the customer in the face to stop the behavior. None of the aggressive behaviors resulted in seeking medical attention.

Intervention: Score of a 2:

The mother reports that she and her husband are receiving therapy to learn how to cope with their son's TBI. She said they were given de-escalating tools to reduce the customer's behavior. Although he is still aggressive on a daily basis, they are learning how to look for triggers that aggravate the customer. When they see that he is becoming upset they will give him space and talk with him from across the room. Even when they can get far enough away before he becomes aggressive, he still curses, screams, and stomps his feet. They encourage him to talk about what is upsetting him. He will say that he "hates that he is not himself anymore." They continue to keep their distance and encourage him to go in the backyard and "shoot some hoops." He continues to curse and scream, but eventually takes their advice and goes outside to play basketball.

Example 2:

Frequency: Score of 3:

The customer's spouse reports that his wife has been diagnosed with Alzheimer's disease. Sometimes his wife does not recognize him, and when this happens, she becomes angry and yells, "I don't know you, get out of my house." However, she has only become physically aggressive on one occasion, six months ago. It was late at night and the customer was very disoriented and confused. She thought her husband was a "burglar". She yelled at him to "Get out of my house!", then taking the fireplace poker she struck him several times before he could get away from her. The husband called 911 and when they responded, he was transported to the hospital. He was treated for broken ribs and a deep cut to his forehead. The husband reports that since this incident, when he sees that she is becoming upset because she does not recognize him, he distances himself by going to another room until she is calm. She still gets very upset, but he has been able to avoid another physical attack.

Intervention: Score of 1:

The spouse reports that on the occasion when he was transported to the hospital, his wife was taken to the ER and given a dose of Seroquel to reduce her agitation. Now, when she becomes agitated, he moves at least ten feet away from her and tries to redirect her by calmly asking if she would like a snack. Sometimes this works and she calms down and sits in her recliner while he makes her snack. Other times she will say, "I don't know you. You are trying to poison me." When this happens, he keeps his

distance, but puts on a CD of her favorite songs. Even at her most agitated, the music calms her. He knows she is calm when she sits down in her recliner chair and stops pacing around the house. He then approaches her chair and asks if she would like a snack. Her common response is, “yes, dear that would be very nice.”

Example 3:

Frequency: Score of a 2:

The customer’s daughter reports that the customer has Alzheimer’s disease. The daughter reports that before her mother’s memory started to decline, she was very sweet and never “raised a hand to me or the rest of my family.” In the past year, the daughter reports the customer is easily agitated and when upset, she will raise her cane up in the air swings it at anyone who comes near her. The daughter reports that if the customer did hit someone it would hurt. The daughter is also concerned that the customer has poor balance and could fall when she starts swinging her cane. This behavior occurs at least five times a week when a family member attempts to approach the customer to pick up items from the trashcan that she has thrown on the floor.

Intervention: Score of a 2:

The customer’s daughter said that her mother started taking items out of trashcans in the home about two months ago. The daughter said when she or a family member ask her what she is doing, she always says the same thing, “I have to find my kitten.” The daughter said whenever a family member tries to approach her; she becomes agitated and startled and raises her cane. The daughter or another family member will try to calmly talk with customer, but this only makes things worse. They have tried to leave her alone until she stops throwing garbage on the floor, but the customer slipped on a banana peel once when they tried this. Now they stay further than cane distance away to make sure the customer is safe. It takes over 10 minutes to redirect the customer into the TV room, by telling her that it is time to watch “The Price is Right.”

Example 4:

Frequency: Score of 1:

The customer’s wife reports that her husband had his right leg amputated below the knee six months ago. She said that he has been depressed ever since and has been drinking heavily. When he drinks too much, he gets very angry. Since his surgery, she said he becomes “out of control” and starts yelling at her, approximately once a month. The more he yells, the angrier he gets. He then starts throwing his empty bottles at her. She reports that he has never actually hit her with a bottle, probably because he is “too drunk to throw well.” But, during these episodes he has thrown a beer bottle through the sliding glass door and multiple times has hit the living room wall, smashing glass all over the floor and carpet.

Intervention: Score of 3:

The customer's wife reports that there is no reasoning with him when he has had too much to drink. She is scared that one day he might hit her. She said when he becomes violent, she calls the police. On one occasion he was arrested for disorderly conduct when four of her neighbors called the police. On the other occasions the police have had to physically restrain the customer until he calms. She said that she has not pressed charges because, "he is going through so much right now."

Example 5:

Frequency: Score of 0:

The customer reports that her husband died six months ago. She said she has never felt so much grief in her life and she "kind of lost it for a while." The customer is diagnosed with bipolar disorder. In the first couple of months after her husband died, she was not sleeping and became "manic and explosive." During this time, she admits to hitting a "lady in the store with my cart because she was walking too slowly." She also threw a garbage can at her neighbor because "he looked at me weird." After these incidents, she was prescribed a new medication for the aggression and has not had any outbursts in the last 90 days.

Intervention: Score of 3:

The customer reports that the neighbor filed a restraining order, and she cannot go near his home. She was asked to leave the store when she hit the lady with her cart. She was prescribed Symbyax to control aggressive behaviors, which she takes daily. She has not been aggressive towards others in over four months. She sees a therapist weekly to deal with her grief and anger issues.

Resistiveness

Overview

Resistiveness is inappropriate stubborn and uncooperative behavior, which includes:

- Passive or obvious behaviors
- Obstinace
- Unwillingness to participate in self-care or take necessary medications

The following are not included in the score:

- Difficulties with processing sounds
- Reasonable acts of self-advocacy
- Verbal threats
- Physical aggression
- Self-injurious behavior

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Resistiveness Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of resistiveness	Is the behavior inappropriately stubborn and uncooperative	Ask questions such as: <ul style="list-style-type: none">• What does the customer not want to do?• What is the reason the customer does not want to do that activity?

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		<ul style="list-style-type: none"> • Is it reasonable for the customer to not want to do the activity? • How is this behavior inappropriate? • What does the customer do that shows she is being uncooperative or stubborn? • Is the customer able to follow directions or advocate for himself? • Are the reasons for resistance rational?
Determine the intensity of the intervention	How often the intervention is needed, and how much time and effort the intervention takes.	<p>Ask questions such as:</p> <ul style="list-style-type: none"> • What do you do when the customer resists? • How often do you have to do that? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens if the intervention does not work?
Determine the frequency of the behavior	Consider the past 90 days.	<p>Ask questions such as:</p> <ul style="list-style-type: none"> • How often does the behavior occur? • Who is affected? • What triggers the behavior, if known?

Scoring

When scoring Resistive Behavior, follow the steps in the two sections below to determine:

- The frequency of the behavior; and

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- The intensity of intervention for the behavior.

Frequency

Frequency describes or measures how often the resistive behavior happens.

NOTE When no intervention is needed for the resistive behavior, the score for frequency is 0, no matter how often the behavior happens.

Step	Frequency
1	Does the behavior occur at least once daily? <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 3.• If NO, continue to step 2.
2	Does the behavior occur at least weekly but less than daily? <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 2.• If No, continue to step 3.
3	Does the behavior occur less than weekly? <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 1.• If NO, continue to step 4.
4	Does the behavior not occur or occurs at a level not requiring intervention (including if chemically controlled)? <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 0.• If NO, the customer meets some scoring criteria above, go back to step 1.

Intensity of Intervention

Intensity of intervention measures the level of effort and physical involvement used to stop or prevent the resistive behavior.

NOTE If more than one intervention is used, score based on the one that is used most often.

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Step	Intervention
1	<p>Does the customer require physical intervention or restraints, including chemical restraints?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. <p>NOTE If a chemical restraint is used, confirm that it is prescribed specifically for this behavior. If it is not, continue to step 2.</p>
2	<p>Can the customer be verbally redirected with difficulty?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	<p>Can the customer be verbally redirected easily?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	<p>Does the customer not require intervention?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Self-advocacy	Speaking up for oneself and one's views or interests

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Example 1:

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Frequency: Score of 3

The customer's daughter reports that her father has a cognitive impairment from a traumatic brain injury (TBI) sustained four months ago after being shot in the head. He now lives with her. Since his accident, the customer resists changing his clothes because he thinks he has already changed, which has resulted in ulcers on his buttocks from wearing soggy, soiled clothing. He also will not take his blood pressure medication because he thinks she is trying to poison him. These behaviors happen daily.

Intervention: Score of 2

The customer's daughter reports that it is very difficult to convince her father to change his clothes. Every morning she reminds him that it is time to get dressed. He gets upset and paces back and forth, shaking his head. He continues to refuse and says he has already changed. She will eventually give up. The only day she can get him to change his clothes is on Sunday. She reminds him that it is time to get ready for church and sets out his "Sunday" outfit. He then changes his clothes. She is unable to get him to take his medication, so she mixes it up in his oatmeal each morning.

Explanation: The resistive behavior happens daily, so the frequency is scored a 3. The intervention is a score of 2 because it is not easy for the daughter to verbally redirect him.

Example 2:

Frequency: Score of 2

The customer lives in a nursing home and is diagnosed with Alzheimer's disease. The nurse reports that the customer must be convinced three to four times a week to do her oral care at night. The customer resists her oral care by covering her mouth with her hands. She says she does not want the staff to pull out her teeth because it will hurt, even though she has dentures. The nurse also reports that the staff help the customer shower four times a week. The customer refuses each time. She says, "I am fine the way I am. Leave me alone." The nurse reports that the customer is incontinent. To avoid urinary tract infections and skin integrity issues, she should be bathing at least four times a week.

Intervention: Score of a 1

The nurse reports that, for oral care, the staff gently remind the customer that they only want to clean her dentures and promise not to hurt her. The verbal reassurance relieves her anxiety, and she allows the staff to remove and clean her dentures. For bathing, the staff tell the customer that her daughter is coming to visit, which she is. The customer

says, “Oh, well I want to look pretty for my guest.” The customer then allows the staff member to help her with bathing.

Explanation: The resistive behavior happens at least weekly, but less than daily, so the frequency is scored a 2. The intervention is a score of 1, because it is easy for the staff to verbally redirect her.

Example 3:

Frequency: Score of a 1

The customer lives with his brother. His brother said that the customer struggles with alcoholism, and goes days without showering, changing his clothes, and grooming. This behavior happens one to two times a month. When the brother reminds the customer to do these tasks, the customer says, “leave me alone, I’m not in the mood.” Two months ago, the customer was seen by a mental health provider, and was prescribed a daily anti-depressant in hopes of improving his mood, and to help with his lack of self-care.

Intervention: Score of a 3

The brother said that the customer’s therapist created a daily hygiene routine for him to follow. The brother reminds and encourages the customer three times a week to follow the routine. The customer is also taking a daily anti-depressant. Per brother, the combination of daily medication and reminders to follow the hygiene routine has decreased the customer’s resistance from weekly to one or two times a month.

Explanation: The resistive behavior happens less than weekly. The intervention is a score of 3, because it is scored on the intervention used most often, which is the chemical restraint.

Example 4:

Frequency: Score of 0

Intervention: Score of 0

The customer lives by himself. He said that his sister comes over once a week and brings him healthy, homemade dishes, but he refuses to eat these saying he is fine with his sandwiches and frozen meals.

Explanation: The behavior fits the definition of resistive behavior, but there is no intervention. This information goes in the summary.

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Disruptive Behavior

Overview

Disruptive Behavior is inappropriate behavior that interferes with the normal activities of the customer or others. This includes, but is not limited to:

- Putting on or taking off clothing inappropriately
- Sexual behavior inappropriate to time, place, or person
- Excessive whining, crying, or screaming
- Persistent pestering or teasing
- Constantly demanding attention
- Urinating or defecating in inappropriate places

The following are not included in the score:

- Behavior that does not disrupted or affect anyone.
- A customer reacting reasonably to a difficult situation. For example, stress or illness.
- Crying from pain.
- Repeatedly asking for toileting help because of a urinary tract infection (UTI).

During the PAS Interview

The table below has tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Disruptive Behavior Components	Factors to consider	Tips to gather the correct information
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Does the behavior fit the definition of disruptive behavior	Who does the behavior disrupt?	Ask questions such as: <ul style="list-style-type: none"> • Who is affected by this behavior? • When the customer does this, does it disrupt others? • Whose activities are disrupted when this happens?
	How is the behavior disruptive?	Ask questions such as: <ul style="list-style-type: none"> • What happens during these episodes that interferes with the normal activities of the customer or others? • In what way is this behavior inappropriate?
Determine the intensity of the intervention	How often the intervention is needed, and how much time and effort the intervention takes.	Ask questions such as: <ul style="list-style-type: none"> • What is done in response to this disruptive behavior? • How often is the intervention used? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens if this does not stop the disruptive behavior?
Determine the frequency of the behavior	Consider the last 90 days.	Ask questions such as: <ul style="list-style-type: none"> • How often does the behavior occur? • What triggers this behavior, if known?

Scoring

When scoring Disruptive behaviors, follow the steps in the two sections below to determine:

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- The frequency of disruptive behavior; and
- The intensity of intervention for the disruptive behavior.

Frequency

Frequency describes or measures how often the disruptive behavior happens.

NOTE When no intervention is needed for disruptive behavior, the score for frequency is 0, no matter how often the behavior happens.

Step	Scoring
1	Does the behavior occur at least daily? <ul style="list-style-type: none">• If YES to either question, STOP. Give the customer a score of 3.• If NO to both questions, continue to step 2.
2	Does the behavior occur at least weekly but less than daily? <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 2.• If No, continue to step 3.
3	Does the behavior occur less than weekly? <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 1.• If NO, continue to step 4.
4	Does the customer have a history of disruptive behavior that is not a current problem (including if chemically controlled)? OR Does the behavior not occur or occurs at a level not needing intervention? <ul style="list-style-type: none">• If YES to either question, STOP. Give the customer a score of 0.• If NO to both questions, the customer meets some scoring criteria above, go back to step 1.

Intensity of Intervention

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Intensity of intervention measures the level of effort and physical involvement used to stop or prevent the disruptive behavior.

NOTE If more than one intervention is used, score based on the one that is used most often.

Step	Action
1	<p>Does the customer require physical intervention or restraints, including chemical restraints?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 3.• If NO, continue to step 2. <p>NOTE If a chemical restraint is used, confirm that it is prescribed specifically for this behavior. If it is not, continue to step 2.</p>
2	<p>Can the customer be verbally redirected with difficulty?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 2.• If No, continue to step 3.
3	<p>Can the customer be verbally redirected easily?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 1.• If NO, continue to step 4.
4	<p>Does the customer not require intervention?</p> <ul style="list-style-type: none">• If YES, STOP. Give the customer a score of 0.• If NO, the customer meets some scoring criteria above, go back to step 1.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Example 1:

Frequency: Score of 3

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The customer is diagnosed with obsessive-compulsive disorder (OCD) and has a morning routine that she needs to complete in a specific order. For example, she needs to brush her hair exactly 200 strokes. If she loses count or hears someone talking during the time that she is brushing her hair, she will start over. If a family member tells her that she is going to be late for school, she will yell and cry and say she cannot go until she is done and must start all over. This behavior is disruptive to the customer and the other members of her family because they are often late to appointments, work, and school. This behavior happens every morning.

Intervention: Score of a 1

The customer's family knows the exact time that the customer starts to brush her hair, and they know how long it usually takes her. They have created a time schedule and allow an extra 15 minutes for her to complete this task. They also are quiet during this time so that the customer is not disrupted. The customer still yells and cries every morning and is often late for school. But when the family reminds her to stick to her schedule, she stops crying and takes responsibility for her behavior.

Example 2:

Frequency: Score of 2

The customer moved into a group home two months ago. The staff report that the customer is diagnosed with schizophrenia. The staff said that the customer hides her soiled clothing after incontinent episodes three times a week. They have found soiled clothing in the pantry, refrigerator, bathroom cabinets, and under her bed causing health concerns for the other residents and staff. The residents, staff, and visitors have complained of the home smelling badly because of this. When the soiled clothing is found, the staff must immediately stop what they are doing to disinfect the area.

Intervention: Score of 3

The staff reported this behavior to the customer's psychiatrist shortly after she moved in. The psychiatrist prescribed a daily dose of Haldol to reduce the behavior. The staff report that the behavior was happening daily when the customer first moved in, but as soon as she started taking the medication it has reduced to three times a week.

Example 3:

Frequency: Score of 1

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The customer is diagnosed with Alzheimer's disease and lives in a nursing home. Approximately, three times a month he makes sexually explicit and inappropriate remarks to the female residents. The women tell him to stop, but when they do the customer laughs and continues to make inappropriate remarks. The female residents have told the staff that this behavior makes them feel very uncomfortable. The behavior always happens during scheduled group movie time.

Intervention: Score of 2

During the group movie time, the staff watch the customer closely and confront him immediately after he starts making inappropriate comments. The staff ask him to apologize to the women, but he refuses and says, "it's a free country." The staff eventually stop the argument by redirecting him verbally three to five times before he complies.

Example 4:

Frequency: Score of 0

The customer moved into a skilled nursing facility four months ago. He is diagnosed with Huntington's disease. The staff reports that when the customer first was transferred to the SNF he would have loud conversations and laugh hysterically with his imaginary friend. It happened every night and woke up the other residents in the facility.

Intervention: Score of 3

The nurse reports that shortly after the customer's admission he was prescribed Seroquel, taken before bedtime, to help him sleep and reduce hallucinations associated with Huntington's disease. He now sleeps through the night and no longer wakes other residents.

Medical Assessment

Medical Assessment

Introduction

In this chapter, you will learn about:

- Medical conditions
- Medications
- Services/Treatments

For each section in this chapter, you will find:

- An overview of the topic
- Definitions
- Other helpful information

Medical Conditions

Medical Conditions Battery

Overview

This section is used to record the diagnoses and medical conditions that impact the customer's current:

- ADL status
- Cognitive status
- Mood and behavior status
- Medical treatments
- Skilled nursing care
- Risk of death

The medical conditions categories are:

- Hematologic/ Oncologic
- Cardiovascular
- Musculoskeletal
- Respiratory
- Metabolic
- Neurological
- Genitourinary
- Gastrointestinal
- Ophthalmologic/ EENT

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- Psychiatric
- Current Skin Conditions

Things to Keep in Mind When Adding a Medical Condition in HEAplus:

- Review each category of medical conditions listed in HEAplus to ensure that no significant diagnoses are left out.
- Do not add inactive or historical diagnoses here. Add the information in the Summary if needed.
- If a specific diagnosis is not found in HEAplus but is the same or basically the same as one of the listed medical conditions, select the listed condition and note the difference in the comments. Examples: If the diagnosis is Lou Gehrig's disease, select Amyotrophic Lateral Sclerosis - ALS. If the diagnosis is quadriplegia, select Paralysis.
- It is very important to carefully evaluate and document any condition that may relate to Paralysis or Neurocognitive Disorder since these conditions affect the PAS score.
- Select up to three major diagnoses. Major diagnoses are those that require the most resources and significantly impact the need for long-term care. In some cases, there may be only one or two major diagnoses.
- To qualify for ALTCS, a customer must have a non-psychiatric medical condition or developmental disability that by itself or combined with other medical conditions, places the person at risk of institutionalization.
- Verify diagnoses and medical conditions with medical documentation from the provider or electronic health record sources. Do NOT use verbal verification unless records have been requested from all sources and all attempts have been unsuccessful.
- Medical records MUST be requested for each PAS and every PAS type - initials, reassessments, private request, posthumous, and prior quarter PAS.

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Hematologic/Oncologic

Overview

Hematologic conditions are disorders of the blood and blood-forming organs. Oncologic conditions are disorders relating to tumors, malignant or benign. These conditions are listed and defined in the definitions section below.

Definitions

Conditions listed in HEAplus	Definition	Related Conditions
Anemia	A condition marked by a lack of healthy red blood cells to carry enough oxygen to the body's tissues. Symptoms include feeling tired and weak.	<ul style="list-style-type: none"> • Anemia of chronic disease • B12 or Folic Acid deficiency • Hemolytic anemias • Iron deficiency • Neutropenia • Pernicious • Sickle cell • Thrombocytopenia
Solid Cancers: Cancer of an organ or body part	Abnormal cellular growths in "solid" organs such as the breast or prostate.	<ul style="list-style-type: none"> • Basal cell • Malignancy • Multiple Myeloma (MM) • Neoplasms (malignant) • Sarcomas
Leukemia	Cancer of blood-forming tissues, including the bone marrow and the	<ul style="list-style-type: none"> • Acute leukemia

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	lymphatic system.	<ul style="list-style-type: none"> • Chronic leukemia • Myelodysplastic Syndrome (MDS)
Lymphoma	Cancer of the lymph nodes.	<ul style="list-style-type: none"> • Hodgkin's lymphoma • Non-Hodgkin's lymphoma • Multiple myeloma
Human Immunodeficiency Virus (HIV)	A virus that attacks the body's immune system. There is currently no cure.	<ul style="list-style-type: none"> • HIV-1 • HIV-2
Acquired Immune Deficiency Syndrome (AIDS)	A disease caused by HIV with an increased risk for developing certain cancers and infections due to a weakened immune system.	<ul style="list-style-type: none"> • AIDS – Related Complex (ARC)
Cytomegalovirus (CMV)	A type of herpesvirus that can cause damage to various body systems in people with weakened immune systems and newborns.	<ul style="list-style-type: none"> • Congenital CMV Infection
Edema	Swelling caused by injury or inflammation. It can affect a small area or the entire body	<p>Types of edema include:</p> <ul style="list-style-type: none"> • Peripheral edema • Pedal edema • Lymphedema • Pulmonary edema • Cerebral edema • Macular edema <p>NOTE The type of edema diagnosed must be documented in the comment</p>

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Cardiovascular

Overview

Cardiovascular conditions are disorders of the heart and blood vessels. The cardiovascular conditions in HEAplus are listed and defined in the definitions section

Definitions

Condition listed in HEAplus	Definition	Related Conditions
Angina - Chest Pain	A type of chest pain caused by reduced blood flow to the heart.	Angina Pectoris
Atherosclerotic Heart Disease (ASHD)	The build-up of fats, cholesterol, and other substances in and on the artery walls.	<ul style="list-style-type: none">• Arteriosclerotic Cardiovascular Disease (ASCVD)• Aortic arteriosclerosis• Atherosclerotic heart disease• Cardiomegaly• Cardiomyopathy• Coronary artery disease (CAD)
Congestive Heart Failure (CHF)	A weakness of the heart that leads to buildup of fluid in the lungs and surrounding body tissues.	<ul style="list-style-type: none">• Heart Failure• Pulmonary Edema
Myocardial Infarction (MI)	Another term for heart attack. A blockage of blood flow to the heart muscle.	<ul style="list-style-type: none">• Cardiogenic Shock• Heart Attack

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<p>Hypertension (HTN)</p>	<p>Also called high blood pressure. A condition in which the force of the blood against the artery walls is high enough long-term that it may cause health problems, such as heart disease.</p>	<ul style="list-style-type: none"> • Arterial Hypertension • Cor Pulmonale • Essential Hypertension • Pulmonary Hypertension • Renovascular Hypertension
<p>Hypotension</p>	<p>Blood pressure that is below the normal for an individual. This means the heart, brain, and other parts of the body do not get enough blood.</p>	<ul style="list-style-type: none"> • Orthostatic Hypotension • Postural Hypotension • Postprandial Hypotension • Neurally Mediated Hypotension • Multiple System Atrophy with Orthostatic Hypotension
<p>Peripheral Vascular Disease (PVD)</p>	<p>A slow, progressive circulation disorder. Narrowing, blockage or spasms in a blood vessel can cause PVD. PVD can affect any blood vessel outside of the heart including the arteries, veins, or lymphatic vessels.</p>	<ul style="list-style-type: none"> • Arteriosclerotic Vascular Disease • Buerger's Disease • Deep Venous Thrombosis (DVT) • Gangrene • Intermittent Claudication • Neuropathy • Polyneuropathy • Peripheral Insufficiency • Phlebitis • Raynaud's Disease • Stasis Dermatitis • Thrombophlebitis

		<ul style="list-style-type: none"> • Varicose Veins • Venous Stasis
Cardiac Arrhythmia	An abnormal heart rhythm. Heart rhythm problems occur when the electrical impulses coordinating the heartbeat do not work properly, causing the heart to beat too fast, too slow, or irregularly.	<ul style="list-style-type: none"> • Atrial Fibrillation (A-Fib) • Atrial Flutter • AV Block • Bradycardia • Bundle Branch Block (BBB) • Heart Block (1st Degree, 2nd Degree, Complete) • Paroxysmal Atrial Tachycardia (PAT) • Premature Atrial Contraction (PAC) • Premature Ventricular Contraction (PVC) • Sick Sinus Syndrome • Sinus Tachycardia • Supraventricular Tachycardia (SVT) • Tachycardia • Ventricular Fibrillation (V-Fib)
Syncope	Fainting or passing out caused by a temporary drop in the amount of blood that flows to the brain.	<ul style="list-style-type: none"> • Vasovagal Syncope • Neurocardiogenic Syncope

Musculoskeletal

Overview

Musculoskeletal conditions are related to muscles, bones, and connective tissue. These conditions are described in the table below:

Conditions listed in HEAplus	Definition	Associated and Related Conditions
Amputation	Surgically cutting off a limb	<ul style="list-style-type: none"> • Above the Knee Amputation (AKA) • Below the Knee Amputation (BKA)
Arthritis	Inflammation or degeneration of joints. A joint is where two bones meet. There are more than 100 different types of arthritis.	<ul style="list-style-type: none"> • Ankylosing Spondylitis • Fibromyositis • Gout • Infectious Arthritis • Lupus • Myelopathy • Psoriatic Arthritis • Reiter's Syndrome • Rheumatoid Arthritis (RA) • Scleroderma
Degenerative Joint Disease (DJD)	This type of arthritis causes inflammation, breakdown, and loss of the cartilage in the joints.	<ul style="list-style-type: none"> • Degenerative Disc Disease • Osteoarthritis
Osteoarthritis	Same as DJD above.	Degenerative Joint Disease (DJD)

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Fracture	A complete or partial break of the bone. When the broken bone punctures the skin, it is an “open” or compound fracture.	
Joint Replacement	Surgery that removes damaged or diseased parts of a joint and replaces them with man-made parts.	
Muscular Dystrophy	A group of genetic diseases characterized by progressive weakness and degeneration of the muscles which control movement.	<ul style="list-style-type: none"> • Duchenne’s (Pseudohypertrophic) • Becker Muscular Dystrophy • Erb’s Atrophy • Landouzy-Dejerine • Primary Lateral Sclerosis • Spinal Muscular Atrophy
Osteoporosis	A decrease in bone mineral density and bone mass, or a change in the quality of the bone.	Osteopenia
Contracture	A permanent tightening of the muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff.	
Lower Back Pain	A common, painful condition affecting the lower area of the spine.	<ul style="list-style-type: none"> • Spondylolisthesis • Spondylolysis • Back ache
Paralysis	The loss of the ability	<ul style="list-style-type: none"> • Hemiplegia – paralysis on one side of the

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	to move, and sometimes feeling in part or most of the body. Paralysis typically occurs because of illness, poison, or injury.	body <ul style="list-style-type: none"> • Paraplegia – paralysis of the legs and lower body • Quadriplegia – paralysis of all four limbs; tetraplegia
Paralytic Syndrome	See paralysis above.	
Spina Bifida with Hydrocephalus	A birth defect in which part of the spinal cord is exposed through a gap in the backbone. It can cause paralysis of the lower limbs, and cognitive impairment. Hydrocephalus is a condition in which fluid accumulates in the brain.	
Spina Bifida without Hydrocephalus	A birth defect in which part of the spinal cord is exposed through a gap in the backbone. It can cause paralysis of the lower limbs, and cognitive impairment.	
Osteomyelitis	An inflammation of the fatty tissues of the bone. It is caused by an infection of the bone or joint.	
Disorder of Muscle	Any unspecified disorder of the muscle not related to other musculoskeletal conditions.	

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Muscle Weakness	Weakness of the muscles not related to any other musculoskeletal condition.	<ul style="list-style-type: none"> • Paresis • Diparesis • Double Hemiparesis • Hemiparesis • Monoparesis • Paraparesis • Pentaparesis • Quadriparesis • Tri paresis
Abnormality of gait and mobility	A deviation from standard or typical gait and mobility for an average person. This may be due to injuries, vision or inner ear problems, illness, or problems with the legs and feet, to name a few.	
Arthrogryposis	A term used to describe a variety of conditions involving multiple joint contractures.	Arthrogryposis multiplex congenita (AMC)
Multiplex Congenita	See Arthrogryposis.	

When to make Paralysis a Major Diagnosis

Paralysis is a scored medical condition (0 - 6.5 points). Follow the steps below to determine whether Paralysis should be indicated as a major diagnosis.

Step	Action
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1	<p>Does the customer have a diagnosis of paralysis that:</p> <ul style="list-style-type: none">• Is one of the main reasons they need ADL assistance? <p>OR</p> <ul style="list-style-type: none">• Requires a significant amount of services, such as medical or nursing services, to help the customer?<ul style="list-style-type: none">○ If YES, STOP. Add Paralysis as a medical condition and select “Yes” to “Is this a major diagnosis?”○ If No, continue to Step 2.
2	<p>Does the customer have a diagnosis of Paralysis, that is NOT one of the main reasons they need ADL assistance AND does NOT use a significant amount of resources?</p> <ul style="list-style-type: none">• If YES, STOP. Add Paralysis as a medical condition and select “No” to “Is this a major diagnosis?”• If NO, STOP. Do not add paralysis as a medical condition.

Definitions

Term	Definition
Paralysis	The complete loss of motor function, where the customer is unable to move the affected body region in any capacity. The paralyzed muscle groups will not contract or fire, and even a flicker of activation is unable to be seen. This typically occurs because of damage to the brain, spinal cord, or nerves, each of which helps initiate movement by relaying messages to the muscles.
Paresis	A condition that causes weakness in an area of the body, like an arm or leg. While this condition can make an area of the body difficult or fatiguing to move, there is still some motor function present.

Respiratory

Overview

Respiratory conditions are related to the act of breathing and involve the nose, trachea, lungs, and air passages. Respiratory conditions are listed and described in the definitions section below.

Definitions

Conditions listed in HEAplus	Definition	Related Conditions
Asthma	Spasms in the bronchi of the lungs, making it hard to breathe. Asthma usually results from an allergic reaction.	<ul style="list-style-type: none">• Bronchial Asthma• Reactive Airway Disease (RAD)
Emphysema	A lung condition that causes shortness of breath.	<ul style="list-style-type: none">• Chronic Obstructive Lung Disease (COLD or CLD)
Chronic Obstructive Pulmonary Disease (COPD)	A chronic lung disease where inflammation reduces airflow in the lungs, difficulty breathing, cough, mucus production, and wheezing.	
Bronchitis	An infection of the main airways of the lungs, causing them to become irritated and inflamed.	<ul style="list-style-type: none">• Chronic Bronchitis• Bronchiolitis
Pneumonia	An infection of the air sacs of the lungs.	Types of pneumonia include: <ul style="list-style-type: none">• Aspiration Pneumonia• Bacterial Pneumonia

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		<ul style="list-style-type: none"> • Bronchiopneumonia • Interstitial Pneumonia • Lobar Pneumonia • Pneumocystis Carinii Pneumonia (PCP) • Segmental Pneumonia • Viral Pneumonia
Tuberculosis	An infectious bacterial disease that mainly affects the lungs.	
Respiratory Failure	A condition in which blood does not have enough oxygen or has too much carbon dioxide. The lack of oxygen causes the organs to not function properly.	<ul style="list-style-type: none"> • Anoxia • Apnea • Asphyxia • Hypoxia • Respiratory Insufficiency
Coccidiomycosis (Valley Fever)	A fungal disease of the lungs and other tissues, typically found in the warmer, arid regions of America.	
Allergic Rhinitis	An allergic response to specific allergens. Pollen is the most common allergen in allergic rhinitis.	<ul style="list-style-type: none"> • Hay Fever
Allergies	A condition in which the immune system reacts abnormally to a foreign substance.	
Pulmonary Fibrosis	A disease that causes damage and scarring of the lung tissue. This thickens	

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	the tissue and makes it more difficult for the lungs to work.	
Respiratory Syncytial Virus (RSV)	A common respiratory virus that usually causes mild, cold-like symptoms. RSV can be serious, especially for infants and older adults.	

Metabolic

Overview

Metabolic conditions are related to physical and chemical changes in the body, including endocrine disorders and electrolyte imbalances. Metabolic conditions are listed and described in the Definitions section below.

Definitions

Condition listed in HEAplus	Definition	Associated and Related Conditions
Diabetes Mellitus Type I	A condition in which the pancreas produces little or no insulin.	<ul style="list-style-type: none"> • Diabetic nephropathy • Diabetic neuropathy • Insipidus • Insulin Dependent (IDDM) • Mellitus • Non-Insulin Dependent (NIDDM)
Diabetes Mellitus Type II	A condition in which the body does not use insulin the way it should, resulting in high blood sugar levels.	
Hypothyroidism	A condition in which the thyroid gland does not produce enough of certain crucial hormones.	<ul style="list-style-type: none"> • Hashimoto's Disease • Myxedema
Hyperthyroidism	A condition in which the thyroid gland produces too much of the hormone thyroxine.	<ul style="list-style-type: none"> • Basedow's Disease • Graves' Disease (Toxic Diffuse Goiter) • Plummer's (Parry's) Disease

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Electrolyte Imbalance	A disorder caused by the electrolyte levels in the blood being too high or too low.	<ul style="list-style-type: none"> • Dehydration • Hyper/Hypo-Calcemia • Hyper/Hypo-Chloride • Hyper/Hypo-Kalemia • Hyper/Hypo-Magnesium • Hyper/Hypo-Natremia • Malnutrition • SIADH
Hyperlipidemia	A common condition in which there are high levels of fat particles in the blood.	<ul style="list-style-type: none"> • High cholesterol • Elevated lipids or triglycerides • Hypercholesterolemia
Hepatitis	Inflammation of the liver.	
Weight Loss	A reduction of the total body mass, due to a loss of fluid, body fat or lean mass, like bone, muscle, and connective tissue.	Cachexia
Obesity	An excessive amount of body fat.	
Cushing's Syndrome	<p>A disorder in which the body makes too much cortisol over a long period of time. Symptoms include:</p> <p>Weight gain and fatty deposits; especially in the torso, face, and between the shoulders</p>	

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	Purple stretch marks on the breasts, arms, abdomen, and thighs	
	Thinning skin that bruises easily	
	Skin injuries that are slow to heal	
	Acne	
	Fatigue	
	Muscle weakness	

Documentation

When the customer has Diabetes Mellitus Type I or II, include the customer's A1C results and document blood sugar measurements, including frequency, range, and who performs the testing, in the comments.

Neurological

Overview

Neurological conditions are disorders of the brain or nervous system. These conditions are listed and described in the table below:

Definitions

Conditions listed in HEAplus	Definition	Associated and Related Conditions
Neurocognitive Disorder	<p>A general term for decreased mental function due to a medical condition other than a psychiatric condition.</p> <p>There are several neurological tests and clinical assessments that may be used to diagnose NCD.</p>	<ul style="list-style-type: none"> • AIDS Dementia Complex • Alper's Disease (Grey Matter Degeneration) • Alzheimer's Disease • Arteriosclerotic Dementia (Vascular Dementia) • Degenerative Dementia • Frontotemporal Dementia • Jakob-Creutzfeldt Disease • Korsakoff's Syndrome • Lewy Body Dementia • Multi-Infarct Dementia • Normal Pressure Hydrocephalus • Pre-senile Dementia (Pick's Disease) • Progressive Dementia
Polio	A disease caused by the polio virus that can infect a person's spinal	<ul style="list-style-type: none"> • Acute Anterior Poliomyelitis • Poliomyelitis (Infantile, Paralytic, and

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	cord, causing paralysis or death.	Nonparalytic) <ul style="list-style-type: none"> • Post-Polio Syndrome
Seizure Disorder	A disorder in which nerve cell activity in the brain is disturbed, causing seizures.	<ul style="list-style-type: none"> • Epilepsy • Infantile Spasms • Landau-Kleffner Syndrome • Status Epilepticus
Cerebral Palsy (CP)	Impaired coordination (spastic paralysis), typically caused by damage to the brain before or during birth.	Types of CP include: <ul style="list-style-type: none"> • Athetoid • Congenital • Diplegia • Infantile Quadriplegia
Autism	A developmental disorder characterized by difficulty in social interaction and communication, and by restricted or repetitive patterns of thought and behavior.	<ul style="list-style-type: none"> • Asperger's Syndrome • Autistic-Like Behaviors • Autistic Spectrum • Infantile Autism • Kanner's Syndrome • Pervasive Developmental Disorder • Rhetts Disorder
Intellectual Cognitive Disability	A developmental disorder characterized by diminished cognitive and adaptive development.	<ul style="list-style-type: none"> • Borderline Intelligence • Borderline Intellectual Functioning • Intellectual Developmental Disability I/DD)
Encephalopathy	A broad term for any brain disease that alters brain function or structure. Causes include infection,	Types of Encephalopathy <ul style="list-style-type: none"> • Hepatic

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	tumor, and stroke.	<ul style="list-style-type: none"> • Metabolic • Uremic • Wernicke
Stroke	Same as CVA	Same as CVA
Cerebrovascular Accident (CVA)	The sudden death of brain cells due to lack of oxygen when the blood flow to the brain is impaired.	<ul style="list-style-type: none"> • Cerebral Hemorrhage • Cerebral Infarction • Ischemic Stroke
Transient Ischemic Attack (TIA)	A temporary blockage of blood flow to the brain.	Mini stroke
Parkinson's Disease	A progressive brain disorder that leads to shaking, stiffness, and difficulty with walking, balance, and coordination.	<ul style="list-style-type: none"> • Paralysis Agitans • Shaking Palsy
Multiple Sclerosis (MS)	<p>A disease where the immune system attacks the protective covering of the nerves. Symptoms vary, but can include numbness, weakness, lack of coordination, vision problems, fatigue, and dizziness. There are three types of MS:</p> <ul style="list-style-type: none"> • Relapsing/Remitting • Secondary Progressive • Primary Progressive 	<ul style="list-style-type: none"> • Demyelinating Disease of the Central Nervous System • Disseminated Sclerosis • Optic Neuromyelitis
Amyotrophic Lateral Sclerosis (ALS)	A progressive neurodegenerative disease that affects nerve cells in the brain	<ul style="list-style-type: none"> • Lou Gehrig's Disease • Progressive Bulbar Palsy (PBP)

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	and the spinal cord, causing loss of muscle control.	
Head Trauma	Damage to the brain, skull, or scalp caused by injury. The type of head trauma depends on the kind of injury, the part of the head damaged, and how severe the damage is.	<ul style="list-style-type: none"> • Cerebral Contusion • Closed Head Injury (CHI) • Concussion • Skull Fracture • Traumatic Brain Injury (TBI)
Huntington's Chorea	An inherited condition where nerve cells in the brain break down over time.	Huntington's Disease
Age Related Cognitive Decline	A condition caused by the loss of brain matter due to aging.	
Hydrocephalus, Obstructive	A buildup of fluid deep within the brain that can cause brain damage.	
Non-Traumatic (spontaneous) Intracranial Hemorrhage	Bleeding within the brain tissue that is not caused by a physical injury.	
Organic Mental Disorder	Decrease in brain function caused by injury, disease, chemical or hormonal abnormalities, exposure to toxins or abnormal changes associated with aging.	
Tourette's Syndrome	A disorder causing repetitive movements or unwanted sounds that cannot be easily controlled. Examples include repeated eye blinking, shrugging, or blurting out unusual	

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	sounds or offensive words.	
Idiopathic Orofacial Dystonia	A disorder causing involuntary muscle contractions of the face, jaw, and tongue that interfere with opening and closing the mouth and may affect chewing and speech.	
Migraine	A type of headache. Symptoms include pain, nausea, vomiting, and sensitivity to light and sound.	
Neurofibromatosis	A disorder of the nervous system causing tumors to grow on nerves.	
Spasms	A sudden involuntary contraction of a muscle, a group of muscles, or a hollow organ like the bladder.	
Ataxia	A lack of muscle coordination when a voluntary movement is attempted. It affects motions that require muscles to work together, like walking, picking up an object, and swallowing.	Types of Ataxia include: <ul style="list-style-type: none"> • Cerebellum Ataxia • Sensory Ataxia • Vestibular Ataxia
Coma	A state of prolonged unconsciousness. Some causes include traumatic head injury, stroke, brain tumor, or an underlying illness, such as diabetes or an infection.	
Convulsion	An involuntary contraction of the	

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	<p>muscles most often seen with certain seizure disorders. Some causes include fever, meningitis, drug or alcohol abuse, poisoning, hypoglycemia, and head injury.</p>	
Aphasia	<p>Loss of ability to speak, write, or understand both verbal and written language. It is caused by damage to the part of the brain that controls language expression and comprehension.</p>	<p>Types of Aphasia include:</p> <ul style="list-style-type: none"> • Broca's Aphasia • Wernicke's Aphasia • Global Aphasia
Dysphasia	<p>A partial loss of ability to speak, write and understand both verbal and written language.</p>	
Generalized Pain	<p>Unpleasant sensations indicating potential or actual physical damage felt all over or throughout the body.</p>	<p>Fibromyalgia Reflex sympathetic dystrophy syndrome Complex regional pain syndrome</p>
Tremor	<p>Involuntary shaking or movement, ranging from slight to severe, commonly affecting hands, legs, face, head, or vocal cords.</p>	

When to make Neurocognitive Disorder (NCD) a Major Diagnosis

NCD is a scored medical condition (0 or 20 points). When identified as a major diagnosis, it adds 20 points to the total score. Since this one condition can mean the difference between a person scoring eligible or not even within the physician review threshold, accurate scoring is very important.

NOTE Being prescribed medication for memory loss or dementia does NOT by itself warrant adding NCD as a major diagnosis.

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Follow the steps below to determine when to list NCD as a major diagnosis. For these steps, documentation of decline in cognitive function and impact on the customer’s orientation, communication, behaviors, or ADLs can include reports from a relative or caregiver.

Step	Action
1	<p>Review the customer’s file and all available medical records.</p> <p>Does the customer have ALL the following?</p> <ul style="list-style-type: none"> ○ An NCD diagnosis from a clinician; ○ Documentation of a significant decline in cognitive function and performance; ○ Documentation that the impact on the customer’s orientation, communication, behaviors, or ADLs interferes with independence in everyday activities; AND is NOT better explained by psychiatric condition, delirium, or substance-induced intoxication. <ul style="list-style-type: none"> ● If YES, STOP. Add NCD as a medical condition and select “Yes” to “Is this a major diagnosis?” ● If NO, continue to Step 2.
2	<p>Does the customer have ALL the following:</p> <ul style="list-style-type: none"> ○ An NCD diagnosis from a clinician; ○ Documentation of a significant decline in cognitive function and performance; ○ Documentation that the impact on the customer’s orientation, communication, behaviors, or ADLs interferes with independence in everyday activities; AND ○ A psychiatric diagnosis that may be causing or contributing to the impact on the customer’s orientation, communication, behaviors, or ADLs. <ul style="list-style-type: none"> ● If YES, STOP. Add NCD AND the psychiatric condition as medical conditions and select “Yes” to “Is this a major diagnosis?” for both. ● If NO. Continue to Step 3.
3	<p>Does the customer have a NCD diagnosis from a clinician, BUT the decline in cognitive function and performance is modest and does not interfere with the</p>

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	<p>customer's ability to be independent in everyday activities?</p> <ul style="list-style-type: none"> • If YES, STOP. Add NCD as a medical condition and select "No" to "Is this a major diagnosis?" • If NO, STOP. Do not add NCD as a medical condition.
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Definitions

Term	Definition
Clinician	A doctor having direct contact with and responsibility for patients. This includes a primary care physician (PCP).
NCD diagnosis	<p>The process of a clinician identifying a neurocognitive condition from its signs and symptoms. The standard diagnostic process includes:</p> <ul style="list-style-type: none"> • Reviewing the patient history; • Conducting neuropsychological testing or clinical assessments, and physical examinations; • Other laboratory tests or imaging studies as needed to determine a specific NCD.
Neuropsychological testing and clinical assessments	<p>Standardized, measurable testing of neurological function. Some examples include:</p> <ul style="list-style-type: none"> • MMSE, • MoCA, • SLUMS, • MRI or CT scan, • Neuropsychological evaluation, • PET Scan. <p>NOTE While having a copy of these test results is not required, the outcomes of the tests</p>

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	<p>should be referenced in the clinician's documentation of the NCD diagnosis. If the NCD diagnosis records do not reference the testing or clinical assessment, review the case with your HPM.</p>
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Genitourinary

Overview

Genitourinary conditions are disorders related to the genitals and urinary system including the kidneys. Genitourinary conditions are listed and described in the definitions section below.

Definitions

Condition listed in HEAplus	Definition	Associated and Related Conditions
Urinary Tract Infection (UTI)	An infection in any part of the urinary system, including the kidneys, ureters, bladder, and urethra.	<ul style="list-style-type: none"> • Cystitis • Hydronephrosis • Pyelonephritis • Urosepsis
Chronic Renal Failure/ Insufficiency (CRF/ CRI)	A decrease in the kidneys' ability to filter waste and fluid from the blood.	<ul style="list-style-type: none"> • Chronic Kidney Disease (CKD) • End-Stage Renal Disease (ESRD) • Kidney Failure
Benign Prostatic Hypertrophy (BPH)	An enlarged prostate gland, which causes urinary symptoms, such as a weak stream, dribbling, and frequent urinary urges.	
Neurogenic Bladder	A lack of bladder control due to a problem with the nervous system.	
Urinary Incontinence	Loss of bladder control.	Stress Incontinence

Gastrointestinal

Overview

Gastrointestinal conditions are related to the stomach, intestines, and related structures, like the esophagus, liver, gall bladder and pancreas. These conditions are listed and described in the definitions section below.

Definitions

Condition listed in HEAplus	Definition	Associated and Related Conditions
Ulcers	Sores on the lining of the stomach, small intestine or esophagus.	<ul style="list-style-type: none">• Duodenal ulcer• Gastric ulcer• Gastritis• Gastro-Intestinal Bleed (GI Bleed)• GERD• Peptic ulcer disease (PUD)
Hernia	An organ or fatty tissue has pushed through a weak spot in the surrounding muscle or connective tissue that normally contains it.	<ul style="list-style-type: none">• Hiatal hernia• Inguinal hernia• Umbilical hernia
Colitis	Inflammation of the inner lining of the colon.	<ul style="list-style-type: none">• Amebic colitis• Chronic Diarrhea• Crohn's Disease• Ulcerative colitis

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Irritable Bowel Syndrome (IBS)	A disorder of the large intestine commonly marked by abdominal pain, bloating, and changes in bowel habits.	<ul style="list-style-type: none"> • Diverticulitis • Diverticulosis • Dumping Syndrome • Spastic Colon
Cirrhosis	Scarring of the liver that reduces liver function and can lead to liver failure.	<ul style="list-style-type: none"> • Alcoholic Liver Disease • Biliary Cirrhosis • ESLD - End Stage Liver Disease
Constipation	A condition in which a person has fewer than three bowel movements a week and stools are difficult to pass.	Obstipation
Intestinal Obstruction	A blockage of the small or large intestine, preventing the passage of fluids and digested food.	<ul style="list-style-type: none"> • Bowel Obstruction • Ileus

Ophthalmologic/EENT

Overview

Ophthalmologic conditions are related to the eyes. EENT conditions are related to the eyes, ears, nose, and throat. Ophthalmologic and EENT conditions are listed and described in the definitions section below.

Definitions

Conditions listed in HEAplus	Definition	Associated and Related Conditions
Blindness	<p>A lack of vision or a loss of vision that cannot be corrected with glasses or contact lenses. Blindness may be partial or complete.</p> <p>Partial blindness is very limited vision in one or both eyes.</p> <p>Complete blindness means a person has no vision and cannot see light.</p>	<ul style="list-style-type: none"> • Monocular vision (blindness in only one eye) • Legal Blindness (20/200 vision or less in the better eye with the use of assistive devices)
Cataract	A cloudy area in the lens of the eye that leads to a decrease in vision.	
Glaucoma	A condition of increased pressure within the eyeball, causing gradual loss of sight.	
Hearing Deficit	Total or partial inability to hear sounds.	<ul style="list-style-type: none"> • Deafness • Hearing Impairment

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Macular Degeneration	A condition affecting the central part of the retina that causes distortion and loss of central vision.	<ul style="list-style-type: none">• Age-related Macular Degeneration
Diabetic Retinopathy	A condition caused by diabetes, damaging the blood vessels of the retina.	
Dizziness and Giddiness	A feeling of being unbalanced and lightheaded.	
Vertigo	A sensation of being off balance that may cause a person to feel like they or the environment around them is moving or spinning.	

Psychiatric

Overview

Psychiatric conditions are related to the mind and mind processes.

A non-psychiatric medical condition or developmental disability that impacts the need for long term care is needed to qualify for ALTCS eligibility.

IMPORTANT:

When the PAS scores eligible without a major non-psychiatric diagnosis, the PAS must be sent to physician review.

Psychiatric conditions include:

Psychiatric Conditions listed in HEAplus	Associated and Related Conditions
Major Depression	<ul style="list-style-type: none">• Major Depressive Disorder• Clinical Depression
Depressive Episodes	<ul style="list-style-type: none">• Adjustment Disorder• Situational Depression
Bipolar Disorder	<ul style="list-style-type: none">• Manic-Depressive Disorder• Mood Disorder
Schizophrenia	Types of Schizophrenia are: <ul style="list-style-type: none">• Catatonic• Hebephrenic• Paranoid• Simple• Schizoaffective Disorder• Undifferentiated
Alcohol Abuse	Alcohol Dependence
Drug Abuse	<ul style="list-style-type: none">• Illegal substances• Prescription medications
Behavior Disorder	<ul style="list-style-type: none">• Attention Deficit Disorder (ADD)• Attention Deficit/Hyperactivity disorder

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	(ADHD) <ul style="list-style-type: none"> • Conduct Disorder • Impulse Control Disorder • Intermittent Explosive Disorder • Oppositional Defiant Disorder
Anxiety	<ul style="list-style-type: none"> • Generalized Anxiety Disorder • Panic Disorder • Agoraphobia • Social Anxiety • Selective Mutism • Separation Anxiety
Disorientation	Altered mental state
Obsessive Compulsive Disorder (OCD)	Types of OCD are: <ul style="list-style-type: none"> • Contamination • Perfection • Doubt/harm • Forbidden thoughts
Non-psychotic mental disorder	<ul style="list-style-type: none"> • PTSD • Neurosis
Failure to Thrive	Geriatric Failure to Thrive

When to make a Psychiatric Condition a Major Diagnosis:

Follow the steps below to determine whether the psychiatric condition should be indicated as a major diagnosis.

Step	Action
1	Does the customer have a psychiatric condition that by itself, causes a need for caregiving from others or interferes with self-care? <ul style="list-style-type: none"> • If YES, STOP. Include the psychiatric diagnosis as a Major Diagnosis. • If NO, continue to step 2.

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2	<p>Does the customer have both psychiatric and non-psychiatric conditions and it is not possible to determine whether the need for caregiving is caused by the psychiatric condition?</p> <ul style="list-style-type: none">• If YES, STOP. Include the psychiatric diagnosis as a Major Diagnosis.• If No, continue to step 3.
3	<p>Does the customer have a psychiatric condition that does NOT cause a need for caregiving from others or interfere with self-care?</p> <ul style="list-style-type: none">• If YES, STOP. Do NOT include the psychiatric diagnosis as a Major Diagnosis.• If NO, the customer meets some scoring criteria above, go back to step 1.

Examples

The following examples only provide guidance on when to make a psychiatric condition a major diagnosis. They do not cover every possible situation.

Example 1:

The customer's psychiatric condition causes a need for caregiving or interferes with self-care:

The customer's spouse reports that the customer is diagnosed with Obsessive Compulsive Disorder. He refuses to put his feet on the floor because he says he will be contaminated with germs. His wife reports that he uses a wheelchair for all mobility to avoid having his feet touch the floor. To get him into the wheelchair, she has to place Lysol wipes on the footrest each time. She then places a foot stool with disinfectant wipes next to the bed. She holds his arm while he steps on the stool because he is afraid of falling and touching the floor. His wife reports that the customer does not have any physical limitations that prevent him from transferring or walking.

Explanation: The need for help is based solely on the customer's diagnosis of OCD. Include the psychiatric condition as a Major Diagnosis.

Example 2:

The customer needs caregiving because of either a psychiatric or medical condition:

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The customer is in an assisted living facility. The customer is diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and Bipolar Disorder. The staff member reports that she resists changing her clothes and taking a shower daily. When the staff member asks her what is keeping her from changing her clothes and showering, she says, "I'm tired, leave me alone." The staff member is not sure if she is tired because of COPD, or if she is being resistive due to her diagnosis of Bipolar Disorder.

Explanation: It is not possible to determine which condition is causing the behavior. Since it could be the psychiatric condition, include it as a Major Diagnosis.

Example 3:

The customer has a psychiatric condition that does NOT cause a need for caregiving:

The customer is receiving hospice care for terminal cancer. She is also diagnosed with Major Depressive Disorder. The nurse reports, the customer is showing physical signs of approaching death and is extremely weak and exhausted. She is unable to eat and has lost 15 pounds in the past month. She does not have the energy to complete any of her ADLs. She receives hands-on assistance for all ADLs based solely on her medical condition.

Explanation: The diagnosis of Major Depressive Disorder does not cause a need for help from the caregiver. The need for help is caused by her medical condition. Do NOT include the psychiatric condition as a Major Diagnosis.

Current Skin Conditions

Overview

Skin conditions are diseases and disorders related to the skin on any or all parts of the body. The conditions in this part of the PAS are described in the section below.

Skin Conditions

Conditions listed in HEAplus	Definition	Associated and Related Conditions
Cellulitis	A bacterial skin infection causing red, swollen skin that is typically painful and warm to the touch.	Cutaneous Abscess
Pressure Ulcers	Injuries to the skin and tissue underneath, mainly caused by prolonged pressure on the skin.	<ul style="list-style-type: none">• Bed Sore• Decubitus• Diabetic Ulcer• Pressure Sore
Stasis Ulcers	A breakdown of the skin caused by fluid build-up in the skin from poor vein function.	
Zoster without complications	A blistering, painful rash caused by the virus that remains in the nerve cells after a person has had chickenpox.	Shingles
Methicillin Resistant Staph Aureus (MRSA)	A highly contagious infection caused by staphylococcus bacteria that is resistant to commonly used antibiotics.	Hospital Acquired MRSA (HA-MRSA)
Bacterial Infection	An illness or injury caused by harmful bacteria on or inside any area of the body.	

Documenting Skin Ulcers

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When the customer has or had pressure ulcers or stasis ulcers, see the table below for details needed on the Current Skin Conditions screen.

Ulcer Type...	Then...
Pressure Ulcers	Complete the following: <ul style="list-style-type: none">• Comments, including the size and location of the ulcer;• History of Skin Ulcers;• Pressure Ulcer (description); and• Number of current Pressure Ulcer(s).
Stasis Ulcers	Complete the following: <ul style="list-style-type: none">• Comments, including the size and location of the ulcer;• Answer the History of Skin Ulcers question.

Medications

Medications

Overview

The Medications page is used to gather information about whether the customer:

- Needs help with medications;
- Is on a therapeutic diet;
- Is allergic to any medications;
- Takes insulin; and
- Takes medication or treatments.

NOTE When the customer is in a facility, review the physician's order list for current medications and treatments. If the PAS interview is in-the customer's home, ask to see prescription containers and copy the information from the labels.

Completing the Medications Page

See the table below for best practices completing the questions on this page.

For	Then
Needs help with Medications	Select "Yes" when the customer gets help with medication, like setting up a medication box, reminders or being given the medication by someone else. Select "No" when the customer safely takes medications without any help. Describe any help given to the customer in the comments section.
Therapeutic Diet	Select "Yes" when a physician has prescribed a specific diet based on the customer's medical condition. Otherwise, select "No."

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	<p>Add a description of any specific diet needs. For example:</p> <ul style="list-style-type: none"> • Consistency needs, such as needing the food to be soft or pureed; • Level of nutrients, such as an 1800 calorie per day diabetic diet for the customer; • Amount of fluids, such as a fluid restricted diet of 1,500 ml per day; • Number of meals per day; or • Food limitations, such as no wheat or dairy products.
<p>Medical Allergies</p>	<p>Select “Yes” when the customer is allergic to any medications. Otherwise, select “No.”</p> <p>When the customer has medical allergies include the names of all medications the customer is allergic to in the comments section.</p>
<p>Takes Insulin</p>	<p>Select “Yes” when the customer takes insulin. Otherwise, select “No.”</p> <p>When “Yes” is selected, answer the following questions. Does the customer:</p> <ul style="list-style-type: none"> • Require assistance drawing up insulin? • Require assistance self-injecting insulin? • Require assistance with finger sticks? <p>When the customer needs help in any of these three areas, enter the name of the person that helps in the “Who assists?” field.</p>
<p>Medications/Treatments</p>	<p>Enter all medications the customer currently takes. This includes medications the customer has taken in the last 30 days but has stopped taking and nonprescription medication.</p> <p>Enter the following information for each medication:</p>

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	<ul style="list-style-type: none">• Name of medication or treatment;• Select how often the medication or treatment is taken from the drop-down list;• Enter the medication dosage;• Select the route of medication from the drop-down list;• Enter details in the comments section about what the medication or treatment is prescribed for, the form of the medication, and how long it will be taken, if known. <p>NOTE If there is any difference between the prescribed dosage or frequency and what the customer actually takes, include the details in the comments.</p> <p>When the customer does not take any medications, select “No Medications added” and save.</p>
--	--

Services/Treatments

Injections/IV

Overview

This section is used to record injection or IV treatments the customer is currently receiving. The treatments are listed as:

- Intravenous Infusion Therapy; and
- Intramuscular/Subcutaneous Injections.

Include all the following information in the comments:

- The treatment the customer gets;
- The person giving the treatment;
- How often the customer gets the treatment; and
- The reason the treatment is given.

For example, the customer receives chemotherapy from Dr. Verdes every six weeks due to bladder cancer.

Definitions

Treatment listed in HEAplus	Definition
Intravenous Infusion Therapy	Inserting a needle directly into a vein to inject a fluid substance into the body. Also referred to as IV Therapy. Includes intravenous infusions and blood transfusions.
Intramuscular Injections	Use of a hypodermic syringe to inject a fluid substance into the muscle. For example, Epinephrine injections for severe allergic reactions.
Subcutaneous Injections	Use of a hypodermic syringe to inject a fluid substance beneath the skin. For example, Insulin injections to treat high blood sugar due to diabetes.

Medications/Monitoring

Overview

Medications and monitoring include the following:

- Drug regulation; and
- Drug administration.

1) Drug Regulation

Drug regulation is close evaluation, monitoring and adjustment of medications to ensure they are working effectively and safely. Examples of drug regulation include:

- Periodic lab tests, such as blood work to check the cholesterol for a customer on cholesterol lowering medication.
- Adjusting the medication dose or schedule based on test results or symptoms. For example, adjusting the insulin dosage based on a sliding scale or not giving the customer Lanoxin if his pulse is below 60.
- Close supervision or observation to evaluate adverse reactions, interactions, or immediate response to a drug. For example, watching for a response to chemical restraints or medication prescribed for behavior control.

NOTE Drug regulation is not routine monitoring or adjusting of medications that is normally and safely done by a nonprofessional. For example, a customer takes Tylenol for her knee pain because aspirin upsets her stomach.

2) Drug Administration

Drug administration is giving or applying medication to treat an illness or condition. This includes self-administration.

Documentation

Include the following information in the comments when known or available:

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CURRENT POLICY.

- What medication is being regulated?
- Who is regulating or administering the medication?

Skin care

Overview

Skin Care includes the following:

- Pressure ulcers and other ulcers;
- Ostomy care not related to the bowel or bladder; and
- Wound care.

1. Pressure ulcers and other ulcers

Select Pressure/Other Ulcers when the customer gets skin care for a skin ulcer.
Examples of skin care for ulcers include:

Putting medicine, like ointment or Betadine, on the ulcer.

Covering the ulcer with protective material, like a bandage or Duoderm.

Applying heat treatment to the ulcer to aid the healing process.

Removing dead or infected skin tissue to help the ulcer heal, also known as debridement.

NOTE Skin care for ulcers includes preventive measures ordered by a physician for a customer with a history of chronic skin breakdowns that are likely to recur.

2. Ostomy care not related to the bowel or bladder

Select Non-Bowel/Bladder Ostomy Care when the customer gets care for a stoma or artificial opening that is not for the bowel or bladder. Ostomy care includes irrigation, cleaning, and bandaging. The most common example of an ostomy not for the bowel or bladder is a feeding tube, like a J-tube.

3. Wound care

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Select wound care when the customer gets care for a wound or other condition that needs wound care on an ongoing basis. Injuries and conditions that may need wound care include:

- Injuries resulting in an open wound;
- Surgical incisions;
- The catheter site for Total Parenteral Nutrition (TPN);
- A porta-catheter site;
- An intravenous or infusion site;
- Peritoneal dialysis site; and
- Any stoma or opening in the skin, not covered in Sections 1 and 2 above, that needs more than routine care.

Things to keep in mind about wound care

Here are a few things to keep in mind when documenting wound care:

- Include the location, size, and age of the wound in the comments along with the treatment description.
- Do not select wound care when the wound has healed or the skin opening no longer needs more than routine care on the date of the PAS.
- Wound care does not apply when the skin is intact. For example, there is no wound care when the customer only has a rash or dermatitis.

Examples of wound care

There are many types of wound care. The following are just a few examples:

- Applying medicated solutions or ointments;
- Covering with gauze or bandages to help protect the wound; and
- Dialysis shunt observation.

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NOTE Wound care does NOT include simple first aid measures or applying medication for skin conditions, such as acne or dry skin.

Definitions

Term	Definition and descriptions
Dialysis shunt observation	<p>Physical and clinical evaluation of the dialysis shunt to maintain vascular access and identify complications. Observation includes:</p> <ul style="list-style-type: none">• Visual inspection for signs of bleeding, bruising, swelling, or infection;• Palpation for evidence of stenosis or thrombosis;• Listening with a stethoscope to identify any changes in the vascular sounds;• Clinical tests, like color flow doppler, static venous pressure, on-line clearance/access flow tests. <p>Also referred to as monitoring and surveillance of vascular access for dialysis.</p>
J-tube (jejunostomy tube)	<p>A soft, flexible tube placed through the skin into the small intestine, which is used to deliver food, medicine, or both.</p>

Documentation

Include all the following information in the Comments:

- A description of the care the customer gets;
- The person providing the care;
- How often the customer gets the care; and
- The reason the care is needed.

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Feedings

Overview

There are two types of feedings that services and treatments are provided for:

- Parenteral Feeding/Total Parenteral Nutrition (TPN) delivers nutrition intravenously, bypassing the usual process of eating and digestion.
- Tube Feeding delivers nutrition through a tube directly into the gastrointestinal (GI) tract. Common feeding tubes are nasogastric (NG tube), gastrostomy (G-Tube), and jejunostomy (J-Tube).

Documentation

Include all the following information in the Comments:

- The type of feeding the customer gets;
- The person administering the feeding;
- How often the customer gets the feeding; and
- The reason the feeding is administered using this method.

Bladder/Bowel

Overview

The three areas of bladder or bowel services and treatments are:

- Catheter Care for urinary catheters includes regular cleaning of the genital area and indwelling catheters, emptying and changing draining bags, and disinfecting catheter supplies that are designed to be used more than once.
- Ostomy Care maintains the health of the artificial opening or stoma to the bowel or bladder, and includes cleaning the area around the stoma, changing the stoma ring, and changing the ostomy bag.
- Bowel Dilation expands the anal opening to allow or help stool passage and includes the use of suppositories.

Definitions

Term	Definition
Ostomy	A surgical procedure that creates an opening, called a stoma, from the bowel or bladder to the outside of the body for the passage of urine or stool.
Urinary catheter	A device used to collect and dispose of urine hygienically. Some catheters are inserted into the body also serve to empty the bladder. Urinary catheter types include condom, indwelling, and intermittent.

Documentation

Include all the following information in the Comments:

- A description of the care the customer gets;
- The person providing the care;

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- How often the customer gets the care; and
- The reason the care is needed

Respiratory

Overview

This section is used to record respiratory treatments the customer is currently receiving. Respiratory treatments are listed and described in the definitions section below.

Definitions

Treatment listed in HEAplus	Definition
Suctioning	Using a tube attached to a machine to remove mucous from the lungs when a customer is unable to do so on their own.
Oxygen (O2) therapy	The use of oxygen as a medical treatment, also known as supplemental oxygen. Oxygen can be given a few ways including nasal cannula, face mask, and inside a hyperbaric chamber. The rate of liter flow or percentage of oxygen should be included in the comment.
Small Volume Nebulizer (SVN)	A device for converting medication in liquid form into a mist or fine spray which is inhaled through a mask to treat the respiratory system.
Ventilator	A device that mechanically assists the patient's respiration, doing part or all the work the body would normally do. See Ventilator for more information.
Tracheostomy (Trach) Care	Suctioning and cleaning parts of the trach tube and skin. This helps prevent a clogged tube and decreases the risk for infection.
Chest Physiotherapy	The process of positioning the body so that gravity will allow drainage from the nasal passages, airways, and sinuses.
Continuous Positive Airway Pressure (C-PAP) therapy	A treatment for people who can breathe freely, but have difficulty breathing while asleep. The C-PAP machine keeps the customer's airway continuously open and stimulates breathing.

Documentation

Include all the following information in the Comments:

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CURRENT POLICY.

- The treatment the customer gets;
- The person giving the treatment;
- How often the customer gets the treatment; and
- The reason the treatment is given.

For example, the customer gets oxygen therapy, which he administers on his own. Continuous (24 hours a day) O2 set at 2L, due to COPD.

Therapies

Overview

This section is used to record therapy services the customer is currently receiving. Therapy services are listed and described in the definitions section below.

Definitions

Treatment listed in HEAplus	Definition
Physical	Therapy to help improve or maintain physical function. Some examples of physical therapy include: <ul style="list-style-type: none">• Hydrotherapy;• Exercises and stretches;• Massage;• Warm water therapy; and• Training on how to use assistive devices
Occupational	Therapy to help customer engage in activities of daily life, such as self-care skills, education, work, and social interaction. Some examples of occupation therapy include: <ul style="list-style-type: none">• Community and work reintegration training;• Developing of cognitive skills;• Self-care training;• Home management training; and• Wheelchair management.
Speech	Therapy to help regain or improve speech, language, swallowing, and cognitive function. Some examples of speech therapy include: <ul style="list-style-type: none">• Physical exercises to strengthen the muscles used in

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	<p>speech and eating;</p> <ul style="list-style-type: none"> • Speech drills to improve clarity; and • Sound production practice to improve articulation.
Respiratory	<p>Treatment provided to restore, maintain, and improve respiratory function. Some examples of respiratory therapy include:</p> <ul style="list-style-type: none"> • Using a CPAP, which may or may not be under the direction of a respiratory therapist; and • Using a Bi-PAP under the direction of a respiratory therapist.
Alcohol and Drug Treatment	<p>Medical, chemical, or psychological treatment aimed at customers with substance-use disorders. Treatment can include self-help groups.</p>
Vocational Rehabilitation	<p>Services provide to customer with disabilities to support entering or returning to work by developing or improving job-related skills.</p>
Individual and Group Therapy	<p>Treatment of mental health problems by talking with a psychiatrist, psychologist, or other mental health provider. The therapy may be provided individually or in groups.</p>

Definitions

Term	Definition
Hydrotherapy	The use of water to relieve discomfort and promote physical well-being.

Rehabilitative Nursing

Overview

This section is used to record rehabilitative nursing services the customer is receiving.

Rehabilitative nursing is a professional nursing service that sets up a therapeutic plan of care that is:

- Problem oriented;
- Tailored to the customer; and
- Has measurable goals.

Rehabilitative nursing does NOT include:

- Watching or monitoring the customer, unless it is part of a teaching or training program; or
- Activity or exercise done for recreation or general health purposes.

Rehabilitative nursing services are listed and described in the definitions section below.

Definitions

Treatment listed in HEAplus	Definition
Teaching or Training Program	<p>A nursing service to teach a customer or caregiver how to care for a medical need. Examples of teaching or training programs include:</p> <ul style="list-style-type: none">• Diabetes testing;• Ostomy care;• Catheter care;• Diet planning;

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	<ul style="list-style-type: none">• Use of prosthetics;• Self-administering medication; and• Insulin injections.
Bowel/Bladder Training	A nursing service that helps a customer manage incontinence through a combination of exercises, techniques, and lifestyle changes.
Turning and Positioning	Moving, turning, or repositioning a customer who cannot move on their own. This improves circulation, prevents skin ulcers, and prevents shortening and hardening of muscles, tendons, or other tissue.
Range of Motion	An exercise moving a specific joint or body part to: <ul style="list-style-type: none">• Maintain and increase joint mobility;• Prevent shortening and hardening of muscles, tendons, or other tissue;• Increase circulation; and• Relieve discomfort.
Other Rehabilitative Nursing	Services directed by a nurse or therapist that help a customer regain health or strength. Examples of these services include: <ul style="list-style-type: none">• Therapy to improve the customer's ability to walk independently;• Therapy to improve the customer's ability to eat;• Deep breathing exercises; and• Splinting a joint or body part.

Documentation

Include all the following information in the comments:

- The treatment the customer gets;
- The person giving the treatment;

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- How often the customer gets the treatment; and
- The reason the treatment is given.

For example, the nurse turns and repositions the customer in his hospital bed every 2 hours to prevent pressure ulcers.

Other Services and Treatments

Overview

This section is used to record other service and treatments the customer is currently receiving. Other services and treatments are listed and described in the definitions section below.

Definitions

Treatment listed in HEAplus	Definition
Peritoneal Dialysis (PD)	<p>A way to remove waste products from the blood when the kidneys are not able to do an adequate job. During PD, a cleansing fluid is added to the belly through a tube. The lining of the belly acts as a filter and the fluid pulls waste and extra fluid from the blood. After a set period, the fluid with the waste products is drawn out of the belly into a drainage bag. PD can be done at home, work, or when traveling.</p> <p>There are two kinds of peritoneal dialysis:</p> <ul style="list-style-type: none">• Continuous Ambulatory PD (CAPD)• Automated PD (APD)
Hemodialysis (HD)	<p>A procedure used to clean the blood by drawing it from a blood vessel into a dialysis machine, which filters out waste and extra fluid. Then the blood is returned to the body through a blood vessel.</p>
Chemotherapy/Radiation	<p>Chemical or x-ray agents that have a specific and toxic effect on cancerous cells.</p>
Restraints	<p>Devices and medications that limit or restrict movement to protect a customer from injury. These are also known as mechanical and chemical restraints.</p> <p>Mechanical restraints: Physical devices or barriers that restrict normal access to one's body or immediate environment and protect from injury. For example:</p> <ul style="list-style-type: none">• Vests;

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	<ul style="list-style-type: none"> • Seat belt; • Geri chair with lap tray; or • A locked room or area. <p>NOTE Bed and chair alarms, wander guards, and self-removable seat belts are not restraints. Side rails are not restraints unless the intention is to prevent the customer voluntarily getting out of bed.</p> <p>Chemical restraints: Prescribed medication used to stop or reduce behaviors that could cause physical harm to self or others, like combativeness, constant pacing, and self-mutilation.</p> <p>NOTE To be considered a chemical restraint, the medication must be prescribed specifically to control or stop the harmful behavior.</p>
Fluid Intake/Output	<p>Measuring and monitoring the amount of fluids the customer takes in, puts out, or both.</p> <p>Fluid intake includes fluids taken by mouth, as well as fluids given by IV or tube feeding.</p> <p>Fluid output includes vomit and urine, including catheter output. Remember that not every customer with a catheter is being monitored for fluid intake/output.</p> <p>NOTE Fluid intake/output does not include routine recording of dietary intake percentages or supplements.</p>
Other	<p>Other therapies prescribed for a specific problem. For example:</p> <ul style="list-style-type: none"> • Hospice; • Sitz bath; • TED hose; • TENS unit for pain; • Special mattress;

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	<ul style="list-style-type: none">• Whirlpool (if used for reasons other than physical therapy or decubiti care, it should be noted here); <p>Any service or treatment received or needed, but not documented elsewhere, should be indicated here.</p> <p>NOTE This is essential if a diagnosis is marked as needing services or treatment. For example, if peripheral vascular disease is indicated because the customer requires treatment with TED hose, then the TED hose should be added here.</p>
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Documentation

Include all the following information in the Comments:

- The treatment the comet gets;
- The person giving the treatment;
- How often the customer gets the treatment; and
- The reason the treatment is given.

PAS Summary and Evaluation

PAS Summary and Evaluation

Introduction

In this chapter, you will learn about:

- FCPI Service Summary
- PAS Summary
- Person Contact Detail
- PAS Scoring
- PAS Status
- PAS Completion

For each section in this chapter, you will find:

- An overview of the topic
- Definitions
- Other helpful information

FCPI Service Summary

Overview

A certain amount of resources may be set aside and not counted toward a customer with a Community Spouse. This is called the Community Spouse Resource Deduction (CSRD). See Community Spouse Resource Budgeting for more information.

When a CSRD needs to be calculated, the customer's the first continuous period of institutionalization (FCPI) must be determined. When the customer was not in a medical institution for all 30 days of the FCPI, a PAS Assessor determines the FCPI.

Establishing the FCPI

Follow the steps below to establish the FCPI and complete the FCPI Service Summary Screen.

Step	Action
1	Review the FCPI Service Summary screen and any medical records and notes in the case file about services the customer received. Verify any services that have not been verified yet.
2	Did the customer receive HCBS services that are not listed on the FCPI Service Summary? <ul style="list-style-type: none">• If YES, add the services with start and end dates, frequency, and service details then add your name and the date before saving the entries. Continue to step 3. <p style="text-align: center;">NOTE You may need to contact the service provider and document the information provided during the contact and by whom.</p> <ul style="list-style-type: none">• If NO, continue to step 3.
3	Determine whether the customer got services for 30 consecutive days that prevented institutionalization based on: <ul style="list-style-type: none">• The types of services received;• The start and end dates for the services;• The frequency of the services;

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	<ul style="list-style-type: none"> • The details of what assistance was provided for each ADL; and • Any other information available from the records or the service provider that indicate the level of the care provided or needed. <p style="text-align: center;">NOTE HCBS services must be formal, paid services.</p>
4	<p>Did the customer receive HCBS services, services in a medical institution, or a combination of both for 30 consecutive days?</p> <ul style="list-style-type: none"> • If YES, answer “Yes” to “Services for 30 consecutive days?” • If NO, answer “No” to “Services for 30 consecutive days?” <p>Continue to step 5</p>
5	<p>Use your professional judgment to determine if the HCBS services provided a level of care that prevented the customer from needing to be placed in an institution.</p> <ul style="list-style-type: none"> • If YES, answer “Yes” to “Did Home and Community Based Services (HCBS) prevent institutionalization?” • If NO, answer “No” to “Did Home and Community Based Services (HCBS) prevent institutionalization?”
6	<p>Were the answers to the questions in steps 4 and 5 both “Yes”?</p> <ul style="list-style-type: none"> • If YES, enter the month and year the 30-day period began. When the customer had more than one 30-consecutive date period that meets the criteria. Enter the earliest period in the FCPI date field. • If NO, leave the field blank. There is no FCPI.
7	<p>Click Next or Save to close the battery.</p> <p>NOTE If this is an CSRA-Only request, it will be removed from the task list once the completed. When the application includes a PAS request, it will stay on the task list until the PAS is completed.</p>

PAS Summary

Overview

The PAS Summary gives an overview of the customer's medical conditions, functioning and needs. It should not include opinions about eligibility, placement, or need for institutionalization.

Things that must be included in the PAS Summary

Include the following items:

Factor	What to include
Introduction	<ul style="list-style-type: none">Names of any people that gave information during the PAS interview.Any corrections to Medicare or other insurance information.
Living situation and living arrangement	<ul style="list-style-type: none">Where the customer is living.Who the customer is living with. <p>NOTE When the PAS is conducted in person, include observations noted during the interview.</p>
Falls, hospitalizations, and ER visits	<ul style="list-style-type: none">Date of each incident.Reason for ER visit or hospitalization.Cause and description of any falls, if known.Any injuries caused by falls.
Medical conditions	A brief description of the customer's current major medical conditions and related problems.
ADL performance and continence	<ul style="list-style-type: none">A summary of the customer's functional limitations and abilities.What help is provided to the customer and who provides it.For any ADL scored based on need, explain the reasons

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	<p>assistance is needed but not received.</p> <ul style="list-style-type: none"> • A description of the customer's level of bowel and bladder continence.
Communication and sensory status	A note of any significant impairment in hearing, communication, and vision.
Level of orientation and behaviors	<ul style="list-style-type: none"> • Whether the customer is oriented to person, place, and time. • A description of the customer's behaviors, including any reported behaviors that were not scored. • Any interventions provided for the behaviors.
Services and support	<ul style="list-style-type: none"> • Any formal services such as Meals on Wheels. • A description of informal services or support provided by relatives, neighbors, or friends. • Any services or treatments under "Other" in the Services/Treatments battery. • Any history with the Department of Developmental Disabilities or Adult Protective Services.
Social determinants of health (SDOH)	<p>A description of how the SDOH impacts the customer's health or functioning.</p> <p>NOTE See the Definition section for more details about documenting SDOH information.</p> <p>Examples of SDOH include:</p> <ul style="list-style-type: none"> • Housing and utilities • Access to enough food or healthy food • Transportation • Safety • Financial strain • Education

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	<p>NOTE Document that the referral resource list was given to the customer. If the customer asked about or was given information about specific resources, include that information in the summary.</p>
<p>Other necessary information</p>	<ul style="list-style-type: none"> • Statements made by the customer or caregiver about the services they want. • A statement that a description of the ALTCS program requirements for nursing facility (NF) level of care was provided. <p>NOTE Do NOT include statements that reflect personal opinions, judgments, or biases.</p>

Definitions

Term	Definition
<p>Social determinants of health (SDOH)</p>	<p>Conditions in the places where people live, learn, work, and play that affect a wide range of health, functioning, and quality-of-life outcomes and risks.</p> <p>There are five key areas of SDOH:</p> <ul style="list-style-type: none"> • Economic stability • Education • Social and community connection or support • Health and health care • Neighborhood and environment <p>Resources that enhance quality of life also influence health outcomes. Examples include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency and health services, and environments free of harmful toxins.</p> <p>Adverse conditions or a lack of the resources noted above can impact a person’s health and functioning, as well as risk of institutionalization.</p> <p>NOTE Reviewing SDOH is NOT part of the PAS interview. If an impact or risk due to a SDOH comes up during the interview or is</p>

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	observed during an in-person interview, include it in the PAS summary.
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Person Contact Detail

Overview

This screen is used to enter contact information for people who contributed information for the customer's PAS. Personal contacts may include, but are not limited to:

- Physicians;
- RNs;
- CNAs;
- Family members;
- Caregivers; and
- Case managers.

If medical records or diagnoses are received from other specialists, these contacts should also be included.

Completing the Person Contact Detail Screen

Click on the "Add Personal Contacts" link to add a contact. Use the table below to complete the Person Contact screen. After completing the Person Contact screen, click Save and Add Another to add an additional contact or Save if there is not another contact to add.

Field name	Enter...
Contact Name	Name of the person
Type	Select from the drop-down list: <ul style="list-style-type: none">• Physician;• Case Manager;

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	<ul style="list-style-type: none">• Caregiver; or• Other.
Relationship (this field is only shown when the type selected is Caregiver.)	Select from the drop-down list: <ul style="list-style-type: none">• Alien Sponsor;• Aunt;• Brother;• CNA;• Cousin (first);• Daughter;• Ex-Spouse;• Father;• Foster Child;• Foster Parent;• Grandchild;• Granddaughter;• Grandparent;• Grandson;• Legal Permanent Guardian;• Mother;• Nephew;• Niece;• Not Related;

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	<ul style="list-style-type: none">• Other Related;• RN;• Sister;• Son;• Spouse;• Stepchild;• Stepfather;• Stepmother; or• Uncle.
Phone	Phone number and extension where the person can be reached.
Comments	Any comments in this field are not shown on the Person Contact Detail screen. To see the comments, click on the “Edit” icon.

PAS Scoring

Overview

Most of the information on this screen is automatically populated by the system. To qualify by score initially, the total score must be 60 or higher.

NOTE At reassessment a customer who scores at least 40 but less than 60 qualifies by score for the ALTCS transitional program.

The PAS Scoring screen includes the information shown in the table below:

Section	Description
Functional Score summary	<p>For each functional score there are columns for the following information:</p> <ul style="list-style-type: none">• Category - The category of each group of functional scores;• Rating - The score entered by the PAS Assessor;• Weight - The factor that is multiplied by the Rating; and• Score - The weighted final score for the function.
Medical score summary	<p>For each medical condition or medical service and treatment that is scored there are columns for the following information:</p> <ul style="list-style-type: none">• Category - The category of the medical condition;• Rating - "0" or "1" based on whether or not the customer has a scored medical condition or receives a scored service or treatment;• Weight - The factor that is multiplied by the Rating; and• Score - The weighted final score for the medical condition, service or treatment.
Total PAS score	The sum of the functional scores plus the sum of the medical scores.
Next Assessment	A dropdown field used to set a reassessment date in six months, one year, or two years.
Completed and	HEAplus automatically populates these date field based on

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Reopen dates	actions taken.
Eligibility	HEAplus automatically populates with "Eligible" or "Ineligible" based on the PAS score.
Physician's Review	<p>Click on this field to bring up the Physician Review (PR) screen.</p> <p>NOTE When there is a red asterisk after "Physician's Review", a PR is mandatory. For more information about sending the PAS for PR see Physician Review.</p>
Override	<p>Click on this field to bring up the PAS Override screen. Override reasons include:</p> <ul style="list-style-type: none"> • Administrative Review • Hearing Decision • Pending Hearing • Pre-Hearing Resolution <p>NOTE Only HPMs and PAS Policy can override the PAS.</p>
Special Status	<p>This field is automatically populated by HEAplus when information is entered in the PAS that the customer is ventilator dependent or is on the ALTCS Transitional program.</p> <p>Important!</p> <p>"Acute" displays when the customer is in the hospital and no discharge date was entered in HEAplus. A date MUST be entered before completing the PAS.</p> <p>Check for updated information on the discharge date. Go to the DD/EPD Information screen and enter the discharge date when known. When not known, enter the date of the PAS in the "Discharge Date" field.</p>

PAS Status

Overview

The fields on this screen are automatically populated by the system. The PAS Status screen includes the following information:

- PAS Type
- PAS Date
- PAS Tool
- DD Status
- Functional Score
- Medical Score
- Total Score
- PAS Status
- Special Status – This field will be blank except as described below:
 - “Ventilator” displays when the customer is on a ventilator.
 - “Acute” displays when the customer is in the hospital and no discharge date was entered in HEAplus. Before processing, check for updated information on the anticipated discharge date. Go to the DD/EPD Information screen and enter the discharge date when known. When not known, enter the date of the PAS in the “Discharge Date” field.
 - “Transitional” displays when the customer is on ALTCS Transitional.
- Physicians Review Date
- Physicians Review Date Sent
- Override’s Review Date Sent
- Override’s Review Date

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PAS Completion

Overview

It is important to review the information entered before completing the PAS. Review the information to make sure:

- It is entered correctly;
- The scores are correct, and the comments clearly support the score;
- The summary gives a clear description of the PAS;
- The physical address and living arrangement are current and correct.

NOTE For PAS reassessments, verify the current address and living arrangement and update the information if needed.

The documents and comments must support the scores given. When information appears to conflict between sources, comments must explain which sources were used to determine scores and why.

The PAS, with all comments and documents, is the legal basis for ALTCS medical eligibility decisions. Information from the PAS is shared with the ALTCS Program Contractor and may be shared with federal and state auditors, the customer, the Office of Administrative Hearings, and when authorized, with other parties.

Therefore, it is crucial that the information is complete, accurate, and clearly written with proper grammar, spelling, and punctuation. This reflects on you and AHCCCS.

Health Program Manager (HPM) Review before closing the PAS

An HPM may need to review a PAS assessment before it is closed. When information is inconsistent or questionable and the difference cannot be resolved by other information in the case file or from the caregiver, discuss the PAS with an HPM before closing it.

There are also situations where an HPM **MUST** review the PAS before it is closed. See below for the list:

- An initial PAS with a score of at least 55 but below 60.

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- The customer scores eligible but is experiencing an acute episode or a condition that may improve, like a broken bone.
- A PAS went to Physician Review and the physician’s comments or decision is not consistent with the PAS documentation or records.
- A PAS reassessment with a score of 35 to 39.
- The customer is less than 65 years old and scores eligible on an initial PAS.

Example - Resolving Inconsistent Information

The customer’s medical records include neurological assessments from two different doctors:

- The most recent assessment is from a month ago and says the customer shows a modest decline in neurological function.
- The other assessment is almost a year old and notes a significant decline in function that impacts ADLs and a diagnosis of advanced Alzheimer’s Disease.

The PAS Assessor reviews the case file and asks the caregiver about the assessment results. The assessor finds out that the most recent assessment was done over the phone by a doctor who has never seen the customer in person and did not speak to the customer’s caregivers. This record also does not specify the neurological tests conducted. The older record is from a neurologist who has been treating the customer for the past five years. It provides the neurological test results and is supported by earlier records showing a steady decline in the customer’s function over the past few years.

The assessor determines that the older medical record is more reliable and uses it when completing the PAS, then adds a note about why the newer record was not used in the decision.

Reviewing Reassessment Decision Letters

The PAS Assessor must review the reassessment letter for accuracy before it is sent. Review the letter in HEAplus using the table below as a guide:

What to verify	Where it is found
The letter is addressed to the customer or representative	<ul style="list-style-type: none">• Case Summary screen under Customer Contact Information; or

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	<ul style="list-style-type: none"> • The most recent Application Summary.
The mailing address is complete and correct	<ul style="list-style-type: none"> • Case Summary screen under Customer Contact Information; or • The most recent Application Summary.
Only one language is used on the letter, and it is the customer's or representative's preferred language	<ul style="list-style-type: none"> • Case Summary screen under Customer Contact Information; or • Information Belongs To page, View Application link, Budget Group page, under Person Applying.
Effective date	<ul style="list-style-type: none"> • For approval effective dates, see MA1309C. • For change effective dates, see MA1501C. • When coverage is stopping, see MA1503.
<p>Legal basis for the decision, including:</p> <ul style="list-style-type: none"> • Denial reason or reason benefits are stopping; • Law and regulation citations. 	<p>On the letter in the decision block and under the letter section "Legal Authorities for This Decision".</p>
Appeal rights and Appeal Request Form	<p>On the letter, under "What if You Do Not Agree with our Decision?" The Appeal Request form should be a separate page.</p>
PAS Scoring page (only for adverse actions)	<p>The PAS Scoring page is the last page of the letter.</p>

When the letter is not correct, see Procedures for Manual Letters to determine whether a manual letter is needed.

Physician Review

Physician Review

Overview

A Physician Review (PR) may be requested when the final PAS score may not accurately reflect the customer's need for a Skilled Nursing Facility (SNF) level of care. An HPM must review the PAS and records before requesting a PR to make sure the PR process is necessary.

There are situations when a PAS Analyst Review Consultant (PARC) can complete an eligibility review. Both Physician and PARC reviews are completed on the Physician Review screen in HEAplus.

NOTE See Eligibility Review for guidance on when a PR is mandatory or a PARC review is appropriate. See below for PRs that are not mandatory.

Physician Reviews that are NOT mandatory

A PR can be requested when the assessor and HPM agree that the customer appears to be at immediate risk of institutionalization. Some examples of PRs that can be requested, but are not mandatory, include customers who:

- Are already in a Nursing Facility, but:
 - The PAS score is less than 56 points; AND
 - The assessor and HPM believe the need for a SNF level of care is still there.
- Are very elderly and frail, but the PAS score is less than 56 points;
- Had multiple hospitalizations for chronic medical conditions in the past six to twelve months;
- Live alone and lack the resources to live safely;
- Appeal an ineligible PAS decision;
- Have a traumatic brain injury with behavioral concerns;

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- Receive services that include extensive and complex medical care.

Physician Reviews Information

The Physician review screen is completed by both the assessor and the reviewer. After the assessor completes their portion of the screen, the PAS is sent to the reviews's work management list. The reviewer completes their portion of the screen. When finished, it is sent back to the assessor or HPM in HEAplus. The Assessor and HPM review the decision prior to completing the PAS.

Medical records should be reviewed by the assessor and HPM and scanned into the document storage system BEFORE requesting a PR. More information about medical records is below.

Use the information in the table to complete the Physician Review screen based on your role.

Field Name	Completed By	Field Information
Requested Date	Assessor	Date the case is sent for review.
Review Date	Physician or PARC	Date the physician completes the review.
Name of Doctor/PARC	Physician or PARC	Name of the reviewer from the drop-down list.
Physician's Decision	Physician or PARC	Eligible for Ineligible from the drop-down list.
Reason	Physician or PARC	When ineligible, the appropriate reason from the drop-down list.
Requestor's Comments	Assessor	A brief explanation of why the PAS is being set for PR. Information must be factual and objective. NOTE If medical records are NOT available, make a note in this section.
Physician's Comments	Physician or PARC	The reviewer's name and title, the decision, and a summary of the factors used to make the decision, which may include: A summary of significant medical conditions; How the medical conditions impact the physical and mental functioning;

		<p>The reviewer's opinion of the customer's chance of recovery or maintenance of the health without ALTCS intervention;</p> <p>The reviewer's opinion of the severity of the customer's medical condition and the likelihood of the condition worsening or significantly impairing mental or physical function in the next few months.</p>
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Medical Records

The assessor provides the reviewer with current medical records, if available and relevant to the customer's condition. The medical records should CLARIFY the current medical condition and functional needs.

Medical records may include:

- History and Physical;
- Discharge summary for hospitalizations;
- Consultations by specialists. For example, psychology, psychiatry, neurology, or cardiology reports;
- Therapy notes;
- Nursing notes that address a specific incident or condition;
- SIGNIFICANT test results such as laboratory results. For example, HgA1C for diabetics, viral titers, T-cell or CD4 counts for customers's diagnosed with AIDS, EEG, EKG or MRI results;
- Physician Progress Notes relating to current conditions or need for long-term care; and
- Minimum Data Set (MDS) if the customer is in SNF.

NOTE For PAS reassessments, medical records also include the ALTCS program contractor's two most recent long-term care assessments, when the program contractor reports the customer's overall functioning has improved.

PAS Appendix-DD

Developmentally Disabled (DD) PAS Overview

Developmentally Disabled (DD) PAS - Overview

Introduction

In this chapter, you will learn about:

- The Preadmission Screening (PAS) Process and Purpose;
- Standards and best practices for PAS documentation; and
- Investigative interviewing.

For each section in this chapter, you will find:

- An overview of the topic;
- Any definitions needed; and
- Best practices or examples.

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The Preadmission Screening (PAS) Process and Purpose

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PAS Documentation

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Investigative Interviewing

Coming soon!

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Intake Information

Intake Information

Introduction

In this chapter, you will learn about setting up the PAS in the following HEAplus batteries:

- Open PAS;
- Developmental Disabilities;
- Assessment;
- DD/EPD Information; and
- Ventilator.

Open PAS Battery

Overview

Most of the fields on this screen are automatically populated by the system. See the table below for a list and descriptions of fields on the Open PAS screen:

Field Name	Description
Application IDs	There may be more than one application for the customer
Person ID number (PID)	Provides the customer's PID
Assessment Date	Not automatically populated. Enter the PAS appointment date.
Assessment type	Shows one of the following assessment types: <ul style="list-style-type: none">• Initial• Posthumous• Prior Quarter• Private Request• Reassessment
PAS tool used	Lists the PAS tool appropriate for the person's DD status and age.
DD status of each application	<ul style="list-style-type: none">• Potential DD: May have a developmental disability, but eligibility has not been determined by DES/DDD.• DD: DES/DDD determined the customer is eligible for DD services.• DD in NF: The customer is eligible for DD services and is living in a nursing facility.• Not DD - DES/DDD determined the customer is not eligible for DD services.
Status of the PAS	<ul style="list-style-type: none">• Open PAS – a PAS has not been started. Click the "Open PAS"

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	<p>link to begin.</p> <ul style="list-style-type: none"> • Continue PAS - the PAS has been started but not completed. Click the “Continue PAS” link to continue. • View PAS – the PAS was completed and is closed. Click the “View PAS” link to view the PAS. • Incomplete – the PAS is not complete but is closed. Generally used when the customer missed the PAS appointment, voluntarily withdrew, or had mail returned and could not be contacted.
PAS Records link	The link goes to the PAS History screen where you can review other PAS assessments for the customer.

DD Status Changes

Take the following steps when the customer’s DD status has changed:

Step	Action
1	On the Open PAS screen, click the pencil icon in the DD Status box.
2	On the DD History screen, click the edit icon in the line that needs updated.
3	Enter the date the status ended in the End Date field. Click “Save.”
4	Click on the “Add DD” link.
5	Select the new DD Status from the drop-down list in the DD Status field.
6	Enter the date the status began in the Begin Date field and click “Save”. This date must be at least one day after the end date of the previous DD Status.

Definitions

Term	Definition
Qualifying developmental disability	<p>For DES/DDD eligibility, a qualifying developmental disability means the customer has been diagnosed with at least one of the following:</p> <ul style="list-style-type: none"> • Intellectual Disability • Cerebral Palsy • Seizure Disorder • Autism

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Developmental Disabilities

Overview

The Developmental Disabilities page tells whether the customer has or had a DD qualifying diagnosis and gives the DD history. The fields on this page are automatically populated by the system.

When the DD diagnosis question is answered “Yes”, the DD Case Status is also shown. Click the Focus Response button to view the DD Case Status report. Any changes to the DD status will be listed in the DD history. The DD history includes the following information:

- DD status
 - Not DD – the customer does not have a DD status
 - DD – the customer has or had a DD status
 - Potential DD – the customer is potentially eligible for DDD.
 - DD in NF – the customer has or had a DD status while in a skilled nursing facility.
- Begin date – the date the DD Status began.
- End date – when a customer has a change to DD Status, this is the date the previous DD Status ended.

NOTE It is very important to make sure the DD status is correct before completing the PAS.

Assessment

Overview

This section is used to gather information about:

- The PAS tool used
- The assigned assessor
- Where the customer is located at the time the PAS is conducted
- The phone number for the location where the PAS interview is conducted
- The customer's living arrangement

Assessment Information

Complete these fields as described below:

Field Name	Field Information
DD Status	The field is pre-filled by HEAplus with the DD status selected when the application is registered.
Tool Used	The field is pre-filled by HEAplus with the DD status selected when the application is registered and the PAS created.
Assessor (the first of two Assessor fields)	Use the dropdown list to select the name of the assessor who creates the PAS and conducts the interview.
Assessor (the second of the two Assessor fields)	When another assessor helps complete the PAS, use the dropdown list to select the name of the assessor who helped. NOTE It is not common that another assessor needs to help with a PAS, and this field is usually blank.
Location	Use the dropdown list to select the setting where the in-person PAS interview is conducted. When the interview is conducted by telephone,

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	select the setting the customer is located at the time of the PAS interview.
Telephone	<p>Enter the telephone number for the location where the PAS interview is conducted.</p> <p>When the interview is conducted by telephone, enter the telephone number for the customer's location at the time of the PAS interview.</p>

Living Arrangement

Complete these fields as described below:

Field Name	Field Information
Usual Living Arrangement	<p>Use the dropdown list to select the usual living arrangement as follows:</p> <ul style="list-style-type: none"> • Community: Customer lives in a private home, mobile home, apartment, or is homeless, which includes staying in a homeless shelter. • Group Home: The customer lives in a residential placement with a large group of other people. • ICF/ IID: The customer lives in an Intermediate Care Facility for Individuals with Intellectual Disability, or related conditions. • Nursing facility: The customer lives in a nursing facility. This includes both certified and uncertified facilities. • Other supervised setting: The customer lives in an adult foster home, adult care home, apartment for assisted living, or similar setting. • Residential Treatment Center: The customer lives in a facility that provides behavioral health services to people under age 21 or under age 22 when admitted prior to age 21. <p style="text-align: right;">NOTE "Usual living arrangement" means the</p>

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	customer's living arrangement for the last six months or the current living arrangement when there is no plan to make a change.
Usual Living Situation	<p>Use the dropdown list to select the appropriate usual living situation as follows:</p> <ul style="list-style-type: none">• Lives Alone• With Non-Relative: The customer lives with others not related to him or her. Also select this option when the customer lives in the same nursing facility or assisted living setting as a spouse or other family member.• With Other Relative: The customer lives with a relative other than a spouse or parent.• With Parents• With Spouse <p>NOTE "Usual living situation" means the people with whom the customer has lived for the last six months or currently lives with when there is no plan to make a change.</p>

DD/EPD Information

Overview

This section is used to gather information about the customer's:

- Medical assessment
- Physical measurements

Medical Assessment

The table below lists the questions for this part of the application and how to complete them:

he comment should always include who gave the information.

Question	Answer
Currently Hospitalized/rehab	Select "Yes" when the customer is in the hospital or an intensive rehabilitation facility. Otherwise, select "No".
Imminent discharge from acute care facility	Select "Yes" when the customer is in an acute care facility when the PAS is completed. Otherwise, select "No".
Discharge Date	<ul style="list-style-type: none">• When there is a planned discharge date, enter the date provided.• When there is no firm discharge date, enter the date of the PAS interview.
Ventilator Dependent	Select "Yes" when the customer is ventilator dependent. Otherwise, select "No". See Assessing Ventilator Dependence for more information.
Number of emergency room visits in last 6 months	Enter the number in the space provided. Include actual or approximate dates and the reasons for the visits in the PAS summary. NOTE Count all emergency room visits, even when it resulted in being admitted to a hospital.
Number of hospitalizations in last 6 months	Enter the number in the space provided. Include actual or approximate dates and the reasons for the hospitalizations in the PAS summary.

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Number of falls in the last 90 days	Count the total number of falls. For each fall, document the approximate date, any injuries and treatment received, and a description of what happened in the PAS summary.
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Physical Measurement

Complete the physical measurements section. Use approximate height and weight if the actual measurement is unknown. To enter the height and weight using metric units, select the check box next to “Enter in Metric Units”.

Definitions

Term	Definition
Acute care facility	Means: <ul style="list-style-type: none">• A hospital, when the customer is not in a long-term care bed, or• An intensive rehabilitation facility.
Intensive rehabilitation facility	A free-standing rehabilitation hospital or a rehabilitation unit within a hospital that provides an intensive rehabilitation program. Patients admitted must be able to tolerate three hours of intense rehabilitation services per day.

Ventilator

Overview

This screen is used to gather information about the ventilator for customers that are ventilator dependent. The Ventilator Dependent question on the DD/EPD Information screen must be marked “Yes” to fill out the information on the Ventilator screen.

Ventilator dependent means the customer is on a ventilator at least six hours a day for 30 consecutive days.

NOTE Not all devices that provide breathing support are ventilators. See the definitions of CPAP and BiPAP devices for more information.

Ventilator Information

To open the Add/Edit Ventilator Details page, click on the “Add Ventilator Details” link. Complete the fields as described below:

Field Name	Field Information
Completed Date	Enter the date of the PAS.
Hours per day on ventilator	Enter the number of hours per day the customer is on the ventilator. This information can be found on the Respiratory Flow Sheets. NOTE The customer must be on the ventilator for at least six hours in a 24-hour period. The six hours do not have to be consecutive.
Name and model of ventilator	Enter the name and model of the ventilator. This information can be found on the ventilator, on the Respiratory Flow Sheet, or can be given by a caregiver, respiratory therapist, or nurse.
Settings <ul style="list-style-type: none">• Rate• Tidal Volume• Oxygen Concentration	These settings may be a set number or a range. There are two data entry fields for each setting. Complete both fields for each setting. When the setting is a range, enter the low and high setting. When the setting is constant, enter the same setting in both fields. The rate, tidal volume, and oxygen concentration can be found on the Respiratory Flow Sheet.
<ul style="list-style-type: none">• Living Arrangement	Add each living arrangement that the customer was in while on the ventilator. Include the begin date and the end date for each living arrangement. Click on the “Add” button after each arrangement is entered. When there is more than one living

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<ul style="list-style-type: none"> • Begin Date • End Date 	<p>arrangement, the dates cannot overlap.</p> <p>NOTE You may need to get information from more than one facility to get the actual date the customer started on the ventilator.</p>
Total Consecutive Days	This number will auto-populate using the data from the living arrangements.
Registered Nurse	<p>Select the name of the person completing the worksheet from the dropdown list.</p> <p>NOTE Even though the field is titled "Registered Nurse" the worksheet can be completed by any PAS Assessor.</p>
Date Worksheet Sent	Enter the date the worksheet is filled out.
Comments	This is not a mandatory field. Include anything that is important that is not included in the fields above. Include your name when it is not available in the Registered Nurse dropdown list.

Definitions

Term	Definition
Bi-level Positive Airway Pressure (BiPAP)	<p>A device that applies air flow at a higher pressure when a person breathes in than when the person breathes out. A BiPAP is considered a ventilator when the device has a third breath rate setting.</p> <p>Select CPAP under Services/Treatments when the customer uses BiPAP machine that does not have a set back-up rate. For example, the rates are set as IPAP 15, EPAP 6.</p> <p>Select Ventilator under Services/Treatments when the BiPAP has all three breath settings.</p>
Continuous Positive Airway Pressure (CPAP)	<p>A device that applies air flow at a constant pressure throughout the respiratory cycle.</p> <p>CPAP is never considered a ventilator since no mechanical assistance is provided for inhalation.</p>
Expiratory Positive Airway Pressure (EPAP)	The set rate of pressure while exhaling.
Inspiratory Positive Airway Pressure (IPAP)	The set rate of pressure while inhaling.

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Respiratory Flow Sheet	Also known as a Ventilator Flow Sheet. This sheet is used to record ventilator treatment details, including rate, volume, oxygen concentration, and other information.
Tidal volume	The amount of air going in and out in one breathing cycle.
Ventilator	A device that mechanically assists the patient's respiration, doing part or all of the work the body would normally do.
Ventilator dependent	When a person is unable to breathe well enough to maintain normal levels of oxygen and carbon dioxide in the blood.
Ventilator rate	The number of breaths per minute (BPM) delivered by the ventilator. It can be a range or a set number.

Functional Assessment

DD Functional Assessment

Introduction

In this chapter, you will learn about the Functional Assessment for the following:

DD 0-5 PAS tool

Developmental Domain

DD 6-11 PAS tool

- Motor and Independent Living Skills
- Communication
- Behaviors

DD 12+ PAS tool

- Motor and Independent Living Skills
- Communication and Cognitive function
- Behaviors

For each section in this chapter, you will find:

- An overview of the topic
- Definitions
- Other helpful information

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Ages 0-5 Developmental Domain

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Ages 6-11

Ages 6-11

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Motor and Independent Living Skills (ILS)

Motor and Independent Living Skills

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Rolling and Sitting

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Crawling and Standing

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Ambulation

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Climbing Stairs or Ramps

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Wheelchair Mobility

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Dressing

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Personal Hygiene

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Bathing or Showering

Coming soon!

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Toileting

Coming soon!

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Level of Bladder Control

Coming soon!

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Orientation to Setting Familiar to Individual

Coming soon!

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Communication Domain

Expressive Communication

Coming soon!

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT
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Clarity of Communication

Coming soon!

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Behavioral Domain

Aggression

Coming soon!

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Verbal or Physical Threatening

Coming soon!

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Self-Injurious Behavior

Coming soon!

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Running or Wandering Away

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Disruptive Behaviors

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Ages 12 and Older

Ages 12 and Older

Coming soon!

Motor and Independent Living Skills (ILS)

DD 12+ Motor and Independent Living Skills

Overview

The ability or inability to perform Independent Living Skills (ILS) can be used as a practical measure when determining a person's need for long-term care services and risk of institutionalization.

The ILS include:

- Hand Use
- Ambulation
- Wheelchair Mobility
- Transfer
- Eating and Drinking
- Dressing
- Personal Hygiene
- Bathing or Showering
- Food Preparation
- Community Mobility
- Toileting

Things to Keep in Mind When Scoring Motor and Independent Living Skills (ILS)

- Gather information about the customer's ILS from the past year with emphasis on current performance.
- ILS may consist of several tasks. Consider ALL parts of the ILS that are relevant to the customer when scoring. Do not score just on the performance of part of the task. See the scoring section of the specific ILS for more details.
- Use [investigative interviewing](#) skills to gather enough information for the PAS.

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- When it is clearly evident that a customer needs more assistance than is received, that may be considered when scoring. This should be done conservatively, as it may be difficult to determine the exact amount of assistance needed. Comments must include a thorough explanation of this need and must state “scored based on need”. See examples below.

NOTE Generally, a score based on need would not be higher than a 1.

- Consider the use of a service animal in scoring when the animal has been trained to assist the customer in performing specific ILS.
- Score based on what the customer actually does, not what the customer “could do” or “might be able to do”.

NOTE See the specific ILS sections for possible exceptions when the customer does not have a physical or developmental barrier to performing the ILS.

Definitions

Term	Definition
Limited hands-on assistance	A small portion of an entire task. For example, a caregiver only washes the customer’s back during bathing.
Occasional hands-on assistance	When the customer needs hands-on help to complete an entire task sometimes, but not most of the time. For example, a customer needs her caregiver to pull her to a stand from bed each morning because her joints are stiff. As soon as she gets out of bed, she takes her medication and is then able to transfer independently to all other surfaces throughout the day.
Physical lift	When a caregiver actively bears some part of the customer’s weight during movement or activity. NOTE This does not include steadying or guiding the customer.
Physical participation	The customer’s active participation, not just being passive or cooperative. This includes the ability to complete a part of the task.
Service animal	A dog or miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with a disability. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals
Supervision	When a caregiver observes the customer and is readily available to provide assistance, including verbal cues or reminders and set-up activities

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Typical performance	In general, means the level of skill or function the customer achieves most of the time.
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Examples

Important! Examples only provide guidance on scoring. They do not cover every possible situation.

The following table gives examples of cooperation as compared to participation

Cooperation	Participation
The customer raises her arms, and the caregiver threads the customer's hands and arms through shirtsleeves and pulls the shirt down.	The caregiver holds the customer's shirt so that the sleeves are easy to get to. The customer threads her arms through and tugs her shirt into place.
The customer turns his face toward the caregiver when asked to do so during face washing.	The customer washes his face once the caregiver prepares the washcloth and hands it to him.
The customer allows the caregiver to lean her to the side and place a slide board under her.	The customer leans over to her side, the caregiver places the slide board under her, and the customer slides onto the slide board.

Examples

Personal Hygiene –score based on need

An older DD customer diagnosed with Moderate Intellectual Disability lives on her own and does not have a caregiver. The customer reports she can brush her teeth, comb her hair, and wash her hands and face. The customer's DD Support Coordinator (SC) reports that the customer's mother, who was the primary caregiver, recently passed away. Adult Protective Services (APS) is involved due to reports from neighbors that the customer is unable to care for herself. SC reports that on her most recent visit, the customer's hair was disheveled and matted, her hands were dirty with dirt beneath long unkept fingernails, and the amount of plaque and food particles in her teeth indicate she has not been brushing. The customer is given a score of 1 for personal hygiene, as assistance does appear to be needed, but the amount and frequency is unknown.

Bathing or Showering – score based on need

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The customer is a 15-year-old male diagnosed with Autism and Mild Intellectual Disability. He is being raised by his grandmother who recently suffered from a stroke. She is no longer able to assist the customer with his ILS. Before her stroke, the grandmother would wash the customer's hair four times a week after his daily bath.

The grandmother reported that his hair is very long. He refuses to get it cut and he is unable to wash it on his own. Since her stroke, his hair has become extremely dirty and greasy, and it has developed a foul smell. The customer is given a score of 1 for bathing or showering, as he needs assistance four times a week with part of this daily task.

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Hand Use

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Ambulation

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Wheelchair Mobility

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Transfer

Overview

The score for Transferring is based on the customer's ability to transfer:

- In and out of a wheelchair;
- On and off the toilet;
- In and out of bed; and
- In and out of the shower or tub.

Things to Keep in Mind When Scoring for Transfer:

- Base the score on the level of assistance needed on a consistent basis;
- The need for assistive devices is not considered when scoring. The need to set up assistive devices for the customer is considered.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Transferring Components	Tips to gather the correct information
How does the customer get: <ul style="list-style-type: none">• In and out of a wheelchair;• On and off the toilet;• In and out of bed; and• In and out of the shower or tub?	Use open-ended questions to ask what happens during the transferring process. Here are some suggestions: <ul style="list-style-type: none">• Please describe how the customer gets out of bed.• Describe how the customer gets into bed.• How does the customer get into the shower or tub?• How does the customer get out of the wheelchair?• Please describe what the customer does to get into a wheelchair.
Who is involved?	For each type of transfer where the customer needs help, ask the customer and caregiver about:

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	<ul style="list-style-type: none"> • Who provides assistance; • What assistance the person provides; • How the customer participates in the transfer.
How often does it happen?	Ask how often assistance is provided for each type of transfer.
What's the reason for any help provided?	<p>Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions:</p> <ul style="list-style-type: none"> • Tell me more about the limitations that prevent the customer from being able to get out of the wheelchair on his own. • You said that you have trouble getting out of the tub. Please tell me what makes this difficult for you.

Scoring

Follow the steps below to determine the Transferring score. Refer to the example section for more information on how each score may be applied.

Step	Action
1	<p>Does the customer rely completely on others for transfers?</p> <p>OR</p> <p>Is the customer bedfast?</p> <ul style="list-style-type: none"> • If YES to either question, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	<p>Does the customer need to be physically lifted or moved, but can physically participate most of the time? For example, the customer participates by pivoting, or sits up and swings legs over the side of the bed.</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	<p>Does the customer transfer with hands-on physical guidance, but does not have to be physically lifted?</p>

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	<p>OR</p> <p>Does the customer need supervision or set up more than half of the time when transferring?</p> <ul style="list-style-type: none"> • If YES to either question, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	<p>Is the customer able to complete the activity independently, with or without assistive devices, most or all the time?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Assistive Devices	Devices that are designed, made, or adapted to help a person perform a particular task. Examples include canes, walkers, slide boards, gait belts, Hoyer lifts, and wheelchairs
Bedfast	Confined to a bed due to illness or injury.
Physical Guidance	Means physical contact that helps the customer start or complete a task but does not involve bearing any of the customer's weight. Examples include: <ul style="list-style-type: none"> • Pulling the customer up from a seated or laying position; • Physically guiding the customer; • Physically steadying the customer.
Physical Lift	Actively bearing some part of the customer's weight during movement or activity
Set-up	Means placing assistive devices for the customer's use and includes locking any brakes for safe transferring activity.
Supervision	Observing the customer and being readily available to provide assistance, including verbal cues and reminders.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

The customer is a 16-year-old male diagnosed with severe Cerebral Palsy. His mother reports that he is completely reliant on others for all transfers. She said that each time he is transferred she and her husband place their hands under the customer's back and legs and clasp their hands together. She reports she and her husband bear all the customer's weight.

Score of 2: Hands-On Assistance

The customer is a 12-year-old female diagnosed with moderate Cerebral Palsy and hemiplegia. The caregiver reports that the customer needs hands-on assistance getting in and out of bed, and on and off the toilet each time she transfers. The caregiver places her hands underneath the customer's armpits, bearing most of her weight and lifts her to a stand until the customer can hold onto her FWW. The shower is level to the floor and has grab bars installed, so the customer is able to transfer in and out independently.

Score of 1: Physical Guidance and Supervision

The customer is a 14-year-old female. She is diagnosed with Epilepsy and has uncontrolled seizures, which occur at least four times a week. Her parents report that to ensure safety they supervise all of her transfers to and from the tub and on and off the toilet. Counting both to and from, her parents supervise about 8 to 12 transfers a day.

The customer's bed is soft-sided and only 24 inches off the floor. The area around the bed is free of hard objects and is padded to prevent injury. Counting both to and from bed, the customer transfers independently 2 to 4 times a day.

Score of 0: Independent

The customer is a 13-year-old male diagnosed with Autism. His father reports the customer is very active and "bounces off the walls all day long". Father reports that the customer is completely independent with all transfers.

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Eating and Drinking

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Dressing

Coming soon!

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Personal Hygiene

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Bathing or Showering

Coming soon!

Food Preparation

Overview

The score for Food Preparation is based on the customer's ability to prepare simple meals. Examples of simple meals include:

- Sandwiches
- Hot dogs
- Cereal
- Frozen meals
- Salad
- Eggs

The following are not considered when scoring:

- Whether or not the customer prepares a balanced meal;
- Whether or not a variety of food items are prepared; or
- The heating source used, such as the oven or microwave.

NOTE When food is prepared by another person, determine whether the customer needs assistance with food preparation due to a physical or developmental limitation or the caregiver prepares the customer's food for an unrelated reason. See Example section below.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Components	Tips to gather the complete and accurate information
How does the customer prepare food?	Use open-ended questions and ask about what happens during meal preparation. Here are some ideas:

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	<ul style="list-style-type: none"> • How is the customer’s food prepared? • What type of meals is the customer preparing? • Describe the customer’s meal preparation routine from beginning to end.
Who is involved?	<p>Ask the customer and caregiver:</p> <ul style="list-style-type: none"> • Who is involved in the food preparation process? • What assistance does the caregiver provide? For example, the customer receives: <ul style="list-style-type: none"> ○ Prompts on how to prepare a meal; ○ Cue by touch; or ○ Hands-on assistance to initiate or complete the task. • How does the customer participate?
How often does it happen?	<p>Ask how many meals the customer prepares each day AND how often assistance is provided for each meal.</p>
What is the reason for any help provided?	<p>Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions:</p> <ul style="list-style-type: none"> • What difficulties does the customer have when preparing meals, if any? • Please tell me more about why meals are prepared for the customer. • Tell me about any limitations that prevent the customer from being able to make simple meals on his own.

Scoring

Follow the steps below to determine the score for Food Preparation. Refer to the example section for more information on how each score may be applied.

Step	Action
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1	<p>Is the customer unable to prepare simple meals, even when assisted, most of the time?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	<p>Does the customer need hands-on assistance to prepare a simple meal most of the time?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	<p>Does the customer need at least one of the following to prepare a simple meal most of the time?</p> <ul style="list-style-type: none"> ○ Verbal prompts ○ Cue by touch, or ○ Materials set up. <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	<p>Does the customer prepare simple meals independently most of the time?</p> <p>OR</p> <p>Is the customer able to prepare simple meals independently, but most meals are prepared for the customer as part of the family meal, to ensure a balanced diet or for convenience most of the time?</p> <ul style="list-style-type: none"> • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Cue by touch	Assisting the customer by touching the customer's hands, food items, or utensils to provide instructions for how to prepare a meal.

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Materials setup	Assisting the customer by setting up food supplies: spoon, fork, bowl, plate, food items.
Verbal prompts	Providing verbal direction on: <ul style="list-style-type: none">• Where to find food supplies;• How to prepare a meal; or• How to put items away and clean up after a meal. <p>NOTE This does NOT include reminders UNLESS it is a safety issue. See “Simple Reminder vs Safety Issue” examples below.</p>

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The customer is a 12-year-old female diagnosed with Prader-Willi syndrome and is morbidly obese. The mother reports the customer does not prepare any meals. The mother reports the customer can make sandwiches, and heat up frozen meals in the microwave, but for her health and safety, she is not allowed access to food items”. She is on a special diet prescribed by her primary care physician (PCP) and the mother prepares all meals and controls portions for each meal.

Example 2:

The caregiver reports that the customer can get some items needed for the meal out of the refrigerator every day. After that, the caregiver does the rest of the set-up, makes the food, and puts away all the items each time a meal is prepared. The customer is diagnosed with Severe Intellectual Disability. The caregiver reports the customer is only able to follow simple instructions like “Take the bologna out of the refrigerator. Ok, good, now please bring it to me”. The customer is not able to pour a bowl of cereal, make a sandwich, or heat up food.

Score of 2: Hands-On Assistance

The customer is a 12-year-old female who is diagnosed with Moderate Intellectual Disability. The mother reports that she is in the process of teaching the customer how to

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make simple meals including toast with jam and a peanut butter and jelly sandwich. For each meal the mother tells the customer where the food items are and asks the customer to put them on the table. For toast and jam, the customer puts bread in the toaster and mom puts her hand over the customer's and pushes down on the lever. They wait for the toast to pop up and let it cool long enough for the customer to take the toast out and put it on a plate. Mom then puts her hand over the customer's and, using a spoon, gets a scoop full of jam. The customer will then spread it on the toast. For peanut butter and jelly the customer will take two slices of bread out of the bag. The process is the same for the peanut butter and jelly, as it is for the jam.

Score of 1: Able to Complete the Task with Verbal Prompts, Cue by Touch, or Materials Setup

Example 1:

The customer is a 13-year-old male diagnosed with Cerebral Palsy and is in a wheelchair. The dad reports that the customer makes simple meals if the items are placed in front of him and the containers are opened. Dad reports that he wants the customer to be as independent as possible, so he helps the customer make breakfast and lunch every day. Once the materials are set up, the customer makes his favorite meals. For breakfast, he makes pop-tarts or Eggo waffles. For lunch, he makes a bologna and cheese sandwich with white bread and mustard or tuna salad.

Example 2:

The customer is a 14-year-old male diagnosed with Autism and ADD. The mother reports that the customer uses the microwave to heat up Hot Pockets every day for breakfast. She said he needs to be reminded what to set the timer for each time, or he will leave it in too long. On two occasions, he started a fire because he left the Hot Pocket in too long. While the customer can heat up items in the microwave independently, a reminder to set the timer for a specific time is necessary for safety.

Most other meals are prepared for him as part of the family meal or packed for him during the school term for convenience. If he has to put food items together, like for a sandwich, he will leave all of the remaining food items and dirty utensils on the counter.

Score of 0: Independent

Example 1:

Mother reports the customer does not prepare any meals. She reports the customer is able to make sandwiches and heat up frozen meals in the microwave independently. Mother also says the customer gets the food items on her own, safely uses the microwave and put things away, "but she takes so long and is so messy I just do it for her. I know I should let her be more independent but it's so much easier this way." The customer is able to prepare simple meals on her own, but the mother makes the meals

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because it is more convenient than taking the time to let the customer do it on her own and cleaning up after her.

Example 2:

The customer is a 12-year-old male diagnosed with Autism and ADD. The mother reports that the customer makes a bowl of cereal every morning when he wakes up. He does this on his own without assistance. She said that he is easily distracted so at least 5 times a week he will forget to put the cereal box and milk away. Mom checks the kitchen when he is done. When he forgets, she reminds him to go back and put the items away. The customer is able to make simple meals independently. Even though he gets reminders to put items away, it is not a safety issue.

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Community Mobility

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Toileting

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Communication and Cognitive Domain

Expressive Communication

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Clarity of Communication

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Remembering Instructions and Demonstrations

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Association of Time with Events and Actions

Coming soon!

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Behavioral Domain (one year)

Aggression

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Verbal or Physical Threatening

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Self-Injurious Behavior

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Resistiveness or Rebelliousness

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Medical Assessment

Medical Assessment

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Medical Conditions

Medical Conditions Battery

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Cerebral Palsy

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Epilepsy or Seizure Disorder

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Intellectual or Cognitive Disability

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Autism Spectrum Disorder

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Attention Deficit Disorder (ADD)

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Other Neurological, Congenital, or Developmental Conditions

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Hematologic

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Cardiovascular

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Musculoskeletal

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Respiratory

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Genito/Urinary

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Gastrointestinal

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EENT

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Metabolic

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Skin Conditions

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Psychiatric

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Medications

Medications

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Services and Treatments

Services and Treatments

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Injections/IV

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Medications/Monitoring

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Dressing

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Feedings

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Bladder/Bowel

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Respiratory

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Therapies

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Rehabilitative Nursing

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Other Services and Treatments

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Medical Stability

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PAS Summary and Evaluation

PAS Summary and Evaluation

Introduction

In this chapter, you will learn about:

- FCPI Service Summary
- PAS Summary
- Person Contact Detail
- PAS Scoring
- PAS Status
- PAS Completion

For each section in this chapter, you will find:

- An overview of the topic
- Definitions
- Other helpful information

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FCPI Service Summary

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PAS Summary

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Personal Contact Detail

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PAS Scoring

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PAS Status

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PAS Completion

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Physician Review

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Reassessments

Reassessments

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Revisions

Revision History

Revision History and Archives

This page provides a summary of changes that have been made to this manual. Entries are added according to the date they were published. At the end of each entry you will find a link to a PDF file that archives the policy as it existed prior to the revision.

Revisions Date 01/25/2022

MA609 Income Deductions – [Section C - Income Deductions for MAGI Programs]

- Updated disregard amounts

MA615 – Income Standards

- Updated income standard tables

MA1204 Kidscare Premiums – [Section A - General Information about Kidscare Premiums]

- Updated income premium tables

MAE611 Calculating Income Eligibility for SSI-MAO Examples [Sections - [A](#), [B](#) and [C](#)]

- Updated FPL-based examples to reflect 2021 FPL limits.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 12/17/2021

MA609 Income Deductions - [Section B] Income Deductions for Non-MAGI Programs

- Updated Child Allocation and Student Earned Income exclusion amounts for calendar year 2022.
- Various updates for formatting and clarity.

MA615 Income Standards

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- Updated Federal Benefit Rate (FBR) standards for calendar year 2022.

MA704 Ownership of Resources - [Section D] Ownership Involving an Agent

- Added link to new section MAE704C for examples of ownership involving an agent.

MA705 Resource Types - [Section I] Financial Accounts

- Added link to new section MAE705F for financial account rebuttal examples.

MA705 Resource Types - [Section K] Home Property

- Updated Home Property Equity Value Limit for calendar year 2022.

MA707 Community Spouse Resource Budgeting

- Updated Community Spouse Resource Deduction (CSR) amount for calendar year 2022.
- Various updates for formatting and clarity.

MA905 Transfer Penalty Period

- Updated Private Pay Rate (PPR) for calendar year 2022.

MA1201 ALTCS Share of Cost (SOC) - [Section C] Share of Cost (SOC) Deductions

- Updated Personal Needs Allowance and Maximum Monthly Spousal Need Standard amounts for calendar year 2022.

MAE610 Examples for Calculating Income Eligibility for ALTCS - [Section A] Gross Test Calculation - Non-Community Spouse

- Updated example with 2022 Federal Benefit Rate.

MAE610 Examples for Calculating Income Eligibility for ALTCS - [Section B] Gross Income Test Calculation - Community Spouse

- Updated examples with 2022 Federal Benefit Rate.

MAE610 Examples for Calculating Income Eligibility for ALTCS - [Section C] Net Income Test Examples

- Updated examples with 2022 Federal Benefit Rate.

MAE611 Calculating Income Eligibility for SSI-MAO Examples - [Section A] Calculation for the Customer Only Examples

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- Updated examples with 2022 Federal Benefit Rate.

MAE611 Calculating Income Eligibility for SSI-MAO Examples - [\[Section B\]](#) Calculation for Customer and Spouse Examples

- Updated examples with 2022 Federal Benefit Rate.

MAE611 Calculating Income Eligibility for SSI-MAO Examples - [\[Section C\]](#) Calculation for Customer Child and Ineligible Parents Example

- Updated example with 2022 Federal Benefit Rate.

MAE704 Ownership of Resources - [\[Section C\]](#) Ownership Involving an Agent Examples

- Added new example section for ownership involving an agent.

MAE705 Resource Type Examples - [\[Section F\]](#) Financial Account Rebuttal Examples

- Added new example section for rebutting account ownership.

MAE905 Transfer Penalty Period Examples - [\[Section I\]](#) Prior Private Pay Rates

- Added Private Pay Rates for 2022.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 12/02/2021

MA524 Noncitizen Status - [\[Section A\]](#) Overview

- Various updates for formatting and clarity.

MA524 Noncitizen Status - [\[Section B\]](#) Other Conditions for LPRs, Parolees and Battered Noncitizens

- Added clarification regarding the time used to determine how long the customer has been a qualified noncitizen.
- Added information regarding parolees from Afghanistan.
- Updated proof requirements for qualified noncitizen status.
- Added link to new example section MAE524.

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Various updates for formatting and clarity.

[MAE524 Qualified Noncitizen for at Least Five Years Examples](#)

- Added new example section for determining whether a customer has met the five-year bar.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 11/02/2021

MA704 Ownership of Resources - [Section B] Joint Ownership

- Added link to new example section MAE704B.

MA902 Transfers that may Affect Eligibility - [Section B] Creating Joint Ownership

- Added link to new example section MAE704B.

MAE704 Ownership of Resources - [\[Section B\]](#) Creating Joint Ownership - Examples

- Added new example section for joint ownership of resources.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 10/19/2021

MA705 Resource Types - [Section X] Stocks and Convertible Virtual Currency

- Added link to new example section MAE705E.

MAE705 Resource Type Examples - [\[Section E\]](#) Stocks and Convertible Virtual Currency Examples

- Added new example section for stocks and convertible virtual currencies.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 10/12/2021

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

MA606 Types of Income - [Section A] Adoption Assistance (Adoption Subsidy)

- Added links.
- Various updates for formatting and clarity.

MA606 Types of Income - [Section Y] Foster Care and Guardianship Subsidy Payments

- Added links.
- Changed reference to "Department of Economic Security Department of Child, Youth and Families (DES/DCYF)" to "Arizona Department of Child Safety (DCS)".
- Various updates for formatting and clarity.

MA606 Types of Income - [Section CC] Income Tax Refunds

- Added information regarding advance refundable tax credits.

MA1502 Types of Changes - [Section G] Death

- Added note: ALTCS Fee-For-Service customers do not receive a prorated Share of Cost adjustment for the month the customer died.
- Removed obsolete language from "Proof" subsection.
- Various updates for formatting and clarity.

MA1502 Types of Changes - [Section P] Long Term Care Living Arrangement

- Removed obsolete language from "Proof" subsection.
- Various updates for formatting and clarity.

MA1503 Discontinuance

- Various updates for formatting and clarity.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 10/05/2021

MA905 Transfer Penalty Period

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Updated Private Pay Rate effective 10/1/2021.

MAE905 Transfer Penalty Period Examples - [[Section I](#)] Prior Private Pay Rates

- Updated Private Pay Rate effective 10/1/2021.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 09/28/2021

MA1201 ALTCS Share of Cost - [[Section C](#) - Share of Cost (SOC) Deductions]

- Revised Non-Covered Medical Expenses section and Definitions table; various updates for formatting and clarity.

[MAE1201 ALTCS Share of Cost \(SOC\) Examples](#)

- All examples moved into subsections for easier reference.

MAE1201 ALTCS Share of Cost (SOC) Examples - [[Section A](#) - Community Spouse SOC Examples]

- New subsection. Updated examples to include new Standard Utility Allowance Effective 10/01/2021; various updates for formatting and clarity.

MAE1201 ALTCS Share of Cost (SOC) Examples - [[Section B](#) - Expenses Incurred While an Application is Pending SOC Examples]

- New subsection. Various updates for formatting and clarity.

MAE1201 ALTCS Share of Cost (SOC) Examples - [[Section C](#) - Family Allowance (Non-CS) SOC Examples]

- New subsection. Various updates for formatting and clarity.

MAE1201 ALTCS Share of Cost (SOC) Examples - [[Section D](#) - Health Insurance Premium SOC Examples]

- New subsection. Various updates for formatting and clarity.

MAE1201 ALTCS Share of Cost (SOC) Examples - [[Section E](#) - Home Maintenance Needs Allowance SOC Examples]

- New subsection. Various updates for formatting and clarity.

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

MAE1201 ALTCS Share of Cost (SOC) Examples - [[Section F](#) - Non-Covered Medical Expenses SOC Examples]

- New subsection. Various updates for formatting and clarity.

MAE1201 ALTCS Share of Cost (SOC) Examples - [[Section G](#) - PNA for Garnishment SOC Examples]

- New subsection. Various updates for formatting and clarity.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 09/14/2021

MA103 Who Administers AHCCCS Medical Assistance?

- Comprehensive Medical Dental Program (CMDP) name changed to Mercy Care Department of Child Safety Comprehensive Health Plan (DCS CHP)

MA414 Title IV-E Foster Care and Adoption Subsidy

- Comprehensive Medical Dental Program (CMDP) name changed to Mercy Care Department of Child Safety Comprehensive Health Plan (DCS CHP)

MA513 Former Foster Care

- Comprehensive Medical Dental Program (CMDP) name changed to Mercy Care Department of Child Safety Comprehensive Health Plan (DCS CHP)

MA707 Community Spouse Resource Budgeting

- Updated language for clarity, Definitions updated.

MA1102 Enrollment with a Health Plan - [[Section A](#) - Overview]

- Comprehensive Medical Dental Program (CMDP) name changed to Mercy Care Department of Child Safety Comprehensive Health Plan (DCS CHP)

MA1102 Enrollment with a Health Plan - [[Section D](#) - Newborn Enrollment]

- Comprehensive Medical Dental Program (CMDP) name changed to Mercy Care Department of Child Safety Comprehensive Health Plan (DCS CHP)

MA1102 Enrollment with a Health Plan - [[Section F](#) - Health Plan Enrollment Changes]

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Comprehensive Medical Dental Program (CMDP) name changed to Mercy Care Department of Child Safety Comprehensive Health Plan (DCS CHP)

MAE604 Receipt of Income Examples - [[Section A](#) - Revocably Assigned Income Examples]

- Title changed, examples added, and formatting updated

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 08/31/2021

MA1302 Special Procedures for Certain Applicants - [[Section C](#) - Customers who are Homeless, Incapacitated or have an Impairment]

- Added link to new example section. Minor changes to language for clarity

MAE606 Types of Income - [[Section E](#) - Self-Employment Examples]

- Updated language for clarity. Added additional examples for self-employment.

[MAE1302 Public Fiduciary Referral Examples](#)

- Added a new example on when a referral to a public fiduciary is needed

MAE1502 Types of Changes Examples - [[Section B](#) - Living Arrangement Changes Examples]

- Updated language for clarity.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 08/17/2021

MA803 Special Treatment Trusts - [[Section A](#) - Special Treatment Trust Overview]

- Added information regarding revoking trusts.
- Various updates for formatting and clarity.

MA1502 Types of Changes - [[Section A](#) - Address Change]

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Updated links.
- Various updates for formatting and clarity.

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Revision Date 08/10/2021

MA605 Verifying Income

- Clarified reasonable compatibility policy.
- Updated definitions and legal authorities

MA705 Resource Types - [Section R - Promissory Notes, Loans and Property Agreements]

- Added link to new example section

MA1011 Quality Assurance

- Chapter title was changed from Quality Control to "Quality Assurance"
- Various updates to the policy section for formatting and clarity.

MAE705 Resource Type Examples - [[Section D](#) - Promissory Notes, Loans and Property Agreement Examples]

- Added a new example section for treatment of promissory notes

For prior versions of the manual use these links:

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Revision Date 08/03/2021

MA608 Income Deeming - [Section B - Sponsored NonCitizen Deeming]

- Clarified that if the customer or spouse are receiving SSA Retirement, then they meet the sponsor deeming exemption for 40 qualifying quarters.

MA1502 Types of Changes - [Section O - Income Changes]

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- Various updates for formatting and clarity.

MA1006 Eligibility Review

- Various updates to the policy section for formatting and clarity.
- Removed one physician review requirement that is no longer needed.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 07/16/2021

MA609 Income Deductions — [Section C - Income Deductions for MAGI Programs]

- Revised clarification regarding when the MAGI 5% Disregard is applied.

[MAE609 Modified Adjusted Gross Income \(MAGI\) Deductions - Examples](#)

- Various updates for formatting and clarity.

MA1303 ALTCS Application Process

- Updated legal authority.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 07/02/2021

MA803 Special Treatment Trusts [Section E - Special Treatment Trusts and ALTCS Eligibility]

- Updated links. Added ABLE account disbursement entry to Other Expenses for the customers benefit.

MA1301 Special Procedures for Helping Customers [Section B - Application Processing]

- Updated links. Added definition for Emergent Medical Need.

MAE803 Special Treatment Trust Examples [[Section E](#) - STT Disbursement Request Examples]

- Added new examples for Special Treatment Trust disbursements

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CURRENT POLICY.**

MAE705 Resource Type Examples [[Section C](#) - Property Essential to Self Support]

- Added example numbers
- Example 5 updated for clarity

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 06/29/2021

MA606 Types of Income [[Section AA](#) - Gifts and Contributions]

- Added link to new example section and details about crowdfunding.

MAE606 Types of Income [[Section G](#) - Crowdfunding]

- Added new examples of the treatment of crowdfunding

MA1502 Types of Changes [[Section G](#) - Death]

- Added definition for “capitation” and additional details regarding how SOC is calculated in the month a customer dies.
- Various updates for formatting and clarity.
- Added link to examples of prorated SOC

MAE1502 Types of Changes Examples [[Section C](#) - Prorating Share of Cost When a Customer Dies Examples]

- Added new examples of prorated share of cost when a customer dies

MA705 Resource Types [[Section K](#) - Home Property]

- Added reference and link to example section

MAE705 Resource Type Examples [[Section B](#) - Home Property]

- Added example of countable equity value of property in a trust

MAE705 Resource Type Examples [[Section C](#) - Property Essential to Self-Support]

- Updated examples to include more complex scenarios

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For prior versions of the manual use these links:

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Revision Date 06/18/2021

MA503 Assignment of Rights to Medical Benefits and Cooperation

- Removed obsolete links and updated language for clarity

MA1201–ALTCS Share of Cost (SOC)- [Section C - Share of Cost (SOC) Deductions]

- Updated Community Spouse Monthly Spousal Need Standards effective 7/1/2021

MAE1201–ALTCS SHARE OF COST (SOC) EXAMPLES

- Updated Community Spouse Monthly Income Allowance Examples 3 and 4 to include monthly spousal needs standards effective 7/1/2021

MA1502 Types of Changes [Section H - DDD Status Change]

- Removed obsolete links and updated language for clarity

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 06/04/2021

MA205 Medicare Enrollment

- Removed obsolete information regarding automatic Part B enrollment.
- Various updates for formatting and clarity.

MA302 Types of AHCCCS Medical Assistance Service Packages

- Removed unnecessary details regarding payment administration.
- Various updates for formatting and clarity.

MA605 Verifying Income

- Various updates for formatting and clarity.

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

MA609 Income Deductions — [Section C - Income Deductions for MAGI Programs]

- Added clarification regarding when the MAGI 5% Disregard is applied.
- Added link to MAE609 for MAGI 5% Disregard examples.
- Various updates for formatting and clarity.

[MAE609 Modified Adjusted Gross Income \(MAGI\) Deductions - Examples](#)

- Added additional examples for MAGI 5% Disregard.
- Various updates for formatting and clarity.

MA701 General Information about Resources

- Various updates for formatting and clarity.

MA705 Resource Types — [Section K - Home Property]

- Various updates for formatting and clarity.

MA705 Resource Types — [Section T - Real Property]

- Various updates for formatting and clarity.

MA705 Resource Types — [Section X - Stocks and Convertible Virtual Currency]

- Various updates for formatting and clarity.

MA705 Resource Types — [Section AA - Vehicles]

- Various updates for formatting and clarity.

MA1502 Types of Changes — [Section T - Medical Insurance Coverage and Premiums]

- Added clarification for effective dates in the Timeframes section.
- Updated links.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 06/01/2021

Effective until 2022-01-30

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CURRENT POLICY.**

MA1502 Types of Changes — [Section D - Cancer Treatment Ends]

- Added links.
- Various updates for formatting and clarity.

MA1502 Types of Changes — [Section P - Long Term Care Living Arrangement]

- Added link to new example section MAE1502A.

MAE1502 BCCTP Treatment Ends Examples — [[Section A](#) - Living Arrangement Changes Examples]

- Added new examples of SOC changes due to living arrangement change.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 05/11/2021

MA606 Types of Income [Section TT - Pension and Retirement Income]

- Added reference and link to examples about Arizona State Retirement System (ASRS) health insurance premium supplements.

[MAE606F Arizona State Retirement System with Health Insurance Supplement Examples](#)

- Added new example showing how to count Arizona State Retirement System payments when the customer gets a health insurance premium supplement.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date 04/27/2021

[MAE614 Income of Children and Tax Dependents for MAGI](#)

- Updated language for Clarity

MA701 General Information about Resources

- Updated links

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MA1501 General Information about Changes [Section B - Change Reporting]

- Updated links

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Revision Date 04/09/2021

MA523 Medicare

- Updated Language for clarity
- Updated the definition for 'Conditional enrollment for Medicare Part A' to include approval based on QMB eligibility.

MA705 Resource Types - [Section X - Stocks and Convertible Virtual Currency]

- Changed the title from Stocks to 'Stocks and Convertible Virtual Currency'.
- Updated policy and the definitions table to include Convertible Virtual Currency.
- Listed the documents considered as proof of convertible virtual currency ownership

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 03/19/2021

MA606TT Pension and Retirement Income

- Added note regarding RRB Unemployment Insurance and RRB Sickness Insurance.
- Added link to MA701.3 regarding treatment of cash surrender.
- Various updates for formatting and clarity.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

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Revisions Date 03/15/2021

MA604 Receipt of Income - [Section C - Deposits to Financial Accounts]

- Added information about AVS increases and internal note regarding AVS increases that do not have a matching decrease.

MA705 Resource Types - [Section I - Financial Accounts]

- Added additional clarification to “Proof” subsection regarding proof of ownership and account balance
- Updated the definitions table to include the term "Financial Accounts"

MA1301 General Information for All Applicants - [Section A - Application Forms, Assistance, Cooperation and Voter Registration]

- Clarified when an Authorized Representative Form expires.
- Added examples of legal documents that a customer can use to choose an authorized representative.
- Added definition of “electronic signature”.

For prior versions of the manual use these links:

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 03/01/2021

MA201 What is Medicare Health Insurance?

- Revised the language in the policy section from "there are four parts or benefits packages in the medicare program" to “The Medicare program contains four benefit packages”
- Updated the definitions table.
- Various updates for formatting and clarity.

For prior versions of the manual use these links:

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Revisions Date 02/19/2021

MA521 Living Arrangements

- Added description of subsections A through C.

MA521 Living Arrangements - [Section A - Long-Term Care Services]

- Various updates for formatting and clarity.

MA521 Living Arrangements - [Section B - ALTCS Acute Care]

- Added clarification regarding the ALTCS income test when the customer is in a long term care facility that is not registered with AHCCCS.
- Updated legal authority.
- Various updates for formatting and clarity.

MA521 Living Arrangements - [Section C - Hospitals]

- Various updates for formatting and clarity.

MA1402 Proof Needed at Renewal

- Updated legal authority.

For prior versions of the manual use these links :

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 02/05/2021

MA524 Non-Citizen Status - [Section A - Overview]

- Updated the definition of "qualified noncitizen" to include the Compact of Free Association (COFA) countries
- Updated policy section to include that certain qualified noncitizens must meet conditions listed in MA524B
- Updated the proof section to include the documents required to resubmit SAVE VIS or VLP when unable to verify qualified noncitizen status based on initial SAVE VIS or VLP response and;

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- Updated legal authority

MA524 Non-Citizen Status - [Section B - Other Conditions for Lawful Permanent Residents (LPRs), Parolees and Battered Non-citizens]

- Updated the prior qualified status to include citizens of the Compact of Free Association (COFA) countries
- Updated legal authority

MA606 Types of Income - [Section N - Census Income]

- Updated Language in the policy section for clarity.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 01/21/2021

MA609 Income Deductions – [Section C - Income Deductions for MAGI Programs]

- Updated disregard amounts

MA615 – Income Standards

- Updated income standard tables

MA1204 Kidscare Premiums – [Section A - General Information about Kidscare Premiums]

- Updated income premium tables

MAE611 Calculating Income Eligibility for SSI-MAO Examples [Sections - [A](#), [B](#) and [C](#)]

- Updated FPL-based examples to reflect 2021 FPL limits.

MAE1204 General Information about KidsCare Premiums Examples – [[Section A](#) - Premium for Cases with Multiple Income Groups Example]

- Updated examples to include 2021 FPL income amounts.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

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CURRENT POLICY.**

Revisions Date 01/15/2021

MA602 Budget Groups Income - [Section D - Budget Groups for MAGI]

- Revised “Not a taxpayer or tax dependent” table to clarify that siblings over the age of 19 are not part of a customer’s budget group.
- Various updates for formatting and clarity.

MA1309 Approval of Applications - [Section B - Approval Letters]

- Added link to manual letters procedure

MA1310 Denial of Applications - [Section B - Denial Letter]

- Added link to manual letters procedure

MA1401 General Information about Renewals - [Section B - Decision Letters]

- Added link to manual letters procedure

MA1402 Proof Needed at Renewal

- Updated “Resources” entry in table under “Policy” subsection
- Various updates for formatting and clarity.
- Updated Legal Authority

MA1604 Written Letters

- Added link to manual letters procedure
- Updated legal authority

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 12/29/2020

MA609 Income Deductions [Section B - Income Deductions for Non-MAGI Programs]

- Updated Child Allocation and Student Earned Income Exclusion amounts for 2021

MA615 Income Standards

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Updated income standard to reflect January 2021 Federal Benefit Rate increase.

MA705 Resources Types [Section K - Home Property]

- Updated the Home Property Equity Value standard for 2021.

MA707 Community Spouse Resource Budgeting

- Updated policy to include the 2021 CSRD figures (Subsection 2, CSRD standards - Removed calendar year 2018 and added calendar year 2021).

MA803 Special Treatment Trusts [Section E - Special Treatment Trusts and ALTCS Eligibility]

- Added link to new examples MAE803C and MAE803D

MA905 Transfer Penalty Period

- Annual updates to Private Pay Rate (PPR) figures for 2021

MA1201 Customer Costs [Section C - Share Of Cost (SOC) Deductions]

- Added the FBR standards used for the Personal Needs Allowance for 2021.
- Added the Maximum Monthly Spousal Need Standard for 2021.

MAE610 Calculating Income Eligibility for SSI-MAO Examples [Sections - [A](#), [B](#)]

- Updated calculation tables for 2021 figures.

MAE611 Calculating Income Eligibility for SSI-MAO Examples [Sections - [A](#), [B](#)]

- Updated calculation tables for 2021 figures.

MAE803 Special Treatment Trust Examples [[Section C](#) and [Section D](#)]

- Created new examples of a completed DE-312 and DE-313.

MAE905 Transfer Penalty Period Examples - [[Section I](#) - Prior Private Pay Rates]

- Annual updates to Private Pay Rate (PPR) amounts for 2021

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 12/18/2020

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

MA529 – Prior Receipt of SSI Cash

- Updated links.
- Updated legal authorities.
- Various updates for formatting and clarity.

MA606UU – Prizes and Winnings

- Added sections 2 and 3 regarding prorating prizes and winnings over multiple months for MAGI programs.
- Updated legal authorities.
- Various updates for formatting and clarity.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 11/24/2020

MA105 – What Laws Apply to AHCCCS Medical Assistance?

- Added reference to SSA POMS.
- Updated links.
- Various updates for formatting and clarity.

MA501 – Age

- Removed references to obsolete "Disabled Child" program.
- Updated legal authorities.
- Various updates for formatting and clarity.

MA514 - Institution for Mental Disease (IMD)

- Revised "Proof" subsection to clarify that a collateral contact with the facility is required.
- Updated legal authorities.

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Various updates for formatting and clarity.

MA531 Resident of Arizona - [Section A - Overview]

- Added clarification regarding home property outside Arizona.
- Updated legal authorities.
- Various updates for formatting and clarity.

MA532 - Social Security Number

- Added "Definitions" section.
- Removed Medicare card as acceptable proof of SSN.
- Updated legal authorities.

MA1304 SSI-MAO Application Process - [Section A - SSI-MAO Specialty Groups]

- Removed references to obsolete "Disabled Child" program.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 11/06/2020

MA1203 AHCCCS Freedom to Work (FTW) Premiums - [Section B - Premium Billing and Payment]

- Various updates for formatting and clarity.

[MAE1203 Freedom to Work \(FTW\) Premium Begin Date Examples](#)

- Added example 3 for adjusting the effective date of a premium change due to untimely processing.

MA1204 KidsCare Premiums - [Section B - Premium Billing and Payment]

- Various updates for formatting and clarity.

MA1204 KidsCare Premiums - [Section D - Premium Hardship Waiver for KidsCare]

- Updated links.

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Various updates for formatting and clarity.

MA1602 – Confidentiality – [Section C - Release of Confidential Information]

- Added clarification that no separate written authorization is required for the Well Woman HealthCheck program when the customer has signed a BCCTP Patient Contact and Consent form.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 10/22/2020

MA502 – ALTCS Categorical Eligibility

- Updated legal authorities.
- Various updates for formatting and clarity.

MA1001 – General Provisions

- Updated link to October 2020 revision of Appendix A: EPD PAS.
- Updated link to October 2020 revision of Appendix B: DD PAS.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 10/08/2020

MA905 Transfer Penalty Period

- October 2020 annual updates to Private Pay Rate (PPR) amounts.

MAE905 Transfer Penalty Period Examples - [[Section I](#) - Prior Private Pay Rates]

- October 2020 annual updates to Private Pay Rate (PPR) amounts.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

Revisions Date 10/01/2020

MA1201 ALTCS Share of Cost (SOC) - [Section C - Share of Cost (SOC) Deductions]

- October 2020 annual updates to Standard Utility Allowance (SUA) amounts.

MAE 1201 ALTCS Share of Cost (SOC) Examples

- Community Spouse Monthly Income Allowance Example(CSMIA) Example has been updated to reflect October 2020 SUA changes.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 09/25/2020

MA413 Supplemental Security Income Medical Assistance Only (SSI MAO)

- Specialty program eligibility requirements moved from "Definitions" to "Policy" section.
- Updated "Legal Authority" section.
- Various formatting updates for clarity.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 09/18/2020

MA417 Hospital Presumptive Eligibility

- Updates to the categories list under Hospital Presumptive Eligibility (HPE) program
- Added Legal References and updated links.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 09/11/2020

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

MA301 Types of AHCCCS Medical Assistance Health Services

- Updated links, added table and removed definitions.
- Updated Legal References

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 08/28/2020

MA409 Medicare Savings Program (MSP)

- Updated links.
- Various updates for formatting and clarity.

MA904 Compensation Received for Transfers

- Added proof requirements for a valid contract made before a transfer.
- Various updates for formatting and clarity.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 08/21/2020

MA1301 General Information for All Applicants - [Section A - Application Forms, Assistance, Cooperation and Voter Registration]

- Added information that explains that the Authorized representative must accept responsibility as representative.
- Added clarification of what documents may be used to choose a representative.
- Updated links

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

**THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT
CURRENT POLICY.**

Revisions Date 08/14/2020

MA705 Resource Types - [Section S - Property Essential to Self-Support]

- A clarification was moved from the definitions to policy that when a home property is producing income, it is excluded as a home property.

MA705 Resource Types - [Section K - Home Property]

- Clarification of policy for home property that's producing income and for home properties located out of state.

MA525 Not an Inmate

- Language updated to differentiate between eligibility and TXIX payment for services.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 08/07/2020

MA606 Types of Income - [Section AA - Gifts and Contributions]

- Added treatment of panhandling income

MA704 Ownership Resources - [Section B - Joint Ownership]

- Update links to related topics on joint ownership and transfers

MA903 Transfers That Do Not Affect Eligibility

- Various updates for formatting and clarity.

MA903 Transfers That Do Not Affect Eligibility - [Section A - Transfer Before the Look-Back Period]

- Section title changed.
- Various updates for formatting and clarity.

MA903 Transfers That Do Not Affect Eligibility - [Section B - Transfers Made By Certain Other People]

- Various updates for formatting and clarity.

**THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT
CURRENT POLICY.**

MA903 Transfers That Do Not Affect Eligibility - [Section C - Transfers That Do Not Include the Customer's Resources]

- Various updates for formatting and clarity.

MA903 Transfers That Do Not Affect Eligibility - [Section D - Adding a Person's Name to a Financial Account]

- Various updates for formatting and clarity.

MA903 Transfers That Do Not Affect Eligibility - [Section E - Purchases and Payment of Debts]

- Various updates for formatting and clarity.
- Added note regarding Special Treatment Trust disbursements.

MA903 Transfers That Do Not Affect Eligibility - [Section F - Transfers of Excluded Resources or Income]

- Various updates for formatting and clarity.

MA903 Transfers That Do Not Affect Eligibility - [Section G - Transfer of Home Property to Specific People]

- Added clarification regarding transfers of home property to a customer's blind child.
- Various updates for formatting and clarity.

MA903 Transfers That Do Not Affect Eligibility - [Section H - Transfer of Resources to or for the Benefit of Specific Individuals]

- Added clarification regarding transfers to a trust for a customer's disabled child.
- Various updates for formatting and clarity.

[MAE903 Transfers That Do Not Affect Eligibility - Examples](#)

- New Example section added.
- Provides examples for MA903

MA905 Transfer Penalty Period

- Added link to MA906 for clarity.

For prior versions of the manual use these links

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 07/27/2020

[MAE609 Modified Adjusted Gross Income \(MAGI\) Deductions - Examples](#)

- New section on MAGI deductions

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 07/17/2020

MA404 Breast and Cervical Cancer Treatment Program (BCCTP)

- Updated legal authorities

MA606 Types of Income - [Section III - Supplemental Security Income (SSI)]

- Clarified the treatment of SSI Cash income for non-MAGI programs

MA609 Income Deductions - [Section B - Income Deductions for Non-MAGI Programs]

- Revised language regarding countable income when determining the child allocation

MA606 Types of Income - [Section A - Adoption Assistance (Adoption Subsidy)]

- Clarified treatment of Title IV-E income.

MAE604 Receipt of Income Examples - [[Section I](#) - Example Seasonal income]

- Changed 'Base Wage' to 'AZ DOR'

MA901 Transfers Overview

- Various updates for formatting and clarity.
- Added links for additional information regarding constructively received income and resources.
- Added additional definitions.
- Added proof of compensation to “Proof” subsection.

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 07/10/2020

MA406 Child

- Removed Definitions section. Corrected Legal Authorities

MA520 Legal Marriage

- Reference to Statement of Facts (DE-118) form replaced with the new Customer Statement – Common Law Marriage (DE-119) form.
- Various updates for formatting and clarity.

MA526 Potential Benefits

- Updated who is potentially eligible for Veteran’s pension or compensation.

MA530 Receiving Social Security Title II

- Updated language for clarity and updated links.

MA602 Budget Groups Income - [Section A - ALTCS Budget Groups]

- Various updates for formatting and clarity.

MA602 Budget Groups Income - [Section C - SSI-MAO and MSP Budget Groups]

- Various updates for formatting and clarity.

MA705I Financial Accounts

- Updated Links

MA803D Pooled Trusts

- Updated that the Pooled Special Treatment trust may be created at any age
- Updated Legal Authorities

MA906 Rebutting the Transfer Penalty Period

- Updates were made to remove all references to the DE-510 form.

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Removed the need for the written statement to be signed under penalty of perjury.

MA907 Undue Hardship Claims for Transfer Penalties

- Clarified policy and updated proof section for Undue hardship Claims for Transfer Penalties
- Added definitions for incapacitated and mentally competent
- Updated related links

MA1502 Types of Changes - [Section R - Marital Status]

- Updated “Proof” subsection to reference the new Customer Statement – Common Law Marriage (DE-119) form.
- Various updates for formatting and clarity.

MA1701 Eligibility Appeals

- Added information regarding the customers right to request an expedited appeal.
- Updated related links

MA1706 Changes Received During the Hearing Process

- Clarified when changes are processed during the appeal process.
- Corrected the legal authorities.

[MAE1706 Changes Before the Hearing is Held - Examples](#)

- Corrected examples to be consistent with the policy changes in MA1706

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | **[Part 2](#)** (Chapters 1000 through 1900) | **[Part 3](#)** (Examples and Revisions)

Revisions Date 06/30/2020

MA1201C – ALTCS Share of Cost (SOC) - [Section C - Share of Cost (SOC) Deductions]

- Updated Community Spouse Monthly Spousal Need Standards.

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Removed the link to the procedure for Verifying Part D premiums as procedure is obsolete.

MAE1201 – ALTCS SHARE OF COST (SOC) EXAMPLES

- Updated Community Spouse Monthly Income Allowance Example - Step Action Table.

MA401 Adults

- Corrected links
- Removed “incarceration” as a related condition of eligibility
- Added additional legal authority

MA403 Arizona Long Term Care System (ALTCS)

- Updated formatting and language for clarity.

MA404 - BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)

- Updated the conditions of Eligibility list to include 'Apply for potential benefits'

MA416 Young Adult Transitional Insurance (YATI)

- Reformatted for clarity

MA527 - PREGNANT

- Removed repealed legal authorities
- Updated terminology

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 05/15/2020

MA1401A General Information About Renewals - [Section A - Renewal Processes]

- Added that Voter Registration forms are sent to customers with auto-renewal letters.

For prior versions of the manual use these links

Effective until 2022-01-30

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[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 05/13/2020

MA609 Income Deductions - [Section C - Income Deductions for MAGI Programs]

- Added link to procedure for determining if alimony is an allowed deduction for MAGI.

MA606 Types of Income - [Section G - Alimony and Spousal Maintenance]

- Added link to new procedure for determining treatment of alimony for MAGI programs.

MA606 Types of Income - [Section AA - Gifts and Contributions]

- Updated links on cash gifts and contributions table

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 04/20/2020

MA803 Special Treatment Trusts - [Section A - Special Treatment Trust Overview]

- Changed references from “AHCCCS” to “AHCCCS or State Medicaid Agency” as remainder beneficiary in the conditions table.

MA903 Transfers That Do Not Affect Eligibility - [Section G - Transfer of Home Property to Specific People]

- Updated the definitions table to include the term “Institutionalized”.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 04/09/2020

MA517 Insurance - State Employee Health Plan

- Clarified that employees of school districts and charter schools are not state employees.

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Various updates for formatting and clarity.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 03/09/2020

MA403 Arizona Long Term Care System (ALTCS)

- Updated ALTCS conditions of eligibility chart to include 'Transfers'.

MA905 Transfer Penalty Period

- Updated Private Pay Rates effective 01/01/2020.
- Various updates for formatting and clarity.

MAE905 Transfer Penalty Period Examples [\[Section I - Prior Private Pay Rates\]](#)

- Updated Private Pay Rates effective 01/01/2020.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 02/25/2020

MA505 Cancer (Breast or Cervical) Diagnosis

- Corrected legal authority references.
- Various updates for clarity.

MA507 Citizen of the United States

- Updated Definitions and Legal References.
- Wake Island was added as a U.S. Territory.
- Updated language and formatting.

MA534 Verifying Non-Financial Conditions of Eligibility

- New section regarding verification.

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

MA605 Verifying Income

- Clarification added to other methods of proof.

MA701 General Information about Resources

- Clarification added to Proof section.

MA1301 General Information for All Applicants [Section A - Application Forms, Assistance, Cooperation and Voter Registration]

- Clarified section 2 about 'who can sign the Application' for another person to include an adult in the customer's Premium Tax Credit Budget Group.
- Added additional information to Customer Cooperation section for staff to check the case file and available sources before requesting proof from the customer.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 02/14/2020

MA804 Undue Hardship Claims for Trusts

- New section adding criteria for undue hardship claims for trusts.

MA1003 Preadmission Screening Criteria for an Applicant or Member who is Elderly or Physically Disabled (EPD)

- Updated definition for "grooming" to be the same as the EPD manual.

MA1102 Enrollment with a Health Plan [Section A - Overview]

- Changed "Steward Health Choice" to "Health Choice Arizona".

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 02/03/2020

MA502 ALTCS Categorical Eligibility

- Removed ACE references

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Added clarifying note with reference to IV-E foster care or adoption subsidy in HEAplus.

MA513 Former Foster Care

- Removed reference to ACE

MA606 Types of Income [Section H - Allocated Income]

- Removed reference to ACE

MA606 Types of Income [Section N - Census Income]

- Updated policy on application of temporary census income for medical assistance programs.
- Updated definitions and links

MA606 Types of Income [Section UUU- Wages]

- Added a NOTE and a link with reference to temporary census income

MA608 Income Deeming [Section B - Sponsored Non-Citizen Deeming]

- Removed reference to ACE and related links

MA609 Income Deductions [Section B - Income Deductions for Non-MAGI programs]

- Removed link to a procedure that has been removed from the manual

MA905 Transfer Penalty Period

- Removed reference to ACE and related link to a procedure that has been removed from the manual.

MA1011 Quality Control

- Removed reference to ACE

MA1106 ALTCS Enrollment Changes [Section C-Changes Requiring Program Contractor Agreement]

- Removed reference to ACE
- updated language and formatting.

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

MA1301 General Information for All Applicants [Section A - Application Forms, Assistance, Cooperation and Voter Registration]

- Removed application for AHCCCS Long Term Care Services (ACE-102). The application for ALTCS now falls under Health-e-Arizona Plus (HEAplus) Online Application.

MA1309 Approval of Applications [Section B - Approval Letters]

- Removed reference to ACE

MA1502 Types of Changes [Section S - Medical Improvement]

- Removed ACE references
- Added clarifying note with reference to IV-E foster care or adoption subsidy in HEAplus.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 01/28/2020

MA609 Income Deductions [Section C - Income Deductions for MAGI Programs]

- Updated FPL Disregard table to reflect January 2020 FPL figures.

MA615 Income Standards

- Updated to reflect the 2020 Federal Poverty Level income standards for all Medical Assistance programs.
- Updated formatting

MA1204 KidsCare Premiums [Section A - General Information about KidsCare Premiums]

- Updated the income ranges for KidsCare premiums to reflect the increase in the 2020 Federal Poverty Level amounts.

MAE611 Calculating Income Eligibility for SSI-MAO Examples [Section [A](#), [B](#), [C](#)]

- Updated FPL-based examples to reflect 2020 FPL limits.

MAE1204 General Information about KidsCare Premiums Example [[Section A](#)]

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Updated FPL-based examples to reflect new FPL limits published January 2020.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 01/15/2020

MA408 KidsCare

- Corrected legal references, updated links, definition, and formatting

MA508 Community Spouse

- Updated links and formatting to improve clarity.

MA 516 Insurance Ended

- Updated to clarify that the period of ineligibility for KidsCare is 3 months rather than 90 days when a person chooses to end creditable health care.
- Updated Legal References

MA1007 PAS Reassessments

- Updated PAS reassessment criteria.
- Updated language and formatting to improve clarity.

MA1009 Preadmission Screening and Resident Review (PASRR)

- Clarified policy and updated definition for the term 'Intellectual cognitive disability'.
- Updated the definitions table

MA1010 The ALTCS Transitional Program

- Updated language for clarity

MA1308 Applications for KidsCare

- Updated language from 90 days to 3 months

MA1301 General Information for All Applicants [Section A - Application Forms, Assistance, Cooperation and Voter Registration]

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Removed application for AHCCCS Long Term Care Services (ACE-102). The application for ALTCS now falls under Health-e-Arizona Plus (HEAplus) Online Application.

MA1309 Approval of Applications [Section B - Approval Letters]

- Removed reference to ACE

MA1502 Types of Changes [Section S - Medical Improvement]

- Removed reference to ACE

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 01/10/2020

MA606 Types of Income [Section CCC - Self-Employment]

- Clarification for when to use the process for verifying self-employment income was made.

MA1401 General Information about Renewals [Section A - Renewal Process]

- Clarified that a no response required renewal is still used when a customer's MSP eligibility ends or changes and the customer is ALTCS eligible.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 12/31/2019

MA1403 Persons Losing SSI Cash Eligibility

- ALTCS loss of SSI Cash is processed as a change. Link to change and change process provided

MA1502 Types of Changes [Section AA - SSI Cash Eligibility Ends]

- Updated Title and updated policy to include ALTCS does not require a full renewal.

For prior versions of the manual use these links

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[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#)
(Examples and Revisions)

Revisions Date 12/30/2019

MA602 Income Eligibility [Section A - ALTCS Budget Groups]

- Removed DE-118 Statement of Facts by removing Legal marriage chart and pointing to Proof of Legal Marriage in MA520.

MA606 Types of Income [Section U - Educational Assistance]

- Removed reference to DE-118 Statement of Fact.
- Removed reference to DE - 201 Release of Information Authorization.

MA702 Resource Groups

- Removed DE-118 by removing the marriage proof table and referring to MA520

MA704 Ownership Resources [Section C - Equitable Ownership]

- Removed “statement of fact” and replaced with “written statement.”

MA705 Resource Types [Section BB - Unspent Income]

- Removed DE-118 Statement of Fact.
- Removed DE-201 Permission to Release Information.

MA903 Transfers That Do Not Affect Eligibility [Section H - Transfer of Resources to or for the Benefit of Specific Individuals]

- Removed references to DE-118 Statement of Facts and replaced with written statement

MA1502 Types of Changes [Section R - Marital Status]

- Changed DE-118 Statement of Fact to Written statement.

MAE704 Ownership of Resources [[Section A](#) - Equitable Ownership Example]

- Replaced references to the Statement of Fact (DE-118) form with written statement.

For prior versions of the manual use these links

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[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 12/20/2019

MA609 Income Deductions [Section B - Income Deductions for Non-MAGI Programs]

- Updated Child Allocation and Student Earned Income Exclusion amounts for 2020

MA615 Income Standards

- Updated income standard to reflect January 2020 Federal Benefit Rate increase.

MA705 Resources Types [Section K - Home Property]

- Updated the Home Property Equity Value standard for 2020.

MA707 Community Spouse Resource Budgeting

- Updated policy to include the 2020 CSRD figures (Subsection 2, CSRD standards - Removed calendar year 2017 and added calendar year 2020).

MA803 Special Treatment Trusts [Section E - Special Treatment Trusts and ALTCS Eligibility]

- Clarified what documentation is needed for renewal.

MA1002 Preadmission Screening

- Removed areas that repeated or were processes rather than policy.

MA1201 Customer Costs [Section C - Share Of Cost (SOC) Deductions]

- Added the FBR standards used for the Personal Needs Allowance for 2020.
- Added the Maximum Monthly Spousal Need Standard for 2020.

MAE610 Calculating Income Eligibility for SSI-MAO Examples [Sections - [A](#), [B](#), [C](#)]

- Updated calculation tables for 2020 figures.

MAE611 Calculating Income Eligibility for SSI-MAO Examples [Sections - [A](#), [B](#), [C](#)]

- Updated calculation tables for 2020 figures.

For prior versions of the manual use these links

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 11/26/2019

MA1104 Enrollment with a Program Contractor [Section C - DDD Enrollment]

- Updated DDD enrollment section to include integrated plans effective 10/1/2019.
- Removed outdated information and terminology and updated legal references.

MA1104 Enrollment with a Program Contractor [Section D - American Indian Enrollment]

- Updated the section to include the integrated plans effective 10/1/2019
- Removed obsolete information about enrollment transition choices when the customer turns 21.

MA1109 Children's Rehabilitative Services [Section B - CRS Application and Designation]

- Updated the section to include the integrated plans effective 10/1/2019
- Removed obsolete information about enrollment transition choices when the customer turns 21.

MA1109 Children's Rehabilitative Services [Section C - CRS Designation Changes]

- Updated enrollment transition choices when the customer turns 21.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date 11/25/2019

MA504 Blind

- Updated links and formatting

MA509 Disability

- Updated links and formatting

MA511 Entitled to Title II DAC Payments

Effective until 2022-01-30

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- Updated links and formatting

MA512 Entitled to Title II DWW Payments

- Updated links and formatting

MA529 Prior Receipt of SSI Cash

- Updated links and formatting

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 11/13/2019

MA802 Non-Special Treatment Trusts

- Replaced "Statement of Facts (DE-118)" with "Written Statement" in proof section. Also, added "supporting documents" to proof.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 10/29/2019

MA402 Freedom to Work (FTW)

- Added definition of Medically Improved Coverage Group and added legal authority.

MA509 Disability

- Revised chapter title from Disabled to Disability.
- Updated wording and language for clarity.

MA510 Employed

- Provided additional clarification regarding people employed but on leave for certain reasons.

MA606 Types of Income - [Section TT - Pension and Retirement Income]

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Various updates for formatting and clarity.

MA705 Resource Types - [Section I - Financial Accounts]

- Replaced DE-118 Statement of Fact with Written Statement
- Added detail for ABLE accounts for submitting PCRs

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 10/18/2019

MA1401 General Information about Renewals - [Section A - Renewal Process]

- Updated policy to clarify that when a renewal pends for information that was not available from the data services hubs and the eligibility worker finds the proof in the case file or from other sources, the renewal can be completed as a no-response renewal.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 10/01/2019

MA905 Transfer Penalty Period

- Updated Private Pay Rate for October 2019.
- Clarified that Private Pay Rate may be updated at any time, not just annually.

MA1201 ALTCS Share of Cost (SOC) - [Section C - Share of Cost (SOC) Deductions]

- Updated Standard Utility Allowance for October 2019.
- Various updates for formatting and clarity.

MAE 905 Transfer Penalty Period - [[Section I](#)] - Prior Private Pay Rates]

- Update for October 2019 changes.
- Clarified that PPR may change at any time, not just annually each October.

MAE1201 ALTCS Share of Cost Examples

- Re-worded example to specify the year, so that it does not need to be updated annually.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 08/16/2019

MA606 Types of Income - [Section RRR - Veterans Administration (VA) Benefits]

- Added a link to a new procedure for determining the correct VA benefit amounts for VA Improved Pensions
- Formatting updates for clarity

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 07/12/2019

MA606 Types of Income – [Section G - Alimony and Spousal Maintenance]

- Revised to reflect January 1, 2019 changes to how Alimony Payments are counted for MAGI programs
- Updated Definitions and Legal Authorities section

MA609 Income Deductions – [Section C - Income Deductions for MAGI Programs]

- Revised Adjustments to Gross Income table
- Updated the description for Alimony Paid adjustment type
- Removed the Domestic Productions Activity Deduction adjustment type

MA1502 Types of Changes – [Section L - Expenses]

- Updated the Adjustments to Gross Income table with the following:
- Added information about Alimony Payments

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Removed Domestic Productions Activity Deduction

MA526 – Potential Benefits

- Added new section on Applying for potential benefits online
- Added referral links to assist customers applying for potential benefits
- Added that a confirmation number from a VA or UI application is acceptable proof.
- Updated language and formatting
- Expanded definition of Cash Benefits

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 07/01/2019

MA1313 - Prior Quarter Coverage

- Updated prior quarter eligibility to apply to children and pregnant woman categories only.
- Updated Definitions

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 06/21/2019

MA1201 ALTCS Share Of Cost (SOC) [Section C - Share Of Cost (SOC) Deductions]

- The standards used to calculate the Community Spouse Monthly Income Allowance (CSMIA) have been updated with the amounts effective 7/1/2019.
- Revised MSN and 30% MSN Figures

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

Revisions Date: 06/07/2019

MA1602 Confidentiality [Section C - Release of Confidential Information]

- Added definition of 'case file'
- Revised the policy section for clarity

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 05/17/2019

MA525 Not an Inmate

- Revised “Definitions” to reflect changes in the law and provide additional clarification.
- Added additional definitions for “Public Institution” and “Voluntarily living in a public institution”.
- Updated legal authority references.

MA1502 Types of Changes [Section V]

- Revised for clarity.
- Revised “Definitions” section to reflect changes in the law and provide additional clarification.
- Added additional definitions for “Public Institution” and “Voluntarily living in a public institution”.
- Added additional legal authority references.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 04/30/2019

MA905 Transfer Penalty Period

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Updated effective dates of yearly pay rate change.

MA1001 General Provisions

- Updated links to Appendix A and Appendix B.
- MA1001 **Appendix A for the EPD PAS** and **Appendix B for the DD PAS** were revised to include that the ALTCS PAS can be completed in the hospital.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 03/29/2019

MA 1002 Preadmission Screening (PAS) Process

- Updated the time-frame for using a prior eligible PAS when the customer reapplies.
- Removed outdated policy for hospitalized customers
- Updated formatting

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 02/20/2019

MA1302– SPECIAL PROCEDURES FOR CERTAIN CUSTOMERS

- Added new subsection F, Customers Requesting Letters in an Alternative Format
- Various formatting updates for clarity

MA1603 – NON-DISCRIMINATION

- Added information regarding how a customer may contact AHCCCS to ask for letters to be sent in an alternative format.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 02/01/2019

MA609 – INCOME DEDUCTIONS [SECTION C]

- Added 5% Federal Poverty Level disregard amounts that are effective 2/1/2019.

MA615 – INCOME STANDARDS

- Updated to reflect the 2019 Federal Poverty Level income standards for all Medical Assistance programs.

MA1204 – KIDSCARE PREMIUMS – [SECTION A]

- Updated the income ranges for KidsCare premiums to reflect the increase in the 2019 Federal Poverty Level amounts.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revisions Date: 01/01/2019

MA609 Income Deductions [Section B]

- Subsection 2, Student Earned Income Exclusion – Removed calendar year 2014 and added calendar year 2019.
- Subsection 8, Child Allocations – Removed calendar year 2016 and added calendar year 2019.

MA615 Income Standards

- Added the ALTCS Standards for 2019
- Added the SSI-MAO FBR Standards for 2019

MA705 Resource Types (entire chapter)

- Updated Proof subsection on Life Insurance
- Updated language and formatting
- Updated Manual references and links

MA705I Financial Accounts

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Updated language on verifying financial accounts.
- Updated language on specific exceptions relating to ABLE financial accounts.

MA705K Home Property

- Subsection 2 - Removed calendar year 2017 and added the Home Equity limit for 2019

MA707 Community Spouse Resource Budgeting

- Subsection 2, CSRD Standards – Removed calendar year 2016 and added calendar year 2019.

MA1201C Share of Cost Deductions

- Added the FBR standards used for the Personal Needs Allowance for 2019.
- Added the Maximum Monthly Spousal Need Standard for 2019.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date: 12/21/2018

MA1010 - The ALTCS Transitional Program

- Updated language and formatting to improve clarity.
- Updated the main policy section by adding eligibility criteria and covered services as numbered lists.
- Added Definitions
- Updated proof subsection.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date: 12/14/2018

MA1707- The Eligibility Hearing [Sections A; B; C]

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- The timeframes subsection under section A and C is updated for clarity.
- Updated the table on scheduling and holding the hearing.
- Updated manual references and links

MA1709 – Disability Reconsideration Requests

- Updated language for clarity
- Updated the section Eligibility Office Responsibilities with updated names of offices.
- Updated manual references and links

MA602 - Budget Groups Income (Section D)

- Removed reference to FPEP. Program no longer exists.

MA1402 Proof needed at Renewal

- Removed reference to FPEP. Program no longer exists.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date: 12/07/2018

MA1801 Fraud and Abuse

- Updated manual references and links.

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date: 11/29/2018

MA905 Transfer Penalty Period

- Updated Private Pay Rates table.

MA1201C Share of Cost (SOC) Deductions

Effective until 2022-01-30

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT CURRENT POLICY.

- Updated Standard Utility Allowance tables

MA1303 ALTCS Application Process

- Removed subsections and moved the information specific to the ALTCS application process as numbered list to the main policy section.
- Updated language for clarity and revised chapter to meet standard terminology
- Added definitions and legal authorities

MA1304 SSI-MAO Application Process [A; B]

- Updated language for clarity and revised the whole chapter to meet standard terminology
- Added definitions and legal authorities

MA1305 Medicare Savings Program (MSP) Application Process

- Updated policy to include information on when a customer can qualify for SLMB or QI-1 even if they do not have Medicare Part B
- Updated formatting, manual references and links.

MA1401 General Information about Renewals [A; B; and C]

- Updated policy on the Renewal Process for all programs, for both “No Response Required renewals” and “Response Required renewals”
- Updated language for clarity
- Updated definitions and legal authorities

MA1402 Proof Needed at Renewal

- Updated language on the requirements for Non-Citizen status.
- Updated formatting, manual references and links.

MA1601 Language Interpretation and Translation

- Updated language for clarity
- Updated formatting, manual references and links.

MA1602 Confidentiality [A; B; and C]

- Updated language on Additional Protections for certain medical information in 1602C
- Updated formatting, manual references and links.

MA1703 Pre-Hearing Discussion

- Updated language for clarity

For prior versions of the manual use these links

[Part 1](#) (Chapters 100 through 900) | [Part 2](#) (Chapters 1000 through 1900) | [Part 3](#) (Examples and Revisions)

Revision Date: 11/16/2018

MA607 Expenses Exceed Income

- Updated language for clarity
- Updated links to new examples

MA614 How to Calculate Income Eligibility Using MAGI

- Updated language for clarity
- Updated links to new examples

MA1004 Developmentally Disabled Status

- Updated language for clarity

MA1302 Special Procedures for Certain Applicants [A; B; C; D; E]

- Updated language for clarity and revised chapter to meet standard terminology
- Added definitions and legal authorities in MA1302A.
- “Proof” subsections removed in MA1302C and MA1302E.
- Added definitions in MA1302D.

MA1604 Written Letters

THIS DOCUMENT IS FOR ARCHIVE PURPOSES ONLY AND MAY NOT REFLECT
CURRENT POLICY.

- Updated language and formatting to improve clarity on Written Letters policy.

Revisions Prior to 11/16/2018

For version history of this manual prior to 11/16/2018, please submit a request to EligibilityPolicyManual@azahcccs.gov.