



Appealing a Denial or Termination of ALTCS Healthcare Coverage

Frequently Asked Questions

What is ALTCS?

The Arizona Long Term Care System (ALTCS) is a program offered by AHCCCS that provides long-term care services, such as personal care services, to eligible individuals who have disabilities.

What can I appeal?

You have the right to file an appeal of any notice received from ALTCS if you disagree with the decision made in the notice except if the decision is based on a recent change in law. ALTCS decision notices usually deny an application or terminate benefits.

Is there an appeal deadline for ALTCS?

The deadline to appeal is **30 days** from the date of the notice you are contesting.

IMPORTANT!! If your ALTCS benefits are being stopped, there is a **10 day** appeal deadline if you would like to continue your ALTCS services while your appeal is pending.

When can I request continuing benefits pending an appeal?

Generally, continuing benefits can only be requested if you are already receiving ALTCS benefits and wish to continue receiving them while your appeal is processed.

Are there any risks to receiving continuing benefits pending an appeal?

Yes, there is risk of incurring financial liability for services that ALTCS paid for if you do not win your appeal.

Where can I obtain an appeal request form?

The ALTCS appeal form is usually located on the last two pages of your decision notice. If your decision notice does not have one, call the AHCCCS Office of Administrative Legal Services at 602-417-4232 to ask how you could obtain one.

How do I fill out the Appeal Request form?

(see a sample Appeal Request form on pages 3-4)

Step 1: Make sure your prefilled information (your name, phone number and address) is correct. If any portions are incorrect, cleanly cross out error and write in the correct information.

Step 2: If you have a representative, add his/her information.

Step 3: Checkmark that you are appealing a decision regarding “medical assistance.”

Step 4: Write a statement explaining why you are appealing. This statement could be as short as: *“I disagree with decision dated 01/01/2019.”*

Step 5: Indicate whether you would like to request an expedited appeal. Please note that in order to request an expedited appeal, you will need to obtain and submit a signed statement from a medical provider with your appeal request that includes **all** of the following information:

- You have a procedure or treatment scheduled, or you are unable to schedule a procedure or treatment due to the lack of coverage;
- You does not currently have health insurance that will cover most of the cost of a treatment; and
- Your health or ability to reach, keep, or regain full functionality will be put at risk if you have to delay a procedure or treatment for 90 days.

Step 6: Indicate whether you need an interpreter.

Step 7: Indicate if you need an ADA accommodation. Accommodations can include things such as a telephonic hearing, large font, etc.

Step 8: Sign or have your authorized representative sign, indicate who signed and date your Appeal Request form.

Step 9: Submit your Appeal Request form. It can be submitted via certified mail, in person or via fax.

Certified mailed or in-person* appeals can be submitted at the:

AHCCCS Office of Administrative Legal Services

701 East Jefferson Street

Phoenix, AZ 85034

(602) 417-4232

**Please remember to obtain a date-stamped receipt of your appeal for your records.*

Fax** appeals can be submitted to the AHCCCS Office of Administrative Legal Services at

(602) 253-9115.

***Please remember to keep the fax receipt of your appeal for your records.*

Step 10: Call Community Legal Services (602-258-3434) for possible legal advice **OR** representation with your appeal.

CUSTOMER: Jane Doe	DATE: 01/01/2019	HEA PLUS PERSON ID: 39900000000000	APPLICATION ID: 2019000000000
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APPEAL REQUEST FORM

Instructions: This form is one way for you to request an appeal if you are unable to submit your request through www.healthearizonaplus.gov. Read the entire "What you can do if you disagree with our decision" section of the form? to understand your rights and responsibilities.
You can give this form to us:

In Person: Call us at 1-855-HEA-PLUS to find an eligibility office	By Mail: AHCCCS Office of Administrative Legal Services, MD 6200 701 E. Jefferson Phoenix, AZ 85034
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Step 1:

Personal Information	Application ID: 2019000000000
Customer's Name: Jane Doe	Phone Number: (602) 123-4567
Customer's Address: 1234 N. Grand Canyon Ln. Phoenix, AZ 85001	<i>If your address or phone number has changed, please give us your new address/phone number:</i>

Step 2:

Representative's Information Complete this section if you would like another person to represent you at your Hearing. This does not have to be your authorized representative.	
Representative's Name: <i>(Please print.)</i>	Address:
Phone Number:	

Step 3:

Decision(s) You Are Appealing Check which decisions you want to appeal and tell us why you want a hearing.	
Which decision(s) are you requesting an appeal for? <input type="checkbox"/> Medical Assistance	Tell us why you want an appeal:

Step 4:

Step 5:

<p>Option to request an expedited appeal for Medical Assistance decisions. You can request to have an expedited appeal for Medical Assistance, Medicare Savings Program, or the Arizona Long Term Care System. If you do not request an expedited appeal for Medical Assistance decisions or if you are not granted an expedited appeal, the agency is required to make a final decision within 90 days. Your request for an expedited appeal for Medical Assistance decisions will be reviewed to determine if you meet the requirements. To be approved for an expedited appeal you must give us a signed statement from a medical provider at the same time you submit the appeal request. The statement must include all of the following:</p> <ul style="list-style-type: none"> • The customer has a procedure or treatment scheduled, or the individual is unable to schedule a procedure or treatment due to the lack of coverage; • The customer does not currently have health insurance that will cover most of the cost of a treatment; and • The customer's health or ability to reach, keep, or regain full functionality will be put at risk if the customer has to delay a procedure or treatment for 90 days or less from the date of the appeal request. <p>The statement from the medical provider must be submitted with this appeal request. If you submit a request for an expedited appeal and you do not submit a statement that meets all the criteria above, your request for an expedited appeal will be denied.</p>
<p>Are you wanting to expedite an appeal for Medical Assistance, Medicare Savings Program or for the Arizona Long Term Care System? <input type="checkbox"/> Yes, I want to expedite the appeal <input type="checkbox"/> No, I do not want to expedite the appeal</p>

Assistance

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Steps 6 & 7:

Answer whether or not you need assistance during your hearing.
I need an interpreter. <input type="checkbox"/> No <input type="checkbox"/> Yes - What language? _____ I need assistance because of a disability. <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain: _____

Step 8:

Sign and Date I have been advised of my rights concerning my hearing, and I fully understand these rights.		
Your signature or the signature of your representative: 	Signature is that of the: <input type="checkbox"/> Customer <input type="checkbox"/> Representative	Date:



Apelando una Denegación o Suspensión de Cobertura de Salud de ALTCS

Preguntas Frecuentes

¿Qué es ALTCS?

El Sistema de Cuidado a Largo Plazo de Arizona (ALTCS) es un programa ofrecido por AHCCCS que provee servicios de cuidado a largo plazo, como servicios de cuidado personal para persona elegibles que tiene incapacidades.

¿Qué puedo apelar?

Usted tiene el derecho de presentar una apelación de cualquier notificación recibida de ALTCS si no estás de acuerdo con la decisión al menos que sea una decisión basada en un cambio de ley reciente. Notificaciones de ALTCS normalmente deniegan una aplicación o suspenden sus beneficios.

¿Hay un plazo de apelación para decisiones de ALTCS?

El plazo de apelación es de **30 días** de la fecha de la notificación que estás disputando.

¡¡IMPORTANTE!! Si sus beneficios de ALTCS fueron suspendidos, tiene un plazo de apelación de **10 días** si quiere continuar recibiendo cobertura de salud mientras su apelación está pendiente.

¿Cuándo puedo pedir beneficios continuos mientras una apelación está pendiente?

En general, beneficios continuos solamente pueden ser solicitados si ya está recibiendo beneficios de ALTCS y desea seguir recibéndolos mientras su apelación es procesada.

¿Hay algunos riesgos de recibir beneficios continuos mientras una apelación está pendiente?

Sí, hay un riesgo de incurrir la responsabilidad financiera por los servicios que ALTCS pago si no gana su apelación.

¿Dónde puedo obtener un formulario de Solicitud de Apelación?

El formulario de Solicitud de Apelación de ALTCS normalmente está disponible en las últimas dos páginas de su notificación de decisión. Si su notificación de decisión no tiene uno, llame a la Oficina de Servicios Legales Administrativos de AHCCCS al (602) 406-4232 para preguntar cómo puede obtener uno.

¿Cómo completo el formulario de Solicitud de Apelación?

(vea una muestra de un formulario de Solicitud de Apelación en las páginas 7-8)

Paso 1: Asegúrese que su información prellenado (su nombre, número de teléfono y dirección) este correcta. Si alguna porción es incorrecta, limpiamente tache el error y escribe la información correcta.

Paso 2: Si tiene un representante, agregué su información.

Paso 3: Marque que está apelando una decisión sobre “Asistencia Médica.”

Paso 4: Escriba una declaración explicando por qué está apelando. Esta declaración puede ser tan breve como: “Yo no estoy de acuerdo con la decisión fechada el 1^{ro} de enero de 2019.”

Paso 5: Indique si usted desea pedir una apelación acelerada. Tenga en cuenta que, para poder pedir una apelación acelerada, necesita obtener y presentar una declaración firmada por un médico con su Solicitud de Apelación que incluye **toda** la siguiente información:

- Usted ya tiene un procedimiento o tratamiento médico programado o no puede programar un procedimiento o tratamiento médico debido a la falta de cobertura;
- Actualmente no tiene cobertura de salud que cubra la mayor parte de los costos de un tratamiento; y
- Su salud o capacidad de alcanzar, mantener, o recuperar plena funcionalidad será arriesgada si tiene que retrasar un procedimiento o tratamiento médico por 90 días.

Paso 6: Indique si necesita un intérprete.

Paso 7: Indique si necesita una adaptación por incapacidad. Adaptaciones pueden incluir cosas como una audiencia telefónica, documentos escritos en letra grande, etc.

Paso 8: Firme o pídale a su representante autorizado que firme, indique quien firmo y feche su formulario de Solicitud de Apelación.

Paso 9: Entregue su formulario de Solicitud de Apelación. Puede ser entregado por correo certificado, en persona o por fax.

Apelaciones pueden ser enviados **Por correo certificado o en persona*** a:

Oficina de Servicios Legales Administrativos de AHCCCS

701 East Jefferson Street

Phoenix, AZ 85034

(602) 417-4232

**Por favor recuerde de obtener un recibo se su apelación con la fecha sellada para sus archivos.*

Apelaciones pueden ser enviadas por **fax**** a Oficina de Servicios Legales Administrativos de AHCCCS al (602) 253-9115.

***Por favor recuerde de guardar una copia de su recibo de fax de apelación para sus archivos.*

Paso 10: Llame a Community Legal Services al (602) 258-3434 para posiblemente recibir asesoría legal **O** representación en su apelación.

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Paso 2:

Representative's Information Complete this section if you would like another person to represent you at your Hearing. This does not have to be your authorized representative.	
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Paso 8:

Sign and Date I have been advised of my rights concerning my hearing, and I fully understand these rights.		
Your signature or the signature of your representative:	Signature is that of the: <input type="checkbox"/> Customer <input type="checkbox"/> Representative	Date: