



State Resources for Seniors in Arizona

At Caring, we understand that learning about and accessing the assistance you need isn't easy. We created this guide to help seniors and their families learn about the available financial assistance options for senior living and senior care in your state so you can focus on what matters: finding the right senior care for your loved one. In the following resource guide, learn about the financial assistance options for senior care and senior living in your state, what benefits the different programs offer, who is eligible, and how to apply.

Financial Assistance for Senior Living & Senior Care

Although long-term care costs in Arizona are typically lower than the national average, they still represent a significant expense for older adults. Experts predict that about two-thirds of today's seniors will require long-term care at some point in their lives. While some may never require long-term care, about one and five will use these services for several years. Due to the high cost of long-term care, the state and federal governments provide a variety of financial assistance programs, including some optional waiver plans that can help older adults stay in the community or another residential setting of their choice.

Medicaid

Arizona's Health Care Cost Containment System administers the state's Medicaid program. It provides medical care and many other support services to adults, children and families who are unable to afford these essential services. Specialized service plans are available to seniors aged 65 and older, disabled adults and individuals who require a nursing home level of care regardless of their age.

How to Apply

The easiest way to apply for Medicaid is by visiting Health-e-Arizona Plus. Applications are processed by the Department of Economic Security. If you're an adult applying for regular Medicaid, you'll need to fill out the Application for Benefits. Individuals who are aged 65 or older or are disabled should complete the Medicare Cost Sharing and AHCCCS Health Insurance Application. If you require long-term care, contact your area's Arizona Long Term Care Office, or complete an ALTCS application.

Eligibility

If you need long-term care and want to receive assistance from Medicaid, you must:

- Be at least 65 years old, blind or disabled.
- Require a nursing home level of care.
- Be a U.S. citizen or equivalent.
- Reside in Arizona.

Because Medicaid is a needs-based program, income and asset limits are described below depending on which program you're applying for. Asset limits apply to individuals who require long-term care. There are no asset limits for regular income-based Medicaid.

Effective Date	Asset Limit: Individual	Asset Limit: Married Couple
1989-Present	\$2,000	\$3,000

To qualify for regular Medicaid, you must meet the following income limits, which are current as of 2022. For individuals who require long-term care, the monthly income limit increases to \$2,523 per applicant.

Family Size	Monthly Income Limit*
1	\$1,507
2	\$2,030
3	\$2,553
4	\$3,076
5	\$3,599

*For larger household sizes, add \$524 for each additional family member.

Medicare

Medicare is the federal health insurance program for older adults (65+) and some younger people with disabilities. Part A, which covers inpatient care, may also cover medically necessary care delivered in a skilled nursing facility.

How to Apply

To apply for Medicare online, visit the Social Security Administration website, agree to the terms of service and fill out the application. To apply by telephone, call (800) 772-1213. If you prefer to apply in person, use the SSA office locator to find a nearby Social Security office.

Eligibility

You may qualify for Medicare coverage if any of the following apply:

- You're at least 65 years old.
- You have end-stage renal disease.

- You're under age 65 and have a disability.

If you or your spouse worked and paid Medicare taxes for at least 10 years, you qualify for premium-free Part A coverage. You may also qualify for premium-free coverage if you've been receiving disability benefits for at least 24 months, you're on kidney dialysis or you need a kidney transplant.

Arizona Long Term Care System

Arizona operates a statewide demonstration waiver. All services are provided by managed care organizations that work just like HMOs. The Arizona Long Term Care System covers a comprehensive array of supportive services for individuals who are aged or disabled. This program pays for nursing home care and community-based alternatives that can help you remain in your own home or in a residential setting of your choice. It covers in-home care, personal care attendants, assisted living, adult day health care and other services. Delivered meals and limited dental benefits are also included. All support services are coordinated by a dedicated case manager to ensure that needs are met.

How to Apply

If you need day-to-day assistance or medical services similar to those provided in a nursing home, you can contact the nearest ALTCS office to apply for assistance. There are nine regional offices located in Phoenix and other major cities. The health care system also operates a statewide helpline at (888) 621-6880. You'll need to complete form DE-101 as part of the application process. You must also schedule a functional needs assessment to show that you require a nursing home level of care. Your Area Agency on Aging can provide more information about home- and community-based services.

Eligibility

You must satisfy medical and financial criteria to qualify for ALTCS. Your monthly income must not exceed 300% of the Federal Benefit Rate, which is \$2,523 per month for 2022. Assets are capped at \$2,000 per applicant. You must be assessed as requiring a nursing home level of care, but you don't have to live in a nursing home. Depending on your financial situation and eligibility pathway, you might be required to pay for a share of the cost. The state may also be able to collect money from your estate to pay for services provided after age 55.

Health Insurance & Prescription Drug Coverage for Seniors

The average senior spends approximately \$6,000 on out-of-pocket medical costs every year. If you need help paying for your premiums, copays and prescription medications, you may qualify for Medicaid.

Arizona Health Care Cost Containment System

AHCCCS is a comprehensive resource for low-income individuals and families who are struggling to pay for medical care. This program covers primary and specialty care, hospital stays, diagnostics, imaging and prescription drugs, etc. Other medically necessary services, such as long-term care, may be available depending on your needs.

How to Apply

To see if you're eligible for regular Medicaid, complete a benefits application at [Healthcare.gov](https://www.healthcare.gov) or [Health-e-Arizona Plus](https://www.health-e-arizona.com). The state provides downloadable applications, but you'll need to complete the correct form based on your age and health. For example, if you're 65 or older, you'll need to apply for Medicaid through the Arizona Long Term Care System. The nearest Arizona Long Term Care office can provide more information. For help with your application, call the Department of Economic Security at (855) 432-7587, or visit your local Family Assistance Administration office.

Eligibility

Eligibility for regular Medicaid is based on your monthly income and household size. Adults who earn no more than 133% of the Federal Poverty Level qualify for full medical coverage. There are no asset limits for regular Medicaid in Arizona. The \$2,000 resource limit only applies to individuals who require long-term care. However, the ALTCS program has a higher income limit that's equal to 300% of the Federal Benefit Rate. Financial limits are adjusted periodically and are current as of February 2022. In addition to meeting the following income limits, applicants must:

- Live in Arizona.
- Be a U.S. citizen or legal alien.
- Have a need for health insurance.

Family Size	Monthly Income Limit*
1	\$1,507
2	\$2,030
3	\$2,553
4	\$3,076
5	\$3,599

*For larger household sizes, add \$524 for each additional family member.

Medicare

Original Medicare consists of Part A, which covers services provided on an inpatient basis, and Part B, which covers outpatient services. For example, Part A covers nursing care provided during a hospital stay, while Part B covers things like doctor visits and durable medical equipment.

How to Apply

To apply for Medicare online, visit the Social Security Administration website and fill out the form. You can also apply by telephone or in person. Call (800) 772-1213 to speak with a representative or use the online locator to find a Social Security office near you.

Eligibility

To receive Medicare benefits, you must be at least 65 years old or have a qualifying disability or end-stage renal disease. Everyone pays a premium for Part B, but you may qualify for premium-free Part A coverage if you or your spouse worked and paid Medicare taxes for at least 10 years.

Medicare Advantage

Original Medicare is managed by the federal government, but Medicare Advantage Plans are sold by private insurance companies. Each plan must offer at least the same amount of coverage as Original Medicare, but many insurers offer extra benefits to make their plans more attractive to consumers.

How to Apply

Use the Find a Medicare Plan tool on Medicare.gov to compare Medicare Advantage

Plans in your state. When you're ready to enroll, call (800) 633-4227 or contact the plan provider directly.

Eligibility

If you're eligible for Original Medicare, you are likely eligible for Medicare Advantage; however, confirm eligibility requirements with the plan provider.

Medicare Part D

Original Medicare doesn't cover most prescription drugs, so you may want to enroll in Medicare Part D, a supplemental plan that pays for a wide range of medications. Each plan has a formulary that explains how much coverage is provided for each type of drug. Most Medicare Advantage Plans include prescription drug coverage, and you can't enroll in Medicare Part D if you have a Medicare Advantage Plan that pays for prescription medications.

How to Apply

Use the Find a Medicare Plan tool on Medicare.gov to find a plan that meets your needs. When you're ready to enroll, contact the plan directly for instructions on applying for coverage.

Eligibility

To qualify for Medicare Part D, you must be enrolled in Medicare Part A and Medicare Part B (Original Medicare) or one of the few Medicare Advantage Plans that doesn't cover prescription drugs.

Medicare Savings Programs

Medicare is a necessary resource for seniors who have average or advanced medical needs, but there are still out-of-pocket costs. If you struggle to pay for your prescription drugs or if your monthly premiums take a significant part of your Social Security check, you may qualify for one of the state's Medicare Savings Programs below.

- **Qualified Medicare Beneficiary:** This MSP helps pay for Medicare Part A/Part B premiums, Part A/Part B deductibles and Part A/Part B coinsurance.
- **Specified Low-Income Medicare Beneficiary:** The SLMB program helps pay Medicare Part B premiums.
- **Qualified Individual:** The QI program also helps participants pay their Medicare Part

B premiums, but it has higher income limits than the QMB and SLMB programs.

- **Qualified Disabled Working Individual:** This MSP pays Medicare Part A premiums for participants who lost their Medicare and Social Security disability benefits because they returned to work and earned more than the allowable limit.

If you have a low to moderate income, you can apply for Extra Help through the Social Security Administration. For help with your premiums and copays, complete the Application for AHCCCS Medical Assistance and Medicare Savings Programs through the Arizona Health Cost Containment System.

Eligibility

To qualify for a Medicare Savings Program, you must have limited income and assets. Limits set by the federal government are shown in the table below. You must also be:

- An Arizona resident.
- A U.S. citizen or equivalent.
- Eligible for Medicare Parts A and B.

Program	Single Income Limits	Married Income Limits	Single Asset Limits	Married Asset Limits
Qualified Medicare Beneficiary	Up to \$1,133	Up to \$1,526	\$8,400	\$12,600
Specified Low-Income Medicare Beneficiary	\$1,133-\$1,359	\$1,526.01- \$1,831	\$8,400	\$12,600
Qualified Individual	\$1,359-\$1,529	\$1,831.01- \$2,060	\$8,400	\$12,600
Qualified Disabled and Working Individuals	Up to \$4,249	Up to \$5,722	\$4,000	\$6,000

Cash Assistance Programs for Seniors

Cash assistance programs help pay for expenses not covered by health insurance, senior living programs and other forms of aid. These benefits can be used to pay for toiletries, public transportation, utilities and other necessities.

Social Security

Social Security is a source of income available to retirees and people who can no longer work because of a disability. The money for Social Security comes from a payroll tax levied on employers, employees and self-employed individuals. When you retire, you'll receive monthly payments based on how much you earned when you were working.

How to Apply

To apply online, visit the Social Security website and fill out the application. You can also call (800) 772-1213.

Eligibility

To qualify for Social Security, you must earn at least 40 Social Security credits in your lifetime. Working and paying your portion of the Social Security payroll tax helps you earn these credits.

Supplemental Security Income

Supplemental Security Income is a tax-funded program that provides monthly payments to help aged, blind and disabled people meet their basic needs.

How to Apply

To apply for SSI, fill out the online application, call (800) 772-1213 or visit your local Social Security office.

Eligibility

SSI has the following eligibility requirements:

Basic Requirements	Aged 65, blind or disabled.
Citizenship	U.S. citizen, U.S. national or resident alien.
Countable Resources	\$2,000 for individuals/\$3,000 for married couples.
Income	Countable income can't exceed the federal benefit rate.