

## Arizona Long Term Care System (ALTCS)

<b>Start Date</b>	1988-89
<b>Target Group</b>	Older persons, persons with physical disabilities, or persons with developmental/intellectual disabilities, all of whom must be clinically certified to need institutional level of care. However, dually eligible persons continue to receive their Medicare benefits through either the fee-for-service system, a Medicare Advantage Plan, or a Special Needs Plan.
<b>Service Area</b>	Statewide
<b>Medicaid Enrollment Policy</b>	Mandatory
<b>Persons Enrolled 2011</b>	50,800
<b>Contractors</b>	10 private, county and tribal plans; 1 state agency
<b>Scope of Medicaid Capitation</b>	All Medicaid services, including primary and acute health care, and long-term services (institutional and HCBS), and behavioral services.
<b>Approach to Medicare</b>	State recently began requiring ALTCS contractors to have a companion Special Needs Plan, or partner with one to coordinate Medicare services.
<b>Authorities</b>	<b>§1115 waiver.</b> Arizona has operated its entire Medicaid program under a §1115 waiver from its inception in 1982. ALTCS was truly experimental when it was implemented in 1988—no state had undertaken any significant MLTSS, and Arizona was proposing it statewide on a mandatory basis. The population is similar to that served in §1915(c) waiver programs. If ALTCS were proposed today, a §1915(b) and (c) waiver combination would likely be considered.