ARIZONA DEPARTMENT OF ECONOMIC SECURITY Aging and Adult Administration

SHIP / SMP CLIENT CONTACT

CLIENT IDENTIFIERS -TO BE USED TO LOOK UP CLIENTS WITH MORE THAN ONE CONTACT AND LINK ALL SUCH CONTACTS TOGETHER

CLIENT MONTHLY INCOME 1. Below 150% FPL 2. At or Above 150% FPL 9. Not Collected CLIENT ASSETS 1. Below LIS Asset Limits 2. Above LIS Asset Limits 9. Not Collected RECEIVING OR APPLYING FOR SOCIAL SECURITY DISABILITY OR MEDICARE DISABILITY 1. Yes 2. No 9. Not Collected HOW DID CLIENT LEARN ABOUT SHIP 1. Previous Contact 2. CMS / Medicare 3. Presentations 4. Mailings 5. Another Agency 6. Friend or Relative 7. Media 8. State Website 9. Other 99. Not Collected METHOD OF CONTACT 1. Phone Call 2. Face to Face at Counseling Location or Event Site Face to Face at Client's Home or Facility 4. E-mail 5. Postal Mail or Fax CLIENT RACE / ETHNICITY (CHECK ALL THAT APPLY) 1. Hispanic, Latino, or Spanish 2. White, Non-Hispanic 3. Black, African American	Client	identifier used by your	agency of	or state:						
Client First Name: Client Last Name: Representative's Last Name:	Client	identifier auto-assigne	d by NPF	R (optional)	·					
Client First Name: Client Last Name: Representative's Last Name: Representative's First Name: Representative's Last Name:		CLIEN	T NAM	IE AND	CONTACT	INFORM	ATION	(OPTIONAL)		
CLIENT ZIP CODE AND COUNTRY CODE County Code of Client Residence (optional): COUNSELOR OR AGENCY	Client									
CLIENT ZIP CODE AND COUNTRY CODE County Code of Client Residence (optional): COUNSELOR OR AGENCY	Repre	esentative's First Name	:			Represer	ntative's L	_ast Name:		
County Code of Client Residence (optional): COUNSELOR OR AGENCY Counselor User ID: County Code of Counselor Location: Date of Contact: FIRST VS. CONTINUING CONTACT 1. First Contact for Issue CLIENT AGE GROUP 1. 64 or Younger 2. 65 - 74 3. 75 - 84 4. 85 or older 9. Not Collected CLIENT GENDER 1. Female CLIENT PRIMARY LANGUAGE OTHER THAN ENGLISH 1. Primary Language Other Than English 2. English is Client's Primary Language Not Collected CLIENT MONTHLY INCOME 1. Below 150% FPL 2. At or Above 150% FPL 9. Not Collected CLIENT ASSETS 1. Below LIS Asset Limits 2. Above LIS Asset Limits 9. Not Collected CLIENT ASSETS 1. Yes 2. No 9. Not Collected RECEIVING OR APPLYING FOR SOCIAL SECURITY DISABILITY OR MEDICARE DISABILITY 1. Yes 2. No 9. Not Collected HOW DID CLIENT LEARN ABOUT SHIP 1. Previous Contact 2. CMS / Medicare 3. Presentations 4. Mailings 5. Another Agency 6. Friend or Relative 7. Media 8. State Website 9. Other METHOD OF CONTACT 1. Hispanic, Latino, or Spanish 2. White, Non-Hispanic 3. Black, African American	•					•				
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•	4.	American Indian or A	Alaska Na		Asian Indi	an	6.	Chinese 7.	Filipino	
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	11.									
•	14. 99.			15.	Other Pac	itic Islander	16.	Some Other Race	e/Ethnicity	

AAA-1199A FORFF (4-23) OMB No. 0938-0850

	DUAL ELIG	IBLE \	WITH MENTAL I	LLNESS	/ MENTAL	DISABIL	.ITY
1.	Yes	2.	No	9.	Not Collected		
		PR	ESCRIPTION DE	RUG ASS	SISTANCE		
Medica	re/Prescription Drug Cov	verage (F	Part D)				
1.	Eligibility/Screening	2.	Benefit Explanation	3.	Plans Comparis	on	
4.	Plan Enrollment/Disenr			5.	Claims/Billing		
6.	Appeals/Grievances	7.	Fraud and Abuse	8.	Marketing/Sales	s Complaint	s or Issues
9.	Quality of Care	10.	Plan Non-Renewal	CIDY (IC / EVIDA	<i>!!!!!</i> D)	
4.4	PART		W INCOME SUB				
11.	Eligibility/Screening	12.	Benefit Explanation	13.	Application Ass	istance	
14.	Claims/Billing	15.	Appeals/Grievances HER PRESCRIPT	TON AC	CICTANCE		
40	Heine / Englaves Dlag						
16.	Union / Employer Plan		Military Drug Benefi	ts 18.	Manufacturer P	rograms	
19.	State Pharmaceutical	Assistand		20.	Other:		
			MEDICARE (P	ARTS A	& B)		
21.	Eligibility	22.	Benefit Explanation	23.	Claims/Billing	24.	Appeals/Grievances
25.	Fraud and Abuse	26.	Quality of Care				
			TAGE (HMO, PC				OST)
27.	Eligibility/Screening	28.	Benefit Explanation	29.	Plans Comparis		
30.	Plan Enrollment/Disent		Markating/Calas Can	31.	Claims/Billing	32.	Appeals/Grievances
33. 36.	Fraud and Abuse Plan Non-Renewal	34.	Marketing/Sales Con	npiaints or	issues	35.	Quality of Care
50.	i lan Non-Nenewai	ME	DICARE SUPPL	EMENT	/ SELECT		
37.	Eligibility/Screening	38.	Benefit Explanation	39.	Plans Comparis	con	
40.	Claims/Billing	41.	Appeals/Grievances	42.	Fraud and Abus		
43.	Marketing/Sales Comp			44.	Quality of Care	45.	Plan Non-Renewal
			MEDIO				
46.	Medicare Savings Prog	grams <i>(N</i>			I) 47.	MSP Applic	cation Assistance
48.	Medicaid (SSI, Nursing	•	,		,		pplication Assistance
50.	Medicaid/QMB Claims		Fraud and Abuse				
			ОТН	IER			
52.	Long Term Care (LTC)	Insuranc	e 53. LTC Part	tnership	54.	LTC Other	
55.	Military Health Benefits	6			mployee Health	Benefits (F	EHB)
57.	COBRA		58. Other He	ealth Insura	nce		
59.	Other (specify):						
			NOT	ES			

TOTAL TIME SPENT	N IHIS CONTACT DATE
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	B. 4.*	
Hours:	Minutes:	

AAA-1199A FORFF (4-23) OMB No. 0938-0850

STATUS

- 1. General Information and Referral 2. Detailed Assistance In Progress
- 3. Detailed Assistance Fully Completed 4. Problem Solving / Problem Resolution In Progress
- 5. Problem Solving / Problem Resolution Fully Completed

NATIONWIDE AND	CMS SPECTAL	LISE ETEL DS
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01	02	03	04	05	06	07	08	09	10
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01	02	03	04	05	06	07	08	09	10