

28.10 INCOME**A. TRANSFERS OF INCOME**

The transfer of resources policy does not apply to Special Pharmacy.

B. INCOME SOURCES

The income sources in Section 10.3 are treated the same as for SSI-Related Medicaid.

C. BUDGETING METHOD

The method used to anticipate monthly countable income is the same as the one used for AFDC Medicaid and SSI-Related Medicaid outlined in Section 10.7,A.

D. INCOME DISREGARDS AND DEDUCTIONS

The only deduction is the monthly cost of antirejection/**antipsychotic** medication for the applicant.

E. DETERMINING ELIGIBILITY

Eligibility is determined as follows:

Step 1: Determine the total gross income for the **Income Group. See Section 28.9,B.**

Step 2: Subtract the costs for the antirejection/**antipsychotic** drugs the client would actually pay if not eligible for Special Pharmacy. Do not include any amount covered by Medicare or any other 3rd party payer.

Step 3: Compare the remainder to 100% FPL for the Needs Group. If the amount in Step 3 **equals** or exceeds 100% FPL, the client is ineligible. If the amount in Step 3 is less than 100% FPL, the client is eligible.

EXAMPLE:

Needs Group Size	=	1
100% FPL for 1	=	\$903
Income for IG	=	\$1,001
Client's Monthly Cost of anti-rejection drugs	=	\$350
Remainder	=	\$651

The remaining amount **is** less than 100% FPL for 1, therefore, the applicant is eligible for Special Pharmacy.