28.2 SPECIFIC ELIGIBILITY REQUIREMENTS

The individual must have been denied Medicaid due solely to failure to meet a spenddown within **6** months of the date of the client's request for payment. If he is unable to meet a spenddown, special approval is considered. To qualify for Special Pharmacy, it must be established that the cost of the antirejection **or antipsychotic** medication paid by the client reduces the family's gross income to below 100% of the Federal Poverty Level (FPL) for a family of the same size.

NOTE: Individuals eligible for or receiving Qualified Medicare Beneficiary (QMB) coverage are not eligible for Special Pharmacy coverage.