

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 outlined in Section 10.6,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