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## 1205 Transplant Extended Eligibility Program - Share of Cost

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[Revised 10/01/2015](#)

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### Policy

Customers that qualify for the Transplant Extended Eligibility Program must pay a “share of cost” to the medical facility performing the transplant.

The following determine the share of cost amount:

- The number of family members in the customer’s household;
- The customer’s family income for a three-month period; and
- The customer’s family medical expenses for a three-month period.

#### 1) Family members

When they live with the customer, the following family members’ income and expenses are used in the Transplant Share of Cost determination:

- Customer;
- Customer’s spouse;
- The customer’s or spouse’s children under age 19; and
- When the customer is under age 19 and unmarried, the customer’s parents.

#### 2) Family Income

The family's countable income is determined for a three-month period. The Three-Month Income Period is:

- The month the customer was determined ineligible.
- The month following the month of the customer was determined ineligible.
- The second month following the month the customer was determined ineligible.

### 3) Medical Expenses

The family's allowable medical expenses over a three month period are deducted from countable income in the Transplant Share of Cost determination. The Three Month Expense Period consists of:

- The month prior to the month the customer was determined ineligible.
- The month the customer was determined ineligible.
- The month after the month the customer was determined ineligible.

Expenses incurred during the Three Month Expense Period by family members who have died or moved out of the home can be used in determining the Transplant Share of Cost when both of the following are met:

- The family member who died or moved out was living in the home when the medical expenses were incurred; AND
- A family member who still lives in the home is financially responsible for paying the medical expenses.

### 4) 40% of FPL Amounts

The TSOC is based on income in excess of 40% of the FPL for the customer's family size. The following table provides the 40% FPL monthly amounts:

Family Size	40%
1	\$393.00
2	\$531.00
3	\$670.00

4	\$809.00
5	\$947.00
6	\$1,086.00
7	\$1,225.00
8	\$1,363.00
Each Additional*	\$139

### 5) Transplant Share of Cost (TSOC) Calculation

Follow the steps below to calculate the TSOC.

Step	Action
1	Total the countable family income for the Three-Month Income Period.
2	Find the 40% of the FPL amount for the number of family members and multiply by three to get the Three-Month Income Standard.
3	Subtract the Three-Month Income Standard from the total income from step 1.
4	Subtract the allowable expenses incurred in the Three Month Expense Period from the remaining income from step 3.
5	Divide the remaining amount from step 4 by the budget group size to get the customer's Transplant Share of Cost amount.

FOR DETAILED STEPS SEE, [TRANSPLANT EXTENDED ELIGIBILITY PROGRAM PROCESSES](#).

## Definitions

Term	Definition
Transplant Share of Cost	The amount a Transplant Extended Eligibility Program customer must pay toward the cost of the transplant procedure.
Countable income	For the Transplant Extended Eligibility Program, is gross income from any source that is not excluded by law from being counted in the determining eligibility for AHCCCS Medical Assistance.
Allowable Medical Expenses	<p>To be allowed as a deduction from income, medical expenses must be the financial responsibility of the family, and must be incurred in the United States. Examples of allowable medical expenses include:</p> <ul style="list-style-type: none"> <li>● Assistive devices and durable medical equipment, and maintenance and repair costs;</li> <li>● Audiology and optometry services, including eyeglasses and hearing aids;</li> <li>● Chiropractic services;</li> <li>● Dental services;</li> <li>● Family planning services;</li> <li>● Homeopathic and naturopathic services provided by a licensed practitioner;</li> <li>● Inpatient and outpatient services;</li> <li>● Laboratory and X-ray services;</li> <li>● Long-term care services</li> <li>● Health insurance premiums, co-payments, and deductibles;</li> <li>● Occupational and physical therapy services;</li> <li>● Doctor's visits;</li> <li>● Prescription drugs and medical supplies; and</li> <li>● The cost of purchasing and maintaining service animals.</li> </ul> <p>Examples of medical expenses that are NOT allowable include:</p> <ul style="list-style-type: none"> <li>● Custodial or room and board services;</li> </ul>

- Expenses covered by insurance or paid by someone other than a family member listed in section 1;
- Expenses that have been written off by the provider;
- Over-the-counter medication, vitamins and food supplements, unless prescribed by a physician; and
- Non-emergency transportation costs.

## Programs and Legal Authorities

Program	Legal Authorities
Transplant Extended Eligibility Program	ARS 36-2907.10 and 36-2907.11



Effective Until 10/27/2016