

AHCCCS Medical Benefits Calculating The Amount You Must Pay For Your Medical And/Or Long-Term Care Expenses (Community Spouse)

If you are eligible for ALTCS, your Benefits and Eligibility Specialist will determine if you must pay anything toward the cost of your Long-Term Care expenses. This calculation is performed at the time of approval, annual review and when changes occur. The amount you must pay is called your share of cost (SOC). Your SOC is calculated by comparing your income to your allowable expenses. If your income is more than your allowable expenses, the excess amount is what you must pay as your SOC. If your income is less than your allowable expenses, then you do not have to pay anything. **Your SOC is calculated as follows:**

- A. Income – Add up all your income.
- B. Deductions – Subtract allowable deductions.

The allowable deductions can include:

- 1) A personal needs allowance for your personal needs. The deduction amount depends on your living arrangement.
- 2) A community spouse monthly income allowance (CSMIA) to maintain the needs of your spouse. Your spouse must be living in a home and community-based setting and the deduction is calculated based on your spouse's income and shelter expenses.
- 3) A family allowance to maintain the needs of your family living at home (spouse and/or children under 18, and children aged 18 to 21 if in school). The deduction is calculated based on the family's income.
- 4) An amount for health insurance premiums. This could include allowable Medicare and other health insurance premiums, co-payments, and deductibles.
- 5) An amount for non-covered medical expenses. These expenses must be medically necessary, be ordered by a licensed healthcare professional, and not covered by your insurance company or any other third party. These may include:
 - Expenses ordinarily covered by the AHCCCS benefit package but cannot be paid by AHCCCS because you were not eligible during the time of service.
 - Expenses not covered by the AHCCCS benefit package (for example hearing aids, eyeglasses, etc).

Deductions for expenses may apply to medically necessary services received up to 3 months prior to the month the application is submitted. Expenses incurred for services during a transfer penalty period cannot be a SOC deduction.

SHARE OF COST CALCULATION EXAMPLE – Dollar figures used in the example are for illustration purposes only and do not reflect actual amounts allowable as deductions.

Share of Cost Income	\$ 1300.00
- Personal Needs Allowance (changes annually)	- \$ 145.05
- Unmet Needs for Community Spouse	- \$ 500.00
- Unmet Needs for Dependent Family Members	- \$ 0.00
- Health Insurance Premiums	- \$ 120.00
- Non-Covered Medical Expenses	- \$ 95.00
= Estimated Share of Cost	= \$439.95

Your Benefits and Eligibility Specialist can tell you if you will qualify for these deductions. Call your Benefits and Eligibility Specialist if you have questions. Be sure to report non-covered medical expenses as soon as possible.