

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State: ARIZONA**

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**REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL  
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID**

To be considered as a deduction from the share of cost income, the expense can be a type of care not covered under the State Plan or a type of service that is covered under the State Plan but that is not reimbursed by the State.

The expense must be for a medically necessary service or remedial care service rendered to the applicant or beneficiary and prescribed by a health care practitioner acting within the scope of practice as defined by State law. The applicant or recipient must have or have had a legal obligation to pay the medical or remedial expense. Deductions do not include the cost of services to the extent a third party paid for or is liable for the service. Deductions for expenses incurred prior to application are limited to expenses incurred during the three months prior to the filing of an application.

Documentation of expenses paid by the applicant or recipient must be provided to the State prior to the end of the month following the month during which the expense was paid.

With respect to services of a type covered under the State Plan but not reimbursed by the State, the amount of the deduction is limited to the amount of the reimbursement described in the State Plan. With respect to services of a type not covered under the State Plan, the amount of the deduction is the fair market value of the services provided.

The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

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TN No. 06-002

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