

Table of Contents

State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 12-015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 7, 2012

Mr. Michael Watson
Director
Division of Medical Assistance
NC Department of Health & Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina (NC) Title XIX State Plan Amendment (SPA), Transmittal # NC 12-015

Dear Mr. Watson:

We have reviewed the proposed North Carolina State plan amendment (SPA) 12-015, which was submitted to the Atlanta Regional Office on September 10, 2012. This amendment will allow ongoing Medicaid recipients in the aged/disabled and Medicare Savings programs who are negatively affected by a discrepancy between the Cost of Living Adjustment (COLA) increase and the increase in federal poverty level to maintain their Medicaid through a COLA disregard.

Based on the information provided, the Medicaid State plan amendment NC 12-015 was approved on December 7, 2012. The effective date of this amendment is January 1, 2013. We are enclosing the approved CMS-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Rita Nimmons at (404) 562-7415 or Rita.Nimmons@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 12-015	2. STATE NC
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(10)(A)(ii)(x), 1902(a)(10)(E)(iii), and 1902(a)(10)(E)(iv)		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$14,789,300 b. FFY 2014 \$20,215,486	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8A to Attachment 2.6-A, Page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):	
10. SUBJECT OF AMENDMENT: Disregard of COLA increases for the aged and disabled and for Medicare Savings programs			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SECRETARY <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001	
13. TYPED NAME: Albert A. Delia			
14. TITLE: Secretary			
15. DATE SUBMITTED: 09/10/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/10/12		18. DATE APPROVED: 12/07/12	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/13		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

State Plan Under Title XIX of the Social Security Act

State: North Carolina

LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

X. For 1902(a)(10)(A)(ii)(X), 1902(a)(10)(E)(i), 1902(a)(10)(E)(iii), and 1902(a)(10)(E)(iv):

When the annual Social Security COLA and Federal Poverty Level adjustment cause ineligibility for Medicaid; disregard the most recent Social Security COLA increase.

This disregard continues until the individual loses Medicaid coverage or becomes eligible without this disregard.

TN No: 12-015

Approval Date: 12-07-12

Effective Date: 01/01/2013

Supersedes

TN No: NEW