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State/Territory Name: North Carolina

State Plan Amendment (SPA) #:13-041

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form 179
- 3) Approved SPA Pages

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 16, 2013

Ms. Sandra D. Terrell
Acting Director
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Re: Title XIX State Plan Amendment, NC-13-041

Dear Ms. Terrell:

We have reviewed the proposed state plan amendment (SPA) NC 13-041, which was submitted to the Atlanta Regional Office on September 30, 2013. This SPA expands North Carolina Health Coverage for Workers with Disabilities (HCWD) group and increases the earned income limit from 150% FPL to 200% FPL. This SPA will also implement an enrollment fee for HCWD Medicaid Buy-in beneficiaries with income above 150% FPL to 200% FPL.

Based on the information provided, the Medicaid State plan amendment NC 13-041 was approved on December 16, 2013. The signed HCFA-179 and the approved plan pages are enclosed. The effective date of this amendment is July 1, 2013.

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**

1. TRANSMITTAL NUMBER:
13-041

2. STATE
NC

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
July 1, 2013

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)(ii)(XV) of the Act, 1902(a)(10)(A)(ii)(XVI) of
the Act and 1916(g) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2014 \$167,415

b. FFY 2015 \$260,372

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 12d, Attachment 2.6-A, Page h, and
Attachment 2.6-A, Page n

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6-A, Page 12d, Attachment 2.6-A, Page h, and
Attachment 2.6-A, Page n

10. SUBJECT OF AMENDMENT:

Working Individuals with Disabilities -TWWIIA

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Secretary

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

14. TITLE:

15. DATE SUBMITTED: 09-30-13

16. RETURN TO:

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-20014

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
09-30-13

18. DATE APPROVED: 12-16-13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
07/01/13

20. SIGNATURE OF REGIONAL OFFICIAL:
//s//

21. TYPED NAME:
Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS:

Revision:

ATTACHMENT 2.6-A

Page 12d

OMB No.:

State/Territory: North Carolina

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act	<p>(ii) <u>Working Individuals with Disabilities - Basic Coverage Group - TWWIIA</u></p> <p>In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:</p> <p><input type="checkbox"/> The agency does not apply any income or resource standard.</p> <p>NOTE: If the above option is chosen, no further eligibility-related options should be elected.</p> <p><input checked="" type="checkbox"/> The agency applies the following income and/or resource standard(s):</p> <p>The total countable income standard equals 200% of the federal poverty level.</p> <p>The countable unearned income standard equals 150% of the federal poverty level.</p> <p>Resource standard equals the minimum community spouse resource allowance as defined in §1924(f)(2)(A)(i) of the Act, subject to adjustment under §1924(g) of the Act.</p>

TN No: 13-041

Approval Date: 12-16-13

Effective Date: 07/01/2013

Supersedes

TN No: 08-017

CMS ID: Revision:

State/Territory: North Carolina

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act	<p>(iii) <u>Working Individuals with Disabilities -</u> <u>Employed Medically Improved Individuals - TWWIIA</u></p> <p>In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:</p> <p><input type="checkbox"/> The agency does not apply any income or resource standard.</p> <p>NOTE: If the above option is chosen, no further eligibility-related options should be elected.</p> <p><input checked="" type="checkbox"/> The agency applies the following income and/or resource standard(s):</p> <p>The total countable income standard equals 200% of the federal poverty level.</p> <p>The countable unearned income standard equals 150% of the federal poverty level.</p> <p>Resource standard equals the minimum community spouse resource allowance as defined in §1924(f)(2)(A)(i) of the Act, subject to adjustment under §1924(g) of the Act.</p>

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Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIII), (XV), (XVI), and 1916(g) of the Act (cont.)	<p>For individuals eligible under the Basic Coverage Group described in No. 24 on page 23f of <u>ATTACHMENT 2.2-A</u>, and the Medical Improvement Group described in No. 25 on page 23f of <u>ATTACHMENT 2.2-A</u>:</p> <p>NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.</p> <p>_____ The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.</p> <p>The premiums or other cost-sharing charges, and how they are applied are described on page 12o.</p> <p><u>X</u> Individuals whose income is equal to or less than 150% of the federal poverty level pay no enrollment fees. Individuals whose income exceeds 150% of the federal poverty level must pay a \$50 annual enrollment fee. This enrollment offsets the administrative costs of applications and redeterminations.</p>

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Supersedes

TN No: 08-017

CMS ID: