

Table of Contents

State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 13-045

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

August 8, 2014

Aldona Z. Vos, M.D.
Office of the Secretary
North Carolina Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2501

Re: Title XIX State Plan Amendment, NC-13-045

Dear Mr. Vos:

We have reviewed the proposed State Plan Amendment NC-13-045, which was submitted to the Atlanta Regional Office on December 31, 2013. This State plan amendment raises the income eligibility for Health Coverage for Workers with Disabilities (HCWD) to an unlimited amount of total countable income from the current 200% of the federal poverty level (FPL) ceiling.

Based on the information provided, the Medicaid State plan amendment NC-13-045 was approved on August 8, 2014. The signed CMS-179 and the approved plan pages are enclosed. The effective date of this amendment is October 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 FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	1. TRANSMITTAL NUMBER: 13-045	2. STATE NC
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 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) and 1916(g) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2013-2014 \$368,106 b. FFY 2014-2015 \$800,060
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Page 12d; Attachment 2.6-A, Page 12h; Attachment 2.6-A, Page 12n; and Attachment 2.6-A, Page 12o	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, Page 12d; Attachment 2.6-A, Page 12h; Attachment 2.6-A, Page 12n; and Attachment 2.6-A, Page 12o

10. SUBJECT OF AMENDMENT:

Increase Income Eligibility for Health Coverage for Workers with Disabilities (HCWD)

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED: Secretary
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ 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 20011 Mail Service Center Raleigh, NC 27699-2001
13. TYPED NAME: Aldona Z. Wos, M.D.	
14. TITLE: Secretary	
15. DATE SUBMITTED: 12-31-13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-31-13	18. DATE APPROVED: 08-08-14
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-01-13	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns
23. REMARKS: Approved with the following changes to items 8 and 9 as authorized by State Agency e-mail dated 07/24/14. <u>Blocked #8 changed to read:</u> Attachment 2.6-A pages 12d, 12h, 12n, 12o and Supplement 8a to Attachment 2.6-A page 3. <u>Blocked #9 changed to read:</u> Attachment 2.6-A pages 12d, 12h, 12n, 12o and Supplement 8a to Attachment 2.6-A page 3.	

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 is unlimited. However, those with total countable income equal to or greater than 450% of the federal poverty level must pay a 100% premium (see page 12o).</p> <p>The countable unearned income standard equals the SSI federal benefit rate. (See Supplement 8a to Attachment 2.6-A for unearned income disregard).</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. 13-045

Approval Date 08-08-14

Effective Date 10/01/2013

Supersedes

TN No. 08-017

CMS ID:

Revision:

ATTACHMENT 2.6-A

Page 12h

OMB No.:

State/Territory: North Carolina

Citation	Condition or Requirement
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1902(a)(10)(A)
(ii)(XVI) of the Act

(iii) Working Individuals with Disabilities -
Employed Medically Improved Individuals - TWWIIA

In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:

_____ The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

X The agency applies the following income and/or resource standard(s):

The total countable income standard is unlimited. However, those with countable income equal to or greater than 450% of the federal poverty level must pay a 100% premium (see page 12o).

The countable unearned income standard equals the SSI federal benefit rate. (See Supplement 8a to Attachment 2.6-A for unearned income disregard).

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.

TN No. 13-045

Approval Date 08-08-14

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TN No. 08-017

CMS ID:

Revision:

ATTACHMENT 2.6-A

Page 12n

OMB No.:

State/Territory: North Carolina

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><u>X</u> 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>

TN No. 13-045

Supersedes

TN No. 13-041

Approval Date 08-08-14

Effective Date: 10/1/2013

CMS ID: