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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 24-0033

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- 3) Approved SPA Pages

NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St
Room 355
Kansas City, MO 64106

Center for Medicaid & CHIP Services

November 24, 2025

Jay Ludlam
Deputy Secretary
Division of Medical Assistance
2001 Mail Service Center
1985 Umstead Drive
Raleigh, NC 27699-2001

Re: Approval of State Plan Amendment NC-24-0033

Dear Jay Ludlam,

On September 30, 2024, the Centers for Medicare and Medicaid Services (CMS) received North Carolina State Plan Amendment (SPA) NC-24-0033, in which the state proposed to adopt certain income-related disregards and methodologies for individuals who meet the coverage criteria for the state's 1915(i) benefit.

We approve North Carolina State Plan Amendment (SPA) NC-24-0033 with an effective date of July 01, 2024.

If you have any questions regarding this amendment, please contact Morlan Lannaman at morlan.lannaman@cms.hhs.gov

Sincerely,

Nicole McKnight

On Behalf of Courtney Miller, MCOG
Director

Center for Medicaid & CHIP Services

NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	North Carolina	Medicaid Agency Name:	Department of Health and Human Services
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID NC2024MS0002O
Submission Type Official
Approval Date 11/24/2025
Superseded SPA ID N/A

SPA ID NC-24-0033
Initial Submission Date 9/30/2024
Effective Date N/A

SPA ID and Effective Date

SPA ID NC-24-0033

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	7/1/2024	NC-23-0030
Infants and Children under Age 19	7/1/2024	NC-23-0009
Pregnant Women	7/1/2024	NC-22-0012
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	7/1/2024	NC-92-01
Former Foster Care Children	7/1/2024	NC-23-0007
Transitional Medical Assistance	7/1/2024	NC-92-01
Extended Medicaid due to Spousal Support Collections	7/1/2024	NC-92-01
SSI Beneficiaries	7/1/2024	NC-94-36
Individuals Deemed To Be Receiving SSI	7/1/2024	NC-94-36
Optional Eligibility Groups	7/1/2024	NC-23-0009
Children with Non-IV-E Adoption Assistance	7/1/2024	NC-13-0014-MM1
Independent Foster Care Adolescents	7/1/2024	NC-13-0014-MM1
Optional Targeted Low Income Children	7/1/2024	NC-23-0009
Individuals above 133% FPL under Age 65	7/1/2024	NC-23-0009
Individuals Needing Treatment for Breast or Cervical Cancer	7/1/2024	NC-02-05
Individuals Eligible for but Not Receiving Cash Assistance	7/1/2024	NC-10-011 and NC-13-011
Optional State Supplement Beneficiaries	7/1/2024	NC-22-0001
PACE Participants	7/1/2024	New
Age and Disability-Related Poverty Level	7/1/2024	NC-21-0025
Ticket to Work Basic	7/1/2024	NC-13-011 and NC-13-045
Ticket to Work Medical Improvements	7/1/2024	NC-13-011 and NC-13-045
Family Opportunity Act Children with a Disability	7/1/2024	NA
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	7/1/2024	NA
Medically Needy Pregnant Women	7/1/2024	NC-10-011 and NC-13-011
Medically Needy Children under Age 18	7/1/2024	NC-10-011 and NC-13-011
Medically Needy Reasonable Classifications of Individuals under Age 21	7/1/2024	NC-10-011 and NC-13-011
Medically Needy Parents and Other Caretaker Relatives	7/1/2024	New
Medically Needy Populations Based on Age, Blindness or Disability	7/1/2024	NC-21-0025

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS00020 | NC-24-0033

Package Header

Package ID	NC2024MS00020	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Have an income standard higher than 150%FPL (including groups with no income standard), and b) include individuals who could be served in the 1915(i). Effective July 1, 2024.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

42 USC § 1396n(i); 42 CFR § 440.182
42 USC § 1396a(r)(2); 42 CFR § 435.219

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
1915(i)_eligibility_150__FPL_V5	9/30/2024 8:14 AM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS00020 | NC-24-0033

Package Header

Package ID	NC2024MS00020	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-23-0030		
	System-Derived		

Mandatory Coverage




A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-23-0030		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Infants and children under age 19 with household income at or below standards established by the state based on age group.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-23-0009		
	System-Derived		

The state covers the mandatory infants and children under age 19 group in accordance with the following provisions:

A. Characteristics

Children qualifying under this eligibility group must meet the following criteria:

- Are under age 19
- Have household income at or below the standard established by the state.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standards Used

1. The amount of the income standard for infants under age one is:	FPL	210.00%
2. The amount of the income standard for children age one through five is:	FPL	210.00%
3. The amount of the income standard for children age six through eighteen is:	FPL	133.00%

Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-23-0009		
	System-Derived		

D. Basis for the Income Standard for Infants under Age 1

1. Minimum income standard

- a. The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

☐ Yes ☒ No

- b. The minimum income standard for infants under age one is 133% FPL.

2. Maximum income standard

- ☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

b. The state's maximum income standard for this age group is:

- ☒ i. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ ii. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ iii. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ iv. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ v. 185% FPL

- c. The amount of the maximum income standard is:

FPL 210.00%

Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-23-0009		
	System-Derived		

E. Basis for the Income Standard for Children Age One through Age Five

1. Minimum income standard

The minimum income standard used for this age group is 133% FPL.

2. Maximum income standard

- ☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.
- b. The state's maximum income standard for this age group is:**
 - ☒ i. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
 - ☐ ii. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
 - ☐ iii. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
 - ☐ iv. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
 - ☐ v. 133% FPL
- c. The amount of the maximum income standard is:**

FPL210.00%

F. Basis for the Income Standard for Children Age Six through Age Eighteen

1. Minimum income standard

The minimum income standard used for this age group is 133% FPL.

2. Maximum income standard

- ☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.
- b. The state's maximum income standard for this age group is:**
 - ☐ i. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
 - ☐ ii. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
 - ☐ iii. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
 - ☐ iv. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
 - ☒ v. 133% FPL

Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-23-0009		
	System-Derived		

G. Additional Information (optional)

North Carolina transitioned its former separate Children's Health Insurance Program (CHIP) to its Medicaid program through the adoption of the “Optional Targeted Low Income Children” eligibility group in NC state plan amendment (SPA) 23-0009. As part of SPA 23-0009, NC also elected the “Individuals above 133% FPL under Age 65” eligibility group. Through these eligibility groups, certain children whose incomes are in excess of the mandatory Infants and Children under Age 19 eligibility group standards and no greater than 211 percent of the federal poverty level (FPL) may be eligible for Medicaid, including (in the case of the “Individuals above 133% FPL under Age 65” eligibility group) children who have separate group health plan or health insurance coverage.

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
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Superseded SPA ID	NC-22-0012		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

A. Characteristics

1. Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
2. Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.
- ☒ Yes
- ☐ No

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The state uses the following income standard for this group:

FPL 196.00%

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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Superseded SPA ID	NC-22-0012		
	System-Derived		

D. Benefits for Pregnant Women

Benefits for individuals in this eligibility group consist of the following:

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

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Superseded SPA ID	NC-22-0012		
	System-Derived		

E. Basis for Pregnant Women Income Standard

1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- ☐ Yes
- ☒ No

b. The minimum income standard for this eligibility group is 133% FPL.

2. Maximum income standard

☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- ☒ i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ v. 185% FPL

c. The amount of the maximum income standard is: FPL 196.00%

G. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance maintenance payments are made under Title IV-E of the Act.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-92-01		
	User-Entered		

The state covers the mandatory children with Title IV-E adoption assistance, foster care or guardianship care group in accordance with the following provisions:

A. Characteristics

1. Individuals qualifying under this eligibility group must meet one of the following criteria:

a. An adoption assistance agreement is in effect for the individual with any state or Tribe under title IV-E of the Act, regardless of whether adoption assistance is being provided or an interlocutory or other judicial decree of adoption has been issued; or

b. Foster care or kinship guardian assistance maintenance payments are being made by a state or Tribe under Title IV-E of the Act.
2. The upper age limit for eligibility under this group is determined by the terms of the adoption assistance agreement or the terms of the foster care or kinship guardianship assistance maintenance payments, as established by the IV-E plan of the state or Tribe that established the agreement or is making the payments.
3. Individuals may not be required to file an application for this group.

Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-92-01		
	User-Entered		

B. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-23-0007		
	System-Derived		

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Are under age 26
- Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
- Are described under either Section B. or C.

B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- ☐ a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- ☐ b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- ☐ c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- ☐ a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

- ☐ b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- ☒ c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-23-0007		
	System-Derived		

D. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Families with Medicaid eligibility extended for up to 12 months because of earnings.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-92-01		
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The state covers the mandatory transitional medical assistance group in accordance with the following provisions:

A. Characteristics

1. An individual qualifying under this eligibility group must meet one of the following criteria:

a. Lost coverage under the parents and other caretaker relatives group (42 CFR 435.110) due to work hours or income from employment, or

b. Is the child of a parent or caretaker relative described in A.1.a.
2. In accordance with the requirements described in section 1925 of the Act, and in this reviewable unit, the state provides extended Medicaid eligibility, as follows:

a. The initial extended eligibility period is for 6 months, followed by a second extended eligibility period of 6 months.

b. The initial extended eligibility period is for 12 months, with no second extended eligibility period.

Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID NC2024MS0002O
Submission Type Official
Approval Date 11/24/2025
Superseded SPA ID NC-92-01
User-Entered

SPA ID NC-24-0033
Initial Submission Date 9/30/2024
Effective Date 7/1/2024

B. Individuals Covered

1. Parents or other caretaker relatives

a. A parent or other caretaker relative must meet the following criteria to qualify for an initial extended eligibility period:

i. Was eligible and enrolled in the parents and other caretaker relatives eligibility group, during the six months immediately preceding the month that eligibility was lost, for at least:

- ☐ (1) 1 month
- ☐ (2) 2 months
- ☒ (3) 3 months

ii. Lost eligibility under the parents and other caretaker relatives eligibility group because:

- (1) The earnings of a parent or caretaker relative caused household income to exceed the income standard of that group; or
- (2) The hours of employment of a parent or caretaker relative resulted in the individual no longer being considered to have a dependent child (as described in 42 CFR 435.4 and the Parents and Other Caretaker Relatives RU).

iii. Continues to live with a child.

b. A parent or other caretaker relative must meet the following criteria to qualify for a second extended eligibility period:

i. Was covered for the entirety of the initial extended eligibility period.

ii. Completed the quarterly report required during the initial extended eligibility period (as described in section E), or established good cause for the failure to report on a timely basis.

iii. Continues to live with a child.

2. A child qualifying under this eligibility group must meet all of the following requirements:

- a. Lives with a parent or other caretaker relative who is eligible under this eligibility group.
- b. Is not eligible for the infants and children under age 19 eligibility group (42 CFR 435.118).

Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
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Superseded SPA ID	NC-92-01		
	User-Entered		

C. Initial Extended Eligibility Period

1. Income/Resource Standard Used

There is no income or resource standard.

2. Medical Assistance Provided

- a. The amount, duration, and scope of coverage provided is the same as that provided to parents and caretaker relatives enrolled in the parents and other caretaker relatives eligibility group and to children enrolled in the eligibility group for infants and children under age 19.
- b. The state's election to provide premium assistance for employer sponsored coverage is described in the benefits section of the state plan.

3. Termination of Extension

- a. If the family ceases to include a child, the initial extension of eligibility will end prior to the scheduled end date. In such cases, eligibility is terminated at the close of the first month in which the family no longer includes a child.
- b. Termination of eligibility will occur in accordance with all requirements described in the Eligibility Process RU.

Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-92-01		
	User-Entered		

D. Second Extended Eligibility Period

1. Income/Resource Standard Used

- a. There is no income or resource standard.
- b. The state conducts an income test consistent with D.4.e., following family reporting as described in section E.

2. Medical Assistance Provided

- a. The amount, duration, and scope of coverage provided is described in the benefits section of the state plan.
- b. The state's election to provide premium assistance for employer sponsored coverage is described in the benefits section of the state plan.

3. Premiums

The state's election to impose a premium for enrollment in this eligibility group is described in the benefits section of the state plan.

4. Termination of Extension

The second extension of eligibility will end prior to the scheduled end date under the following circumstances. Termination of eligibility will occur in accordance with all requirements described in the Eligibility Process RU.

- a. The family ceases to include a child. In such cases, eligibility is terminated at the close of the first month in which the family no longer includes a child.
- b. The state imposes a monthly premium and the family fails to pay the premium. Unless the family has established good cause for the failure to pay such premium on a timely basis, eligibility is terminated at the close of the month following the month in which the premium was due.
- c. The family fails to complete and submit the quarterly report timely, as described in section E. Unless the family has established good cause for the failure to report on a timely basis:
 - i. Eligibility is terminated at the close of the month in which the report was due.
 - ii. Eligibility is suspended until the month after the month in which the family reports the required information.
- d. The family's quarterly report indicates that the parent or other caretaker relative had no earned income in one or more of the previous 3 months. Unless lack of earnings was due to involuntary loss of employment, illness or other good cause, eligibility is terminated at the close of the month in which the report is received.
- e. The family's quarterly report indicates that one of the following has occurred during the reporting period. Eligibility is terminated at the close of the month in which the report is received.
 - i. The family's average gross monthly earnings (less costs for such child care as is necessary for the employment of the caretaker relative) exceeded 185 percent of the FPL.
 - ii. The average MAGI-based household income of the parent or other caretaker relative exceeded the MAGI-converted equivalent of 185 percent of the FPL.

Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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E. Family Reporting Requirements

1. Eligible parents and caretaker relatives are required to provide 3 quarterly reports to the state.
2. Each report covers the 3-month period immediately preceding the reporting month.
3. Reports must be made no later than the 21st day of:
 - a. The 4th month of the initial extended eligibility period
 - b. The 1st month of the second extended eligibility period
 - c. The 4th month of the second extended eligibility period
4. A report consists of the following information for each month of the reporting period:
 - a. The family's gross monthly earnings; and
 - b. The family's expenses for child care necessary for the parent or other caretaker relative's employment.

Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

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F. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Extended Medicaid due to Spousal Support Collections

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Families with Medicaid eligibility extended for 4 months as the result of the collection of spousal support.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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The state covers the mandatory extended Medicaid due to spousal support collections group in accordance with the following provisions:

A. Characteristics

1. Parents or other caretaker relatives qualifying under this eligibility group must meet the following criteria:

a. The individual must have lost eligibility under the parents and other caretaker relatives eligibility group (42 CFR 435.110) because the household's income exceeds the income standard due to increased collection of spousal support under Title IV-D of the Act.

b. The individual was covered under the parents and other caretaker relatives eligibility group (42 CFR 435.110) for at least three months out of the six months immediately preceding the month that eligibility was lost.
2. Dependent children qualify under this group if and when they lose eligibility for the infants and children under age 19 eligibility group (42 CFR 435.118) during their parents or caretaker relative's extended period of eligibility under this group.

B. Period of Extension

The extended eligibility period is four months.

Extended Medicaid due to Spousal Support Collections

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

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	User-Entered		

C. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

SSI Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals who are age 65 or older, or who have blindness or disability, who receive SSI.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-94-36		
	User-Entered		

The state covers the mandatory SSI beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must be receiving SSI, including:

- Receiving SSI pending a final determination of blindness or disability;
- Receiving SSI under an agreement with the Social Security Administration to dispose of resources that exceed the SSI dollar limits on resources; or
- Receiving SSI benefits under section 1619(a) of the Act.

SSI Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

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B. Additional Information (optional)

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals who would be eligible for SSI, but for certain OASDI increases.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	NC-94-36		
	User-Entered		

The state covers mandatory individuals who would be eligible for SSI, but for an increase related to Social Security, in accordance with the following provisions:

A. Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increases Since April, 1977

1. Individuals qualifying under this eligibility group must meet all of the following criteria:

a. Currently receive OASDI benefits;

b. Received SSI or state supplement in the past but became ineligible for these payments after April, 1977; and

c. Would still be eligible for SSI or state supplement if the amount of OASDI cost-of-living increases paid under section 215(i) of the Act since the individual lost SSI or state supplement were deducted from current OASDI benefits.
2. Individuals receiving only state supplement qualify for this group.
- ☒ Yes

☐ No

Individuals Deemed To Be Receiving SSI

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B. Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security

1. Individuals qualifying under this eligibility group must be widows or widowers with a disability who meet all of the following criteria:
- a. Are at least age 60;

b. Are not entitled to hospital insurance benefits under Medicare Part A; and

c. Become ineligible for SSI or state supplement because of mandatory application (under section 1611(e)(2)) for and receipt of widow's or widower's social security disability benefits under section 202(e) or (f) of the Act.
2. Individuals receiving only state supplement qualify for this group.
- ☒ Yes

☐ No

Individuals Deemed To Be Receiving SSI

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C. Adult Children with Disabilities

Individuals qualifying under this eligibility group must meet the following criteria:

- Had blindness or a disability before the age of 22;
- Are at least age 18;
- Lost eligibility for SSI because they became entitled, based on their disability or blindness, to OASDI child's benefits under section 202(d) of the Act, or because they received an increase to those benefits;
- Would be eligible for SSI, if not for their OASDI benefits or the increase in those benefits.

Individuals Deemed To Be Receiving SSI

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D. Financial Methodologies

SSI methodologies are used in calculating household income.

Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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E. Additional Information (optional)

In determining eligibility for medical assistance described in section 1915(i), SSI methodologies are used to determine income, except that income above 150% of the federal poverty level is disregarded.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

☒ Yes ☐ No















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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B. Medically Needy Options for Coverage



The state provides Medicaid to specified groups of individuals who are medically needy.

☒ Yes ☐ No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults



Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- Family Opportunity Act Children with a Disability
- Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Children with special needs for medical or rehabilitative care for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid immediately before the adoption agreement was executed, or who had income at that point in time at or below a standard established by the state .

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The state covers the children with non IV-E adoption assistance group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Are under age 21 or a lower age, as specified in C.
- Have a state adoption assistance agreement in effect between the adoptive parent(s) and a state.
- The state adoption agency has determined that they cannot be placed for adoption without Medicaid coverage because of special needs for medical or rehabilitative care.
- Immediately prior to execution of the adoption agreement, were eligible under the Medicaid state plan of the state with the adoption assistance agreement or, at the state's option, immediately prior to execution of the adoption agreement had income no more than the income standard (which could be no income test) specified in Section D.
- Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

When income is considered, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

Children with Non IV-E Adoption Assistance

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C. Individuals Covered

1. The state covers all children under a specified age limit for whom there is an adoption assistance agreement in place from any state.

- ☒ Yes
- ☐ No
- a. The age of children covered under this eligibility group is.

☐ i. Under age 21

☐ ii. Under age 20

☐ iii. Under age 19

☒ iv. Under age 18
- b. In addition, the state covers reasonable classifications of children.

☐ Yes

☒ No

Children with Non IV-E Adoption Assistance

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D. Income Standard Used

1. The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- ☒ Yes
- ☐ No

2. The state used an income standard or disregarded all income for this group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- ☐ Yes
- ☒ No

3. The state does not use an income standard or disregard all income for this group.

Children with Non IV-E Adoption Assistance

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F. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Independent Foster Care Adolescents

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals under an age specified by the state who were in foster care on their 18th birthday and who meet the income standard established by the state.

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The state covers the independent foster care adolescents group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Are under age 21, or a lower age, as specified in C.
- Were in foster care under the responsibility of a state or Tribe on their 18th birthday.
- Have household income at or below a standard established by the state, if the state has an income standard.
- Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

Independent Foster Care Adolescents

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C. Individuals Covered

1. The state covers all children of a specified age under this eligibility group.

- ☒ Yes
- ☐ No

a. The age of children covered under this eligibility group is:

- ☒ i. Under age 21
- ☐ ii. Under age 20
- ☐ iii. Under age 19

b. In addition, the state covers reasonable classifications of children.

- ☐ Yes
- ☒ No

Independent Foster Care Adolescents

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D. Income Standard Used

All children

The income standard for this age group or classification is:

- ☒ 1. No income test
- ☐ 2. An income standard

Independent Foster Care Adolescents

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E. Basis for Income Standard

All children

1. Minimum income standard

The minimum income standard for this age group or classification is an FPL percent greater than 133%.

2. Maximum income standard

The maximum income standard is no income standard.

F. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Uninsured children who meet the definition of optional targeted low income children at 42 C.F.R. §435.4, who have household income at or below a standard established by the state.

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The state covers the optional targeted low income children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Are under age 19, or a lower age, as specified in C.
- Are uninsured and otherwise meet the definition of optional targeted low-income child at 42 CFR 435.4 and section 1905(u)(2)(B) of the Act.
- Have household income at or below the standard established by the state, if the state has an income standard.
- Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all children under a specified age under this eligibility group.

- ☐ Yes
- ☒ No

2. The state covers all children within specific age ranges under this eligibility group.

- ☐ a. Age 1 through age 5, inclusive
- ☒ b. Age 6 through age 18, inclusive
- ☐ c. Other age range

D. Income Standard Used

The income standard for this eligibility group is:

FPL 211.00%

Optional Targeted Low Income Children

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E. Basis for Income Standard

1. Minimum income standard

The minimum income standard for this eligibility group is a standard greater than the lowest income standard currently used for children of this age under the mandatory Infants and Children under Age 19 eligibility group.

2. Maximum income standard

☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for this eligibility group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- ☐ i. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☒ ii. The state's effective income level for this group of children under the CHIP state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ iii. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ iv. The state's effective income level for this group of children under the CHIP state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ v. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ vi. The state's effective income level for this group of children under a CHIP-1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ vii. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ viii. The state's effective income level for this group of children under a CHIP 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ ix. 200% FPL
- ☐ x. A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4), but by no more than 50 percentage points.

c. The amount of the maximum income standard is:

FPL 211.00%

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-23-0009		
	System-Derived		

F. Additional Information (optional)

North Carolina transitioned its former separate Children’s Health Insurance Program (CHIP) to its Medicaid program through the adoption of the “Optional Targeted Low Income Children” eligibility group in NC state plan amendment (SPA) 23-0009. As part of SPA 23-0009, NC also elected the “Individuals above 133% FPL under Age 65” eligibility group. Through these eligibility groups, certain children whose incomes are in excess of the mandatory Infants and Children under Age 19 eligibility group standards and no greater than 211 percent of the federal poverty level (FPL) may be eligible for Medicaid, including (in the case of the “Individuals above 133% FPL under Age 65” eligibility group) children who have separate group health plan or health insurance coverage.

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children’s Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state’s program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children’s Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-23-0009		
	System-Derived		

The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Are under age 65
- Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
- Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
- Have household income that exceeds 133% FPL but is at or below the standard set by the state

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

☐ Yes ☒ No

2. The state covers the following populations:

☒ a. All children under a specified age limit:

- ☐ i. Under age 21
- ☐ ii. Under age 20
- ☒ iii. Under age 19
- ☐ iv. Under age 18

☐ b. Reasonable classifications of children

☐ c. Parents and other caretaker relatives as defined in the Parents and Other Caretaker Relatives eligibility group, except for with respect to income

☐ d. Pregnant women

☐ e. Other

D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

☒ Yes ☐ No

2. The income standard for this eligibility group is:

- ☒ a. Percentage of the federal poverty level.
- 211.00% FPL
- ☐ b. No income test (the income standard is infinite).

E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- ☒ 1. Under age 19, or
- ☐ 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

F. Phase-In

The state elects to phase-in coverage to individuals in this group.

☐ Yes ☒ No

G. Additional Information (optional)

North Carolina transitioned its former separate Children's Health Insurance Program (CHIP) to its Medicaid program through the adoption of the "Optional Targeted Low Income Children" eligibility group in NC state plan amendment (SPA) 23-0009. As part of SPA 23-0009, NC also elected the "Individuals above 133% FPL under Age 65" eligibility group. Through these eligibility groups, certain children whose incomes are in excess of the mandatory Infants and Children under Age 19 eligibility group standards and no greater than 211 percent of the federal poverty level (FPL) may be eligible for Medicaid, including (in the case of the "Individuals above 133% FPL under Age 65" eligibility group) children who have separate group health plan or health insurance coverage.

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-02-05		
	User-Entered		

The state operates the optional Individuals Needing Treatment for Breast or Cervical Cancer eligibility group in accordance with the following provisions:

A. Characteristics

Individuals (including women and men) qualifying under this eligibility group must meet the following criteria:

- Are under the age of 65.
- Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.
- Have been screened under the Centers for Disease Control and Prevention (CDC) Breast and Cervical Cancer Early Detection Program.
- As a result of the screening, a determination has been made that the individual needs treatment for breast or cervical cancer, as defined at 42 CFR 435.213(c).
- Do not otherwise have creditable coverage for treatment of breast or cervical cancer.

Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
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Superseded SPA ID	NC-02-05		
	User-Entered		

B. Financial Methodologies

This eligibility group has no income or resource test.

Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-02-05		
	User-Entered		

C. Additional Information (optional)

Consistent with section 1902(e)(14)(D)(iv) of the Act, in determining eligibility for medical assistance for the NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit approved under the authority of section 1915(i) of the Act, individuals who meet the needs-based and targeting criteria for NC MH/IDD/SUD/TBI 1915(i) HCBS Benefit shall have MAGI-like methodologies used to determine income, except that income above 150 percent of the federal poverty level is disregarded.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-10-011 and NC-13-011		
	User-Entered		

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

☒ a. SSI

☒ b. Optional State Supplement

☒ c. AFDC
2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-10-011 and NC-13-011		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- ☒ Yes
- ☐ No

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-10-011 and NC-13-011		
	User-Entered		

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:

- ☐ a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not counted.

☒ Census Bureau wages are disregarded.

Description of disregard:

Census Bureau wages are disregarded.

4. Less restrictive methodologies are used in calculating countable resources.

- ☐ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
Real Property-Tax Value	The current market value for non-home real property is the tax assessed value. The value of this non-home real property may be reduced if evidence is provided showing that the current market value is less than the tax assessed value. The lower value is always the countable resource.
Value of Life Estate Interest in Real Property	For individuals not receiving optional State Supplements, the value of life estate interest in real property is not counted.
Tenancy in Common Interest	For individuals not receiving optional State Supplements, the value of tenancy in common interest in real property is not counted.
Cash Surrender Value of Life Insurance	The cash value of life insurance when the total face value of all cash value bearing life insurance policies does not exceed ten thousand dollars is not counted.
Contiguous Property to Principle Place of Residence	Up to \$12,000 of real property contiguous to the individual's principal place of residence when the individual has no ownership interest in his principal place of residence
Eugenics Asexualization and Sterilization Payments	% Payments made under the authority of the N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not countable.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

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Superseded SPA ID	NC-10-011 and NC-13-011		
	User-Entered		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

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F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals who receive an optional state supplementary payment.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
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	System-Derived		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Receive an optional state supplement that meets the conditions described in sections C and D.
- Except for income, would be eligible for SSI.
- Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-22-0001		
	System-Derived		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- ☒ Yes
- ☐ No

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-22-0001		
	System-Derived		

C. Optional State Supplement Program

1. The optional state supplement program is administered:
- ☐

a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- ☐

b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- ☒

c. Solely by the state.
2. Payments under the optional state supplement program are:
- a. Based on need and paid in cash on a regular basis;

b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and

c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-22-0001		
	System-Derived		

D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

- a. Varies by political subdivision.

☐ Yes

☒ No
- b. Varies by payment classification.

☐ Yes

☒ No

Income Standard

Individual	Couple
\$1228.00	\$1228.00

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-22-0001		
	System-Derived		

E. Additional Information (optional)

Married couples who receive Special Assistance In-Home are budgeted separately as a budget unit of one. Each person in the couple has an income limit of \$1228.

In determining eligibility for the medical assistance described in section 1915(i), SSI methodologies are used to determine income, except that income above 150% of the federal poverty level is disregarded.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals who would be eligible for Medicaid under institutional rules and who participate in the PACE program.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	New		
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The state operates the PACE Participants eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:

☐ a. Individuals in Institutions Eligible under a Special Income Level

☒ b. Age and Disability-related Poverty Level

☒ c. Medically Needy Individuals

☒ d. Individuals Eligible for but Not Receiving Cash Assistance

☐ e. Other eligibility group(s):
2. Are enrolled in a Program of All-Inclusive Care for the Elderly (PACE) program under a PACE program agreement.
3. Require, or will require in the absence of the continued provision of PACE services, the level of care furnished by a nursing facility.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	New		
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B. Financial Methodologies

The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
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Superseded SPA ID	New		
	User-Entered		

C. Income and Resource Standards

1. The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.
2. An individual's gross income may not exceed 300% of the SSI federal benefit rate.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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	User-Entered		

D. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-21-0025		
	System-Derived		

The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following condition(s):

a. Are age 65 or older; or

b. Have a disability.
2. Have income and resources at or below the standard for this group.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-21-0025		
	System-Derived		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- ☒ Yes
- ☐ No

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

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Submission Type	Official	Initial Submission Date	9/30/2024
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Superseded SPA ID	NC-21-0025		
	System-Derived		

C. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

a. The state uses the same less restrictive income methodologies for all individuals covered.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Traumatic Brain Injury Waiver disregard income between 100%-300% of the FPL	Disregard the income between 100% and 300% of the FPL for those beneficiaries who are eligible to participate in the Traumatic Brain Injury Waiver program.
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not counted.
Annual Social Security COLA Disregard	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 or becomes eligible without this disregard.

☒ Census Bureau wages are disregarded.

Description of disregard:

Disregard Census Bureau wages.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
Eugenics Asexualization and Sterilization Payments	% Payments made under the authority of the N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not countable.
Real Property-Tax Value	The current market value for non-home real property is the tax assessed value. The value of this non-home real property may be reduced if evidence is provided showing that the current market value is less than the tax assessed value. The lower value is always the countable resource.
Value of Life Estate Interest in Real Property	For individuals not receiving optional State Supplements, the value of life estate interest in real property is not counted.
Tenancy in Common Interest	For individuals not receiving optional State Supplements, the value of tenancy in common interest in real property is not counted.
Cash Surrender Value of Life Insurance	The cash value of life insurance when the total face value of all cash value bearing life insurance policies does not exceed ten thousand dollars is not counted.
Contiguous Property to Principle Place of Residence	Up to \$12,000 of real property contiguous to the individual's principal place of residence when the individual has no ownership interest in his principal place of residence
Excess/Reduction of Resources	Individuals with resources in excess of the resource limit at the first moment of the month may become eligible at the point that resources are reduced to the allowable limit.

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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	System-Derived		

D. Income Standard Used

The income standard for this eligibility group is:

- ☒ 1. 100% FPL
- ☐ 2. A lower percent of the FPL:

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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Superseded SPA ID	NC-21-0025		
	System-Derived		

E. Resource Standard Used

The resource standard used is:

- ☒ 1. The resource limit for the SSI program; or
- ☐ 2. The resource limit used in the state's medically needy program, if higher.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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	System-Derived		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals between ages 16 and 64 with a disability, who have earned income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-13-011 and NC-13-045		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-13-011 and NC-13-045		
	User-Entered		

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package IDNC2024MS0002O

Submission TypeOfficial

Approval Date11/24/2025

Superseded SPA IDNC-13-011 and NC-13-045

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SPA IDNC-24-0033

Initial Submission Date9/30/2024

Effective Date7/1/2024

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of the N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not countable.
Unearned Income Disregard	Disregard unearned income above the SSI federal benefit rate up to 150% of the Federal Poverty Level.

☒ The total amount of earned income is disregarded.

Description of disregard:

Earned income is not countable.

☒ Census Bureau wages are disregarded.

Description of disregard:

Census Bureau income is not counted.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
Real Property-Tax Value	The current market value for non-home real property is the tax assessed value. The value of this non-home real property may be reduced if evidence is provided showing that the current market value is less than the tax assessed value. The lower value is always the countable resource.
Value of Life Estate Interest in Real Property	For individuals not receiving optional State Supplements, the value of life estate interest in real property is not counted.
Tenancy in Common Interest	For individuals not receiving optional State Supplements, the value of tenancy in common interest in real property is not counted.
Cash Surrender Value of Life Insurance	The cash value of life insurance when the total face value of all cash value bearing life insurance policies does not exceed ten thousand dollars is not counted.
Contiguous Property to Principle Place of Residence	Up to \$12,000 of real property contiguous to the individual's principal place of residence when the individual has no ownership interest in his principal place of residence
Excess/Reduction of Resources	Individuals with resources in excess of the resource limit at the first moment of the month may become eligible at the point that resources are reduced to the allowable limit.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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User-Entered

SPA ID NC-24-0033
Initial Submission Date 9/30/2024
Effective Date 7/1/2024

C. Income Standard Used

The income standard for this group is:

- ☐ 1. No income standard
- ☐ 2. A percentage of the federal poverty level:
- ☒ 3. A percentage of the SSI Federal Benefit Rate:
- ☐ 4. A dollar amount
- ☐ 5. Other

FBR 100.00%

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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Initial Submission Date 9/30/2024
Effective Date 7/1/2024

D. Resource Standard Used

The resource standard for this group is:

- ☐ 1. No resource standard
- ☐ 2. SSI resource standard
- ☒ 4. A dollar amount higher than the SSI resource standard

Single Individual \$30828.00
Couple \$30828.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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	User-Entered		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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	User-Entered		

F. Additional Information (optional)

The resource limit for this group was \$30,828 in 2024 which was the minimum community spouse resource allowance as defined in 1924(f)(2)(A)(i) of the Act. This amount is subject to adjustment under 1924(g) of the Act.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-13-011 and NC-13-045		
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The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:

☒ a. Earning at least the minimum wage and working at least 40 hours per month.

☐ b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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Superseded SPA ID	NC-13-011 and NC-13-045 User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of the N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not countable.
Unearned Income Disregard	Disregard unearned income above the SSI federal benefit rate up to 150% of the Federal Poverty Level.

☒ The total amount of earned income is disregarded.

Description of disregard:
Earned income is not countable.

☒ Census Bureau wages are disregarded.

Description of disregard:
Census Bureau income is not counted.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
Real Property-Tax Value	The current market value for non-home real property is the tax assessed value. This value of non-home real property may be reduced if evidence is provided showing that the current market value is less than the tax assessed value. The lower value is always the countable resource.
Value of Life Estate Interest in Real Property	For individuals not receiving optional State Supplements, the value of life estate interest in real property is not counted.
Tenancy in Common Interest	For individuals not receiving optional State Supplements, the value of tenancy in common interest in real property is not counted.
Cash Surrender Value of Life Insurance	The cash value of life insurance when the total face value of all cash value bearing life insurance policies does not exceed ten thousand dollars is not counted.
Contiguous Property to Principle Place of Residence	Up to \$12,000 of real property contiguous to the individual's principal place of residence when the individual has no ownership interest in his principal place of residence
Excess/Reduction of Resources	Individuals with resources in excess of the resource limit at the first moment of the month may become eligible at the point that resources are reduced to the allowable limit.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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SPA ID NC-24-0033
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Effective Date 7/1/2024

C. Income Standard Used

The income standard for this group is:

- ☐ 1. No income standard
- ☐ 2. A percentage of the federal poverty level:
- ☒ 3. A percentage of the SSI Federal Benefit Rate:
- ☐ 4. A dollar amount
- ☐ 5. Other

100.00% FBR

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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Superseded SPA ID	NC-13-011 and NC-13-045		
	User-Entered		

D. Resource Standard Used

The resource standard for this group is:

- ☐ 1. No resource standard
- ☐ 2. SSI resource standard
- ☒ 4. A dollar amount higher than the SSI resource standard

Single Individual	\$30828.00
Couple	\$30828.00

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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	User-Entered		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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	User-Entered		

F. Additional Information (optional)

The resource limit for this group was \$30,828 in 2024 which was the minimum community spouse resource allowance as defined in 1924(f)(2)(A)(i) of the Act. This amount is subject to adjustment under 1924(g) of the Act.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Eligibility Groups - Options for Coverage

Family Opportunity Act Children with a Disability

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Children under age 19 who are considered to have a disability, with income equal to or less than a standard specified by the state.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	NA		
	User-Entered		

Group No Longer Covered

Covered Through ?	6/30/2024	Terminated As Of ?	7/1/2024
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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals receiving section 1915(i) state plan home and community-based services who are otherwise eligible for 1915 HCBS waivers.

CMS-10434 OMB 0938-1188

Package Header

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Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NA		
	User-Entered		

Group No Longer Covered

Covered Through ⓘ	6/30/2024	Terminated As Of ⓘ	7/1/2024
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PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-10-011 and NC-13-011		
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The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Are pregnant or post-partum, as defined in 42 CFR 435.4.
- Would qualify under the Pregnant Women eligibility group, except for income.
- Are not otherwise eligible for categorically needy coverage under the state plan.
- Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	NC-10-011 and NC-13-011		
	User-Entered		

B. Financial Methodologies

1. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not counted.

☒ Census Bureau wages are disregarded.

Description of disregard:

Census Bureau wages are disregarded.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
Personal Effects and Household Goods	The value of personal effects and household goods are not counted.
Real Property	The current market value for non-home real property is the tax assessed value. This value of non-home real property may be reduced if evidence is provided showing that the current market value is less than the tax assessed value. The lower value is always the countable resource.
Trust Funds, Burial Contracts, and Retirement Accounts	Trust Funds, Burial Contracts, and Retirement Accounts
Burial Plots	Value of burial plots are not counted.
Cash Surrender Value of Life Insurance	The cash value of life insurance when the total face value of all cash value bearing life insurance policies does not exceed ten thousand dollars is not counted.
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not counted.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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	User-Entered		

C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
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The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Are under age 18.
- Would qualify as categorically needy, except for income.
- Are not otherwise eligible for categorically needy coverage under the state plan.
- Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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SPA ID NC-24-0033
Initial Submission Date 9/30/2024
Effective Date 7/1/2024

B. Financial Methodologies

1. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not counted.

☒ Census Bureau wages are disregarded.

Description of disregard:

Census Bureau wages are disregarded.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
Personal Effects and Household Goods	Personal Effects and Household Goods are not counted.
Real Property	Real Property is not counted.
Trust Funds, Burial Contracts, and Retirement Accounts	Trust Funds, Burial Contracts, and Retirement Accounts are not counted.
Real Property-Tax Value	The current market value for non-home real property is the tax assessed value. This value of non-home real property may be reduced if evidence is provided showing that the current market value is less than the tax assessed value. The lower value is always the countable resource.
Burial Plots	Value of burial plots are not counted.
Cash Surrender Value of Life Insurance	The cash value of life insurance when the total face value of all cash value bearing life insurance policies does not exceed ten thousand dollars is not counted.
Eugenics Asexualization and Sterilization Payments	% Payments made under the authority of the N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not countable.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

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F. Additional Information (optional)

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Are under age 21, or a lower age, as specified in section C.
- Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
- Are not otherwise eligible for categorically needy coverage under the state plan.
- Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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	User-Entered		

B. Individuals Covered

The state covers the following populations:

- ☒ 1. All children under a specified age limit:

☒ i. Under age 21

☐ ii. Under age 20

☐ iii. Under age 19
- ☐ 2. Reasonable classifications of children

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

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	User-Entered		

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- ☒ Yes
- ☐ No

2. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not counted.

☒ Census Bureau wages are disregarded.

Description of disregard:
Census Bureau wages are disregarded.

4. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
Personal Effects and Household Goods	The value of personal effects and-household goods are not counted.
Real Property-Tax Value	The current market value for non-home real property is the tax assessed value. This value of non-home real property may be reduced if evidence is provided showing that the current market value is less than the tax assessed value. The lower value is always the countable resource.
Burial Plots	Value of burial plots are not counted.
Cash Surrender Value of Life Insurance	The cash value of life insurance when the total face value of all cash value bearing life insurance policies does not exceed ten thousand dollars is not counted.
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of the N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not countable.
Real Property	Real Property is not counted.
Trust Funds, Burial Contracts, and Retirement Accounts	The value of trust Funds, burial contracts, and retirement accounts are not counted.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Superseded SPA ID	NC-10-011 and NC-13-011		
	User-Entered		

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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G. Additional Information (optional)

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
Submission Type	Official	Initial Submission Date	9/30/2024
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Superseded SPA ID	New		
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The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
- Are not otherwise eligible for categorically needy coverage under the state plan.
- Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

Package ID	NC2024MS0002O	SPA ID	NC-24-0033
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Approval Date	11/24/2025	Effective Date	7/1/2024
Superseded SPA ID	New		
	User-Entered		

B. Financial Methodologies

1. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not counted.

☒ Census Bureau wages are disregarded.

Description of disregard:

Census Bureau wages are disregarded.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
Personal Effects and Household Goods	The value of personal effects and-household goods are not counted.
Real Property-Tax Value	The current market value for real property is the tax assessed value. The tax assessed value may be reduced if evidence is provided showing that the current market value is less than the tax assessed value.
Burial Plots	Value of burial plots are not counted.
Cash Surrender Value of Life Insurance	The cash value of life insurance when the total face value of all cash value bearing life insurance policies does not exceed ten thousand dollars is not counted.
Eugenics Asexualization and Sterilization Payments	% Payments made under the authority of the N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not countable.
Real Property	Real Property is not counted.
Trust Funds, Burial Contracts, and Retirement Accounts	Trust Funds, Burial Contracts, and Retirement Accounts

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Package Header

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Superseded SPA ID	New		
	User-Entered		

C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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NC - Submission Package - NC2024MS0002O - (NC-24-0033) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	NC-21-0025		
	System-Derived		

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- 1.Meet at least one of the following:

a. Are age 65 or older;

b. Have blindness; or

c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NC2024MS0002O | NC-24-0033

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	System-Derived		

B. Individuals Covered

The state covers the following populations:

- ☒ 1. Individuals age 65 or older
- ☒ 2. Individuals with blindness
- ☒ 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- ☒ Yes
- ☐ No

2. The financial methodology used is:

a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Traumatic Brain Injury Waiver disregard income between \$242 and 300% of the FPL.	Disregard the income between \$242 and 300% of the FPL for those beneficiaries who are eligible to participate in the Traumatic Brain Injury Waiver program.
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not counted.

☒ Census Bureau wages are disregarded.

Description of disregard:
Disregard Census Bureau wages.

c. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
Annual Social Security COLA Disregard	When the annual Social Security COLA and Federal Poverty Level adjustment cause ineligibility for Medicaid; disregard the most recent Social Security COLA increase.
Personal Effects and Household Goods	The value of personal effects and-household goods are not counted.
Real Property-Tax Value	The current market value for non-home real property is the tax assessed value. This value of non-home real property may be reduced if evidence is provided showing that the current market value is less than the tax assessed value. The lower value is always the countable resource.
Value of Life Estate Interest in Real Property	For individuals not receiving optional State Supplements, the value of life estate interest in real property is not counted.
Value of Real Property-Tenancy in Common Interest	For individuals not receiving optional State Supplements, the value of tenancy in common interest in real property is not counted.
Burial Plots	Value of burial plots are not counted.
Cash Surrender Value of Life Insurance	The cash value of life insurance when the total face value of all cash value bearing life insurance policies does not exceed ten thousand dollars is not counted.

Name of disregard:	Description:
Contiguous Property to Principle Place of Residence	Up to \$12,000 of real property contiguous to the individual's principal place of residence when the individual has no ownership interest in his principal place of residence
Eugenics Asexualization and Sterilization Payments	Payments made under the authority of N.C.G.S. Section 6.18(a) Article 9 of Chapter 143B, Part 30 Eugenics Asexualization and Sterilization Compensation Program are not counted.
Excess/Reduction of Resources	Individuals with resources in excess of the resource limit at the first moment of the month may become eligible at the point that resources are reduced to the allowable limit.

☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

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E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

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F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

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G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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